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RESEARCH ARTICLE

Urban fractures: mobility, risk and the *accidenté* in Kikwit, Democratic Republic of Congo

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Abstract

Changing practices of motorized mobility in Kikwit, Democratic Republic of Congo (DRC) have given rise to what residents call the '*accidenté*': a victim of a traffic accident, often involving the city's increasingly ubiquitous motorcycles. This article explores the significance of the *accidenté* in Kikwit's social universe and considers how everyday urban mobilities are imbued with a sense of bodily exposure, risk and the threat of broken bones, so much so that 'fracture' has come to be seen as an urban condition. This entanglement of perceptions of mobility, risk, fracture and urbanity represents both a particular spatialization of risk in relation to city life and a critique of how corporeal vulnerability is tied into other vulnerabilities in the daily lives of urbanites. By analysing how one can become an *accidenté* and what trajectories of care transpire after the moment of injury, this article reveals how this new patient subjectivity necessitates a confrontation with potentially enduring motility limitations and risky navigations of the city long after the accident.

Résumé

L'évolution des pratiques de mobilité motorisée à Kikwit, en République démocratique du Congo (RDC), est à l'origine de ce que les résidents appellent l'« accidenté » : une victime d'accident de la circulation impliquant souvent des motos, de plus en plus omniprésentes dans la ville. Cet article explore la signification de l'accidenté dans l'univers social de Kikwit et s'intéresse à la manière dont les mobilités urbaines du quotidien sont empreintes d'un sentiment de risque corporel et d'une menace de fractures, à tel point que la « fracture » est désormais considérée comme une condition urbaine. Cette intrication de perceptions de mobilité, de risque, de fracture et d'urbanité représente à la fois une spatialisation particulière du risque au regard de la vie urbaine et une critique de la manière dont la vulnérabilité corporelle s'intègre dans d'autres vulnérabilités dans la vie quotidienne des urbains. En analysant comment on peut devenir accidenté et les trajectoires de soins qui surviennent après la blessure, cet article révèle en quoi cette nouvelle subjectivité de patient nécessite une confrontation avec une mobilité réduite potentiellement durable et une navigation risquée de la ville bien après l'accident.

Resumo

A mudança das práticas de mobilidade motorizada em Kikwit, República Democrática do Congo (RDC), deu origem ao que os residentes chamam de "accidenté": uma vítima de um acidente de viação, envolvendo frequentemente as motos cada vez mais omnipresentes da cidade. Este artigo explora o significado do accidenté no universo social de Kikwit e considera como as mobilidades urbanas diárias estão imbuídas de um sentido de exposição corporal, risco e ameaça de ossos partidos, tanto que a "fractura" passou a ser vista como uma condição urbana. Este emaranhado de percepções de mobilidade, risco, fractura e urbanidade representa tanto uma espacialização particular do risco em relação à vida urbana como uma crítica de como a vulnerabilidade corpórea está ligada a outras vulnerabilidades na vida quotidiana dos urbanos. Analisando como alguém pode se tornar um acidenté e que trajectórias de cuidados de saúde ocorrem após o momento da lesão, este artigo revela como esta nova subjectividade do paciente requere um confronto com limitações de mobilidade potencialmente duradouras e navegações arriscadas da cidade muito tempo após o acidente.

Marcel, a teacher living in Kikwit, Democratic Republic of Congo (DRC), was in a serious motorcycle accident in December 2015. He had been riding as a passenger on one of the city's ubiquitous motorcycle taxis on the way to work when they collided with another motorcycle on Kikwit's main road. Marcel was badly injured in the crash, suffering an open fracture in his lower right leg. An X-ray at a popular private polyclinic revealed that his fibula was broken in two places, the fragment was displaced, and the tibia was also fractured. A large, gaping wound covered much of his lower leg, requiring immediate medical intervention to stop the bleeding.

