Eyes in the Sky – Bodies on the Ground

Derek Gregory

One of the conceits of the remote operations of later modern war is that their digital mediations allow not only virtual but also virtuous war: war without bodies. [1] That there is unruly bioconvergence between those involved in flying military drones from ground control stations in the United States and the extended technical apparatus through which their missions are executed has become a vital vector of analysis, but it has often focused on the bodies of those behind the screens. [2] Here I seek to continue my scrutiny of the other, radical and devastating bioconvergence between the Hellfire missiles launched from those platforms and the bodies on the other side of the screens. [3]

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On 21 February 2010 an MQ-1 Predator flown by a crew at Creech Air Force Base in Nevada tracked three vehicles through the

[1] James Der Derian, *Virtuous war: mapping the military-industrial-media-entertainment network* (London: Routledge, 2009).
[2] Lucy Suchman, 'Situational awareness: deadly bioconvergence at the boundaries of bodies and machines', *Mediatrope*s 5 (1) (2015) 1-24;Timothy Cullen, The MQ-9 Reaper Remotely Piloted Aircraft: Humans and Machines in Action (PhD thesis, MIT, 2011); Peter Asaro, 'The labor of surveillance and bureaucratized killing: new subjectivities of military drone operators', *Social semiotics* 23 (2) (2013) 196-224.
[3] Derek Gregory, 'The territory of the screen', *Mediatropes* 6 (2) (2016) 126-147; Derek Gregory, 'Meatspace?', at https://geographicalimaginations.com/2017/02/08/meatspace, 8 February 2017; see also Joseph Pugliese, 'Death by Metadata: The bioinformationalisation of life and the transliteration of algorithms to flesh', in Holly Randell-Moon and Ryan Tippet (eds) *Security, race, biopower: essays on technology and corporeality* (London: Palgrave, 2016) 3-20.

night and in to the early morning as they drove along rough dirt roads through the arid mountains of Uruzgan province in Afghanistan. The aircraft was providing support for a joint counterinsurgency operation taking place in the vicinity of Khod, a small, straggling village 5-12 km away, led by US Special Forces supported by the Afghan National Army and Police. The occupants of the vehicles had no knowledge of the ground operation and no idea they were being watched from the air. They were travelling together for safety – this was 'Taliban country' and they were all from the Shi'a Hazara tribe which had been attacked and in 1998 massacred in their thousands by the Taliban – and they were going to Kandahar, some to Kabul, Herat and even Iran for work, school, shopping or medical appointments. But in this deadly landscape the Predator crew interpreted everything they saw as hostile: the occupants were 'military-aged males' or adolescents ('12-13 years old with a weapon is just as dangerous'); they were travelling in a 'convoy'; they prayed at dawn ('that's what they do' – meaning the Taliban); they turned on to a track taking them away from Khod ('tactical maneuvering'); and at least two of them were armed (in a country where, like the United States, that is a cultural commonplace). The reports from the Predator's lethal surveillance convinced the Special Forces commander to call in two OH-58 attack helicopters. Armed with Hellfire missiles and rockets, they launched two attacks on the vehicles; when the smoke cleared the Predator crew slowly realised there were women and children cowering by the side of the wrecked vehicles. Between 16 and 23 people were killed – a US Army investigation later concluded that 'the catastrophic nature of the strike makes an exact

determination of the number killed impossible' (p. 43) – and 12 people were injured. It turned out that everyone in the group was a civilian. [4]

This has become the canonical strike for critics of remote operations, whose commentaries have been based on a transcript of radio communications between the Special Forces, the Predator crew and the helicopter crews that formed part of the evidence considered by a US Army investigation into the incident. [5] Although some writers have drawn attention to the corporeality of the victims – what Lauren Wilcox calls the embodied and embodying nature of remote warfare [6] – their discussions have been limited by the inferences that can be drawn from a transcript of verbal exchanges. This is not altogether disabling; in fact, it corresponds to the situation of the Special Forces commander and his Joint Terminal Attack Controller in Khod, who had been sent into the field without the ruggedized laptop that would (and should) have given them access to the full-motion video feeds from the Predator. But those feeds are operative images – they are an intrinsic

[4] I discuss this incident in detail in 'Sweet target … sweet child' (forthcoming). The source for my analysis is that US Army AR 15-6 Investigation, 21 February 2010 US Air-to-Ground engagement in the vicinity of Shahidi Hassas, Uruzgan District, Afghanistan (2010), released and redacted under a Freedom of Information Act request; all page numbers in the body of the text refer to this Report.