I first met Marcel six days after the crash, when he arrived at the specialized treatment centre of Ngonga Piakala, the most renowned healer of fractures in the region. Although the doctors at the clinic had sutured his wound and given him a transfusion of two units of blood, they had not treated the fracture itself. This meant that Ngonga had to remove some of the stitches with surgical scissors, manually align the fragment back into position, immobilize the bones with a bamboo cast, and apply his herbal medicine. The wound was already infected, so the healer also applied an antibiotic cream and told Marcel that he would need to have his bandages changed daily until the infection cleared. This began a period of several months of convalescence, the first month of which Marcel spent on site at the fracture centre, followed by outpatient care and physical therapy exercises at home.

Marcel's case was not uncommon. I heard similar stories almost daily from fracture healers, doctors and X-ray technicians working in the city of 1.2 million inhabitants. Given the limited number of paved roads and relatively short distances required to traverse the city, moto-taxis (known as *wewa*) are the most common means of mobility in Kikwit, apart from travelling by foot. December falls during the rainy season, so accidents were at their peak when Marcel was struck, but they remain a common occurrence all year round. Sometimes, these are minor collisions, but often they produce serious injuries or even deaths. Indeed, on that day, Marcel found himself transformed into an increasingly common figure in the city, what Kikwitois (residents of Kikwit) call the '*accidenté*': a victim of a traffic accident, particularly one suffering from bodily injuries such as broken bones.

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In this article, I consider the significance of the *accidenté* in Kikwit's social universe and ask what it brings to light regarding daily life in African cities. I argue, first, that 'the *accidenté*' is an urban figure par excellence, embodying the nexus of mobility and risk that underscores much of the urban experience in sub-Saharan Africa. Second, by analysing how one can become an *accidenté* and what trajectories of care transpire after the injury, we learn much about social and technological infrastructures in urban Africa, both in terms of how citizens accept the corporeal risks of everyday mobility as an unavoidable consequence of living in a city with inadequate transport infrastructures, and how urban mobility paradoxically constitutes not only a risk but also an essential practice for assembling care as an accident victim.

Daily life in African cities has frequently been framed in terms of precarity, lack and disjuncture in material infrastructure, and as inspiring and necessitating myriad forms of social networks, connectivity and creativity (De Boeck and Baloji 2016; Larkin 2008; Pype 2016; 2021). These social infrastructures have been interpreted as vital products of cities in perpetual motion, and as flexible and mobile intersections of people across urban spaces that enable sociality and survival in the face of uncertainty (De Boeck 2015; Elyachar 2010; Simone 2010). Despite widespread acknowledgement of Africa as an intensely mobile continent (De Bruijn *et al.* 2001), literature on mobility in African cities has mostly concentrated on the economic aspects and lived experiences of (informal) labour on the road, particularly for transport workers (Bürge 2011; Doherty 2017; Ference 2021; Ibrahim and Bize 2018; Konings 2006; Mutongi 2006; Oldenburg 2019; Rizzo 2017) and the hawkers who work in and around traffic congestion (Stasik and Klaeger 2018), as well as considering technology-mediated forms of 'virtual' mobility for commerce or sociality (Archambault 2012; Steel 2017).

The dangers of everyday urban mobility thus remain rather overlooked, especially beyond the continent's megacities and national capitals. Anthropological attention to African roads has often approached roads as infrastructure and ambivalent icons of modernity, frequently focusing on highways and long-distance routes (Beck *et al.* 2017; Klaeger 2013). Yet for the most part these studies do not bring us inside the city itself, with its unique patterns and rhythms of mobility. Even where city traffic flows and blockages have been brought into focus, the emphasis has been on infrastructure, rather than offering a particular image of the city as a space of ordinary risk. Moreover, the social contours of the physiological fractures produced daily by motor vehicle accidents – a regular outcome of everyday movement across urban space – have not been studied anthropologically.