[5] Both Grégoire Chamayou's *Théorie du drone* (Paris: La Fabrique, 2013) and Andrew Cockburn's *Kill-chain* (London: Verso; New York: Henry Holt, 2015) open with this air strike; see also Jamie Allinson, 'The necropolitics of drones', *International political sociology* 9 (2015) 113-27. The radio transcript was first published online by the *Los Angeles Times* as 'Transcripts of US drone attack' at http://documents.latimes.com/transcript-of-drone-attack to accompany David S. Cloud, 'Anatomy of an Afghan tragedy', *Los Angeles Times*, 10 April 2011.

[6] Lauren Wilcox, 'Embodying algorithmic war: Gender, race, and the posthuman in drone warfare', *Security dialogue* 48 (1) (2017) 11-28; see also Lorraine Bayard de Volo, 'Unmanned? Gender recalibrations and the rise of drone warfare', *Politics and gender,* 12 (2016) 50-77.

part of the execution of aerial violence [7] – and seeing them instead of relying on second-hand descriptions from the Predator crew makes a substantial difference. There is absolutely no doubt about that: a Special Forces operations centre at Kandahar had access to the feeds, and while they were of variable quality and the resolution level was poor, officers there did not interpret the three vehicles as hostile and planned a non-lethal course of action to determine the intentions of the occupants. [8]

The redacted files of the Army investigation include a double screenshot (also redacted) of the strike itself and, like most videos of aerial violence, the screen is filled with smoke and no bodies are visible (Figure 1) (p. 8).

[7] Haroun Farocki, 'Phantom images', *Public* 29 (2004) 12-22: 17.

[8] They planned to call in another helicopter team to force the vehicles to stop (an aerial vehicular interdiction or AVI) so that the occupants could be questioned. See Derek Gregory, 'Angry Eyes (2)', at https://geographicalimaginations.com/2015/10/07/angry-eyes-2. The Special Forces commander told the Army investigation that had he known about the presence of young children in the vehicles – information which the Predator crew did not pass – he would have asked for an AVI 'to stop that convoy to make sure what it was' (p. 979).

The feeds remain classified, so there is no way to recover the visual evidence that produced such radically discrepant readings in the hours before the moment of impact. But there are two visual sources that do allow the corporeality of the victims to be recovered after the Hellfire missiles and rockets ripped into the vehicles. The Army files include photographs of the dead and medical diagrams of the injured, while Sonia Kennebeck's 'investigative political documentary' (her term) *National Bird* (2016) incorporates video of those killed and those who survived. [9]

After the strike, when it became clear to the Predator crew that civilians had been travelling in the targeted vehicles, the Special Forces

[9] *National Bird* also includes a dramatic reconstruction of the strike based on the radio transcript, but this is necessarily conjectural and it is impossible to compare the film version with the original feed. The quality of the imagery transmitted by Predators is highly variable in time and space, depending on atmospheric conditions, bandwidth compression and the sensor that is used, and there is a significant difference between the clarity of cinematic images and the resolution of remote imaging: see Gregory, 'Territory', 142-5.

commander and some of his team were ferried to the site by helicopter. They were required to conduct a standard Battle Damage Assessment and a more specialised 'Sensitive Site Exploitation'; the term was rescinded four months after the strike and the Army now prefers simply 'site exploitation', but the process remains the same: the systematic search for and collection of 'information, material, and persons from a designated location and analyzing them to answer information requirements, facilitate subsequent operations, or support criminal prosecution.' [10] As the definition makes clear, this is first and foremost a forensic exercise. Even in death, the Afghan bodies were *suspicious* bodies. It took several hours for the Special Forces Operations Centres at Kandahar and Bagram to agree on the team to conduct the on-site investigations, and as they monitored the continuing Predator coverage of the site they reported local people 'combing through the wreckage and loitering in the area' (p. 295). The language is thick with suspicion; it never occurred to those watching their screens that these might be nearby villagers who had come to help the casualties. Once the Special Forces arrived on scene their immediate priority was to establish a security perimeter and conduct a search of the site. The troops were looking for survivors but they were also searching for weapons, for evidence that those killed were insurgents and for any intelligence that could be gleaned from their remains, their possessions and their 'pocket litter'. They also questioned the survivors: 'They were trying to find out if we were civilians or militants' (p. 1049). This mattered: the basis for the air strike had been in part the prior identification of weapons from

[10] US Army, Site Exploitation Operations (FM 3.90-15, July 2010) p. 1-1.

the Predator's video feed and a (highly suspect) inference of hostile intent. The team did not arrive at the engagement site until almost four hours after the strike, and the explosives specialist who had been tasked with carrying out the SSE was immediately convinced that in the interim the site had been 'tampered with'. The fragmentation 'did not match the blast pattern'; some of the fractured metal from the vehicles had been moved and a windshield had been handled – again the possibility that this was part of an effort to free the casualties was discounted – and the bodies also moved: 'The bodies were lined up and had been covered... somebody else was on the scene prior to us ... The scene was contaminated [sic] before we got there' (pp. 708, 712).

VEHICLE ONE

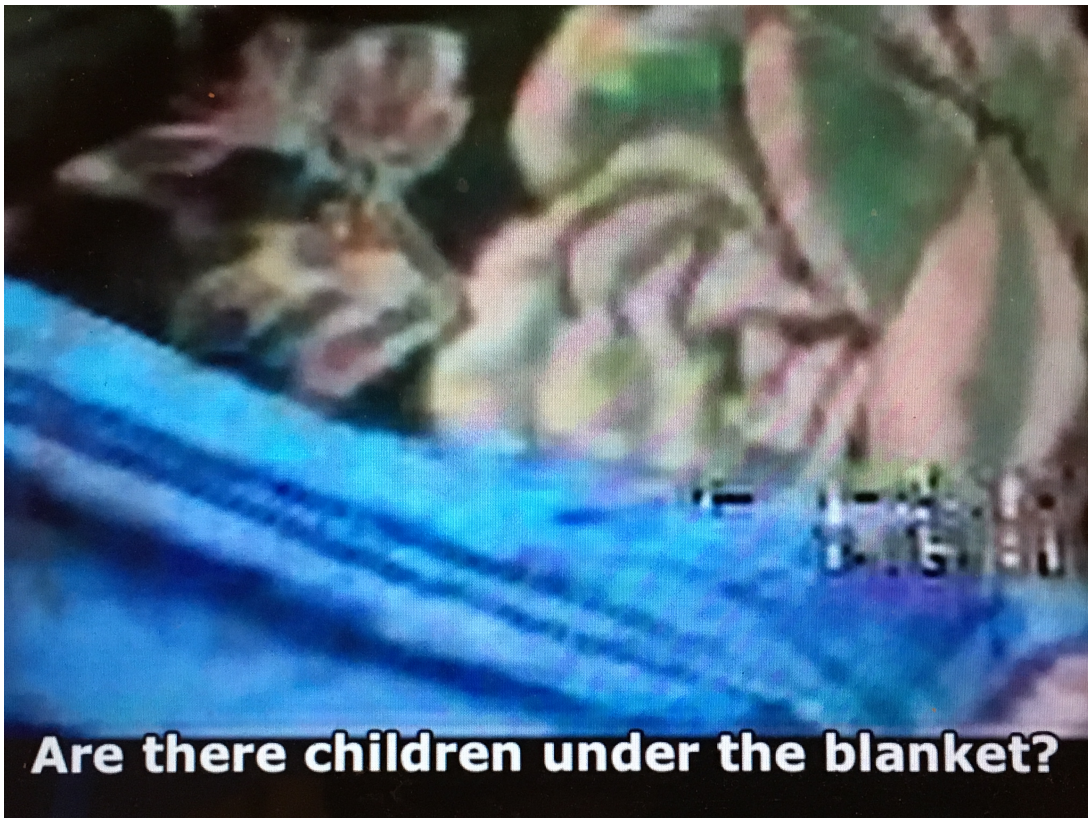
Part of the evidence collected by the Special Forces team was photographic. The explosives specialist took photographs and handed them to the commander, who said he 'wouldn't take photos of the KIA [killed in action] – but of the strike' (p. 296): yet it proved impossible to

maintain a clinical distinction between them (see the right hand panel of Figure 2; he also reported finding bodies still trapped in and under the vehicles). The photographs of the three vehicles were annotated to show points of impact, but the bodies of some of the dead were photographed too. These photographs, so many still lifes, presumably had evidentiary value – though unlike conventional crime scene imagery they were not, so far I can tell, subject to any rigorous analysis. In any case: what evidentiary value? Or, less obliquely, whose crime? Was the disposition of the bodies intended to confirm they had been moved, the scene 'contaminated' – the investigator's comments on the photograph note 'Bodies from Vehicle Two did not match blast pattern' (p. 1763) – so that any traces of insurgent involvement could have been erased? Or do the shattered corpses driven into metal and rock silently confirm the scale of the incident and the seriousness of any violation of the laws of war and the rules of engagement?