The aim of this article is thus to explore the risks and corporeal effects of moving in and through a mid-sized African city, with its streets dominated by motorcycles and its road infrastructure caught somewhere between village and metropolis. In addition to responding to calls for Africa-centred perspectives on mobilities (Mavhunga *et al.* 2016), I am inspired by Trovalla *et al.* (2014), who theorize movement as a form of mediation between a city and its residents with the potential to reveal dimensions of the urban landscape that may otherwise remain elusive. They argue that the city of Jos has 'become intelligible' through movement, which functions as a 'form of social envisioning – a tool for understanding and foretelling the city' (*ibid.*: 78). Here, I seek to apply their concept of 'movement as a medium' (*ibid.*) to analyse urban mobilities in Kikwit, asking what these mobility experiences reveal or foretell about what it means to live in an African city.

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To this end, I seek to understand how moving through the urban space of Kikwit – with its increasing traffic flows outpacing both infrastructural development and governance – entails daily confrontation with a sense of bodily exposure, risk and even fracture, brought on by interaction with urban infrastructures and technologies (roads and motor vehicles). The lack of pavements means that pedestrians also experience corporeal vulnerability as they traverse the city, but I focus here on vehicular mobility – especially involving the city's ubiquitous *wewa* – because of the high proportion of *accidentés* it produces and the popular perception of this form of mobility as being particularly linked to broken bones. As one fracture patient put it, fellow residents suffering from his condition are now 'too many to count, because in Kikwit there are a lot of motos' – a concern shared by one of the region's most respected biomedical doctors, who similarly cited motorcycle accidents as one of the most pressing health threats in the city. The figure of the *accidenté* thus also invites consideration of the potentially detrimental impacts of urban mobility on personal motility, as the physiological trauma of fracture severely impairs one's capacity to be mobile. As Weig (2015) has argued, conceptual attention to motility – not just mobility – highlights the broader physiological, spatial, technological and societal factors shaping one's mobility potential, as well as addressing the lack of a temporal dimension in many approaches to mobility. In other words, we can consider urban mobilities not just as a function of movements through space, but also in terms of the capacity for movement over time, as *accidentés* suffer the motility limitations produced by an adverse outcome of corporeal, social and technological/infrastructural entanglement in the urban milieu.

In this article, then, I interrogate Kikwitois' perceptions of urban mobility and their embodied experiences of moving through the city – in this case, traumatic experiences of rupture stemming from accidents on the road – and describe how they have come to view fracture as an urban affliction. I argue that mobility, risk and fracture are interwoven in navigating the urban space of Kikwit, and that the recent increase in motorized traffic – particularly motorcycles – has amplified new patient subjectivities: namely, that of the *accidenté*. Even though suffering broken bones on the road is generally accepted as an ordinary risk of everyday urban mobilities, the newfound prevalence of this type of patienthood has led to the *accidenté* becoming a popular figure in Kikwitois' imaginaries of urban space, reinforced in popular discourse on the streets and in media reports of traffic accidents – and therefore also informing broader ideas about city living.

Drawing on Lamont's (2012) conception of the accident as an ambivalent and flexible category that allows for broader social commentary and critique, I suggest that the figure of the *accidenté* in Kikwit creates space for expressing perceptions of the risks associated with urbanity more broadly, perils that are frequently perceived to flow from metropoles such as Kinshasa to smaller cities, including Kikwit, as they become more urbanized. Whereas Lamont (*ibid.*) describes these responses to traffic accidents as exposing critiques of the capitalist ideology of automobility, we can interpret narratives about motorcycles and *accidentés* in Kikwit as critiques of an unruly and injurious moto-mobility (cf. Pinch and Reimer 2012). Although city life facilitates mobility, with urban connectivity, infrastructure and technology creating conditions for enhanced motility, a focus on the risks associated with moto-mobility and the figure of the *accidenté* reveals that the urban sphere can also produce a

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reduction of motility, undermining one's mobility potential with lingering social, economic and identity implications. The emic understanding of fracture as a distinctly urban injury therefore presents not only a striking aspect of local conceptions of city life, but also a useful analytical lens for thinking through experiences of mobility, risk, suffering and the urban condition more broadly.