Once they had been photographed the dead bodies disappeared from the military's view, apart from the commander's initial estimate of '15-16 KIA' that he passed by telephone to the Special Forces operations centre at Kandahar, which eventually triggered an 'Information Operation' to counteract the 'negative publicity' – and even the transmission of that estimate through the chain of command was delayed for hours by staff officers reluctant to accept the report of civilian casualties. The chief of police in Karajan was contacted and people eventually arrived to collect the dead and take their bodies home to their villages so that they could be buried within the customary 24 hours. Kennebeck documents that awful return in agonizing detail

using video and audio recorded by relatives and neighbours (Figure 3). The frame jerks and shakes; as the bodies are unwrapped from their makeshift shrouds, the images are blurred, their planes angular, at times resembling a Nevinson painting from the First World War, but always accompanied by anguished cries and a litany of question and response from multiple voices as people try to identify the battered and bloody bodies and to reconcile their mutilated forms with the living people they can now only remember. The visceral force of what they say visibly reappears in the translated subtitles at the foot of the screen: 'Oh, this is my sweet child'; 'Your father wants to die'; 'Is this your son?' 'That is his son. He was killed'; 'Isn't he the brother of Gulam?'; 'Yes, that is him'; 'Are there children under the blanket?' 'There are two or three'. The footage had been saved in low quality format, and Kennebeck chose not to digitally alter or enhance it: a decision that properly respects the privacy of the individuals but which also conveys the raw immediacy of the community's grief. [11]

[11] All quotations from *National Bird*; I am grateful to Sonia Kennebeck and her producer Ines Hoffman Kana, for their patience and care in explaining the provenance and use of the amateur video to me.



The Special Forces commander had his medics provide first aid to the survivors, and when they insisted that all the casualties had to be airlifted to hospital he radioed the regulation 9-line request ('urgent one priority') for medical evacuation. Two US Army helicopters were scrambled to ferry the injured to a US Forward Surgical Team and a Dutch military Role 2 hospital at Tarin Kowt. En route they became the objects of a biomedical gaze that rendered their bodies as a series of visible wounds and vital signs that were distributed among the boxes of standard MEDEVAC report forms (Figure 4). At that stage none of the injured was identified by name (see the first box on the top left); six of the cases – as they had become – were recorded as having been injured by 'friendly' forces, but five of them had the source of their wounding

marked as 'unknown'. [12] These forms are dispassionate abstractions of mutilated and pain-bearing bodies, but it would be wrong to conclude from these framings that those producing them – the troops on the ground, the medics and EMTs – were not affected by what they saw. [13] It would also be wrong to assume that military bodies are immune from these abstracted framings. These forms are used for all MEDEVAC casualties, civilian or military, and all patients are routinely reduced to an object-space even as they remain so much more than that: there are multiple, co-existing apprehensions of the injured body and the body in pain. [14]

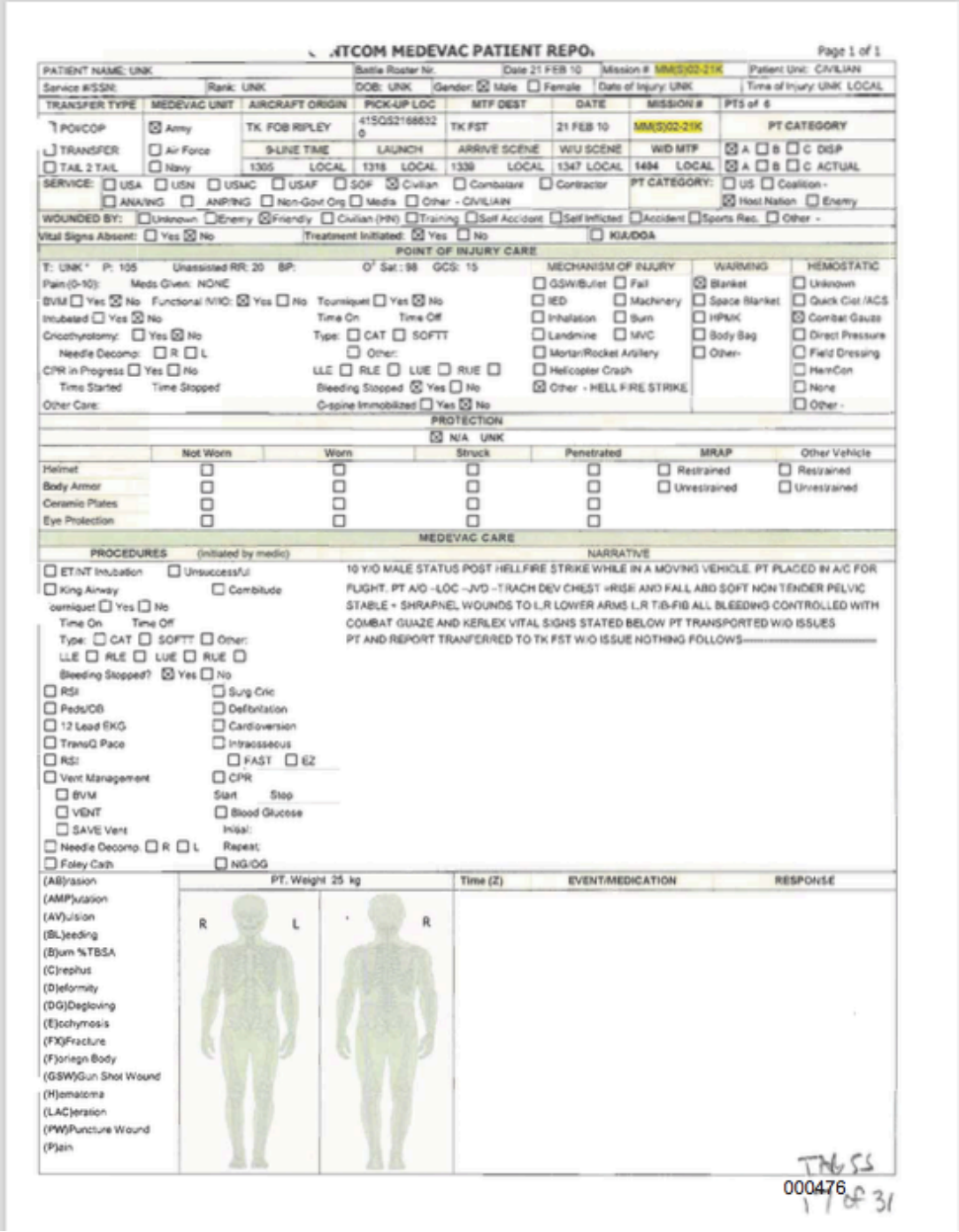
[12] The redacted report includes MEDEVAC forms for only 11 patients although all 12 injured were airlifted to the US and Dutch medical facilities at Tarin Kowt; four of them were so seriously injured that they had to be transferred to the more advanced Role 3 hospital at Kandahar for definitive treatment before being returned to the Forward Surgical Team at Tarin Kowt for post-surgical care (p. 45).

[13] Not least of those affected was the Special Forces commander who called in the strike. One of his team described him as being 'in distress over the wounded children' (p. 710), and he testified that when he arrived at the site the scene 'was horrific, it really was horrific … we had women and children … we had carnage' (p. 964). He broke down during his interview with the investigation team and confessed that he had been 'physically and emotionally upset' by what he found (p. 959).

[14] Ken MacLeish reminds us that

> 'For the soldier, there is no neat division between what gore might mean for a perpetrator and what it might mean for a victim, because he is both at once. He is stuck in the middle of this relation, because this relation is the empty, undetermined center of the play of sovereign violence: sometimes the terror is meant for the soldier, sometimes he is merely an incidental witness to it, and sometimes he, or his side, is the one responsible for it.'

Kenneth Macleish, *Making war at Fort Hood: life and uncertainty in a military community* (Princeton NJ: Princeton University Press, 2013) p. 85.



.NTCOM MEDEVAC PATIENT REPO.