Following this introduction, the first section explores how ideas about the road (*nzila*) and risk (*kigonsa*) are intertwined in Kikwit, with the normalization of road risk resulting in the perception of bodily threats that accompany urban mobilities as ordinary features of city life. I then introduce the figure of the *accidenté* and analyse the particularities of the kinds of fractures and motility constraints produced by road accidents. The third section describes how fractures have come to be seen as a product of urban life, with broken bones themselves being regarded as a medical condition tied to living in and moving through the city; I suggest that the vernacular concept of urban fractures and the *accidentés* they produce represent a spatialized notion of risk and suffering that offers a useful analytic for understanding broader urban experiences of rupture and fragmentation. In the final section, I discuss how mobility and risk are also integral to experiences of the city's *accidentés* after the accident, as they confront potentially enduring motility limitations and navigate the city in search of therapeutic resolution and recovery.

This article is based on fourteen months of ethnographic fieldwork conducted in 2015 and 2016, in which I followed healers, doctors, radiology technicians and their patients throughout (and beyond) the city of Kikwit. I also worked for a year as an apprentice of Ngonga Piakala, participating in the treatment of hundreds of fracture patients. All dialogue has been translated from French, Kikongo (the predominant language in Kikwit) or Lingala (common among patients transferred from the capital). Apart from Ngonga, all names have been changed to pseudonyms to preserve confidentiality.

Urban mobilities and everyday risk

To examine the broader meanings and experiences of urban mobilities in Kikwit, we must first interrogate how residents move in and through the city, and how these everyday mobilities are entangled with a sense of *kigonsa* (danger, peril or risk). This section explores how *kigonsa ya nzila* (road risk) figures in local imaginaries of urban mobility, with perceptions of the risks entailed in navigating the city closely linked to one type of movement in particular: moto-mobility.

From sunrise to sunset, the background music to the soundtrack of Kikwit's streets is the persistent thrum of motorcycle engines. Although there is a growing number of cars in the city, most of the traffic is constituted by the many motorcycles that have proliferated rapidly over the last decade, especially those operated as moto-taxis (*bawewa*).[1] This is in part due to the availability and low prices of Chinese models – starting at US$800 from one of the Indian-run shops in the city's commercial centre – and partly because the motorcycle is the means of transport best suited to the city's infrastructure. The Boulevard National that comes from Kinshasa forms the

[1] The importance of the *wewa* in the local transport field resembles that found in many African cities, where privately operated moto-taxis have become an indispensable means of public mobility, while provoking concerns over road safety and regulatory deficiencies (Ehebrecht *et al.* 2018).

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major paved thoroughfare in town, and only three other tarred roads exist, in various states of disrepair. The rest of the city is accessible only on sandy and sometimes narrow routes, which are often eroded in deep channels following washouts from one of the many ravines snaking through the city, making them impassable by car. Heavy rains periodically open these threatening fissures into immense chasms, engulfing homes and cutting off neighbourhoods completely. Many locales are thus most easily reached by motorcycle or on foot.

As sites of connectivity, interface and flow, roads bring together not only diverse actors – car and moto-taxis, private vehicles, NGO and state jeeps, pedestrians and street vendors – but also an abundance of different meanings for those who navigate them. Ethnographies of African road-related experiences and discourses suggest that the road itself is essentially an ambivalent and liminal space, inspiring fear as well as desire, associated with both danger and opportunity (Beck *et al.* 2017; Klaeger 2013; Masquelier 2002).[2] In Kikwit, the roads (*banzila*) connecting and running through the city fuel the commerce that is central to both its historical development and future growth, while their degraded condition symbolizes state neglect and ineffective