Page 1 of 1

PATIENT NAME: UNK | Battle Roster Nr. | Date 21 FEB 10 | Mission # MM(S)02-21K | Patient Unit: CIVILIAN

Service #/SSN: | Rank: UNK | DOB: UNK | Gender: ☒ Male ☐ Female | Date of Injury: UNK | Time of Injury: UNK LOCAL

TRANSFER TYPE	MEDEVAC UNIT	AIRCRAFT ORIGIN	PICK-UP LOC	MTF DEST	DATE	MISSION #	PTS of 6
☐ POW/COP	☒ Army	TK FOB RIPLEY	41SQS2168832 0	TK FST	21 FEB 10	MM(S)02-21K	PT CATEGORY
☐ TRANSFER	☐ Air Force	9-LINE TIME	LAUNCH	ARRIVE SCENE	W/U SCENE	W/D MTF	☒ A ☐ B ☐ C DISP
☐ TAIL 2 TAIL	☐ Navy	1305 LOCAL	1318 LOCAL	1339 LOCAL	1347 LOCAL	1404 LOCAL	☒ A ☐ B ☐ C ACTUAL

SERVICE: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ SOF ☒ Civilian ☐ Combatant ☐ Contractor | PT CATEGORY: ☐ US ☐ Coalition - ☒ Host Nation ☐ Enemy

☐ ANA/ING ☐ ANP/ING ☐ Non-Govt Org ☐ Media ☐ Other - CIVILIAN

WOUNDED BY: ☐ Unknown ☐ Enemy ☒ Friendly ☐ Civilian (HN) ☐ Training ☐ Self Accident ☐ Self Inflicted ☐ Accident ☐ Sports Rec. ☐ Other -

Vital Signs Absent: ☐ Yes ☒ No | Treatment Initiated: ☒ Yes ☐ No | ☐ KIA/DOA

POINT OF INJURY CARE

T: UNK ° P: 105 Unassisted RR: 20 BP: O² Sat: 98 GCS: 15

Pain (0-10): Meds Given: NONE

BVM ☐ Yes ☒ No Functional NVG: ☒ Yes ☐ No Tourniquet ☐ Yes ☒ No

Intubated ☐ Yes ☒ No Time On Time Off

Cricothyrotomy: ☐ Yes ☒ No Type: ☐ CAT ☐ SOFTT

Needle Decomp: ☐ R ☐ L ☐ Other:

CPR in Progress ☐ Yes ☐ No LLE ☐ RLE ☐ LUE ☐ RUE ☐

Time Started Time Stopped Bleeding Stopped ☒ Yes ☐ No

Other Care: C-spine Immobilized ☐ Yes ☒ No

MECHANISM OF INJURY		WARMING	HEMOSTATIC
☐ GSW/Bullet	☐ Fall	☒ Blanket	☐ Unknown
☐ IED	☐ Machinery	☐ Space Blanket	☐ Quick Clot /ACS
☐ Inhalation	☐ Burn	☐ HPMK	☒ Combat Gauze
☐ Landmine	☐ MVC	☐ Body Bag	☐ Direct Pressure
☐ Mortar/Rocket Artillery		☐ Other-	☐ Field Dressing
☐ Helicopter Crash			☐ HemCon
☒ Other - HELL FIRE STRIKE			☐ None
			☐ Other -

PROTECTION

☒ N/A UNK

	Not Worn	Worn	Struck	Penetrated	MRAP	Other Vehicle
Helmet	☐	☐	☐	☐	☐ Restrained ☐ Unrestrained	☐ Restrained ☐ Unrestrained
Body Armor	☐	☐	☐	☐		
Ceramic Plates	☐	☐	☐	☐		
Eye Protection	☐	☐	☐	☐		

MEDEVAC CARE

PROCEDURES (initiated by medic)

☐ ET/NT Intubation ☐ Unsuccessful

☐ King Airway ☐ Combitube

ourniquet ☐ Yes ☐ No

Time On Time Off

Type: ☐ CAT ☐ SOFTT ☐ Other:

LLE ☐ RLE ☐ LUE ☐ RUE ☐

Bleeding Stopped? ☒ Yes ☐ No

☐ RSI ☐ Surg Cric

☐ Peds/OB ☐ Defibrilation

☐ 12 Lead EKG ☐ Cardioversion

☐ TransQ Pace ☐ Intraosseous

☐ RSI ☐ FAST ☐ EZ

☐ Vent Management ☐ CPR

☐ BVM Start Stop

☐ VENT ☐ Blood Glucose

☐ SAVE Vent Inital:

☐ Needle Decomp ☐ R ☐ L Repeat:

☐ Foley Cath ☐ NG/OG

NARRATIVE

10 Y/O MALE STATUS POST HELLFIRE STRIKE WHILE IN A MOVING VEHICLE. PT PLACED IN A/C FOR FLIGHT. PT A/O -LOC -/V/D -TRACH DEV CHEST +RISE AND FALL ABD SOFT NON TENDER PELVIC STABLE + SHRAPNEL WOUNDS TO L/R LOWER ARMS L/R T/B-F/B ALL BLEEDING CONTROLLED WITH COMBAT GUAZE AND KERLEX VITAL SIGNS STATED BELOW PT TRANSPORTED W/O ISSUES PT AND REPORT TRANFERRED TO TK FST W/O ISSUE NOTHING FOLLOWS

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain

PT. Weight 25 kg

R L R

Time (Z)	EVENT/MEDICATION	RESPONSE

TM 55

000476

1 of 31

If the administrative armature for medical evacuation is the same for civilians and military personnel – all victims of military or paramilitary violence are entitled to be flown to military hospitals for emergency treatment – their long-term care is not. The investigation

team visited the survivors in hospital to hear their version of events, and asked their permission to take photographs 'to document your injuries' (p. 1050). The photographs are not included in the redacted report, but here is an exchange on 1 March, one week in to the inquiry, between a Dutch lieutenant colonel (a trauma surgeon) and Major General Timothy McHale, the investigating officer. Its subject is a young boy who first appears in an e-mail list of casualties forwarded to the Special Forces from the medical teams at Tarin Kowt on the afternoon of the strike. There he is described simply as '5 y/o male – multiple shrapnel wounds to both lower extremities. Partial amputation left ankle' (p. 293). [15] But he became much more than an inventory of injuries during McHale's visit; his own son was about the same age, and this young boy asleep in his bed now had a face and McHale made sure he had his name (redacted in the report). [16]

> *Doctor:* This is the kid that lost the leg, the left leg.
> *MG McHale:* So he's probably about five or six years old?
> *Doctor:* Yes, five years, that's what they reckon. Under the circumstances he's doing alright. He's eating, he's hungry. He's sleeping right now but if you talk to him he's doing alright. (p. 680).

[15] His may be the missing MEDEVAC form (note 12), but there is a form for a 10 year old boy (the age was estimated) with injuries to his lower left and right legs, the first page of which is shown here as Figure 4 (p. 476).
[16] 'That really shook me up', he later admitted: Cockburn, Kill-chain, p. 13. In the report all the injured are identified but their names are redacted (pp. 40-42).

Five years later, here is that ‘kid’. His name is Suhrab; his father, his brother Morteza (4) and his sister Sima (7) were all killed in the strike. Kennebeck’s team traced him, and *National Bird* shows Suhrab sitting smiling with his surviving family on a rug in a compound in Kabul. At first sight, it is a happy portrait, but when a black helicopter thumps across the sky, two women look up anxiously, fear etched across their faces, while Suhrab looks down and covers his ears (Figure 5); he draws a big, bold sketch on his pad, but it is a picture of the helicopters attacking the vehicles and his mother jabs at it with her fingers as she explains what happened to her family; unselfconsciously Suhrab unstraps his prosthesis and unwraps his stump.

Viewed in relation to the report of the investigation the sequence becomes even more unsettling. McHale asked the surgeon about Suhrab's long-term prognosis:

> *MG McHale:* How do they handle it? How long will they keep him, and how long before he's fixed, fitted with prosthesis, how does that work?
> *Doctor:* What we are now doing, getting a list of what we need for the patient's extra care. And we will discuss that with the MEDOPS [Civilian Assistance Program] to make sure that he gets it. They might end up in particular hospital because … he will need prosthesis and long-term care…. (p. 680)

> *Doctor:* His leg was smashed so we had to amputate on the first night. I tell you the biggest thing in this community will be managing the sequentially increasing size prosthesis, and they will need a lot of backup. In the States or Australia it would be easy to come back to the clinic but here in Afghanistan that's not going to be that straightforward. We'll get him suited up initially, but he'll need to come back every so often as he grows… (pp. 684-5).

Under ISAF's Medical Rules of Eligibility all Afghan patients had to be transferred to Afghan hospitals once life-, limb- or sight-saving surgery had been completed. By 18 March ten of the injured

were still being treated, but they had all been transferred to the local hospital in Tarin Kowt, where they continued to receive follow-up care from the US Forward Surgical Team. By then Suhrab was ready to be released but, like one other patient who had had a leg amputated as a result of the strike, his family declined further military assistance and elected to 'make their own arrangements' for a prosthesis to be fitted at the Orthopaedic Centre in Kabul run by the International Committee of the Red Cross (p. 41).

Post-surgical care, even in hospitals run by international NGOs on behalf of Afghanistan's Ministry of Health, hardly compares to the advanced trauma care available in military hospitals – ISAF had given the provincial hospital at Tarin Kowt twenty beds and an operating table the previous summer, and military surgeons were mentoring an Afghan surgeon there, but its staff, facilities and services were still limited [17] – and the prosthetic limbs provided for Afghan amputees bear no comparison with the hi-tech prostheses fitted to US or allied military personnel. [18] In this case all three patients who had had limbs amputated were promised transport to Kabul to have their prostheses fitted (the report notes that a medic from the Advanced Operating Base

[17] In 2010 US Special Forces own medical personnel reported 'a significant knowledge and skills deficit in the individuals providing trauma services at TK Hospital': David Kauvar and Tucker Drury, 'Medical Operations in Counterinsurgency', *Military Review* 92 (3) (2014) 56-61: 58. On transferring patients from the military to the civilian system see more generally Mark De Rond, *Doctors at War: life and death in a field hospital* (Ithaca: Cornell University Press, 2017; Emily Mayhew, *A heavy reckoning: war, medicine and survival in Afghanistan and beyond* (London: Profile Books, 2017).

[18] This is not to minimize the pain and trauma that military amputees face: see Ann Jones, *They were soldiers: how the wounded return from America's wars* (New York: Haymarket, 2013).

at Fort Ripley had been assigned as 'patient advocate' and would help co-ordinate transport). By the time Kennebeck caught up with them in Kabul that arrangement seemed to have lapsed; they faced a three-day journey from their village. At the ICRC Orthopaedic Centre the camera tracks across a whole wall of box files, floor to ceiling, all marked 'Male Amputees' (Figure 6). Inside there are no doubt more biomedical notations and images – hundreds, thousands of them – but outside Kenneck captures the quiet, matter-of-fact bravery of the patients as they unwrap their stumps, lie on examination tables to have their limbs manipulated, and display their prostheses with dusty trainers attached. Some of the stacked prostheses look like the artificial legs supplied to veterans in First World War – Nevinson again – but there is also a calm dignity on display. And, numbingly, even gratitude.[19] Kennebeck records another survivor: 'Where I live is far from here. There are no hospitals that could make leg prostheses. No Red Cross stations. I came to this center to receive a new prosthesis. It will make my life much easier.'

[19] 'Our relationships with the patients are quite strong and they remain remarkably forgiving and accepting of this event, and thankful for the sustained medical attention/care' (p. 43). The injured received compensation of $3,000 each (p. 44).

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I owe to Joseph Pugliese my interest in the prosthetics of military violence. As he explains, the term 'prosthetics' implies that these are at once extensions and embodiments; that much should now be obvious in relation to the remote operations carried out by military drones. But as he also notes, 'drones as the militarized prosthetics of empire inherently generate civilian amputees in need of prosthetic limbs.' [20] In her classic essay on the prosthetic imagination Sarah Jain wrote that 'it is usually not the same body that is simultaneously extended and

[20] Joseph Pugliese, *State violence and the execution of law* (New York: Routledge, 2013) p. 214; see also Derek Gregory, 'The prosthetics of military violence', at https://geographicalimaginations.com/2015/02/07/the-prosthetics-of-military-violence, 7 February 2015.

wounded'. [21] She was describing working for Ford, yet there is a sense in which the war machine – especially as its post-Fordist variants have incorporated the logics of the market and the corporation – is no less bureaucratic and hierarchical. While this apparatus extends and wounds the bodies that are its vectors, there is a corporeal geography to the process: hence my emphasis on the different treatment of Afghan and American amputees. To fully understand how late modern war continues to traffic in injury, how its products and residues harm other human bodies, we need to learn to see those other bodies: not to look away, not to evict them from our frames of war, but to visualise their centrality to our power – and our culpability.

[21] Sarah Jain, 'The prosthetic imagination: enabling and disabling the prosthesis trope', *Science, technology and human values* 24 (1) (1999) 31-54: 36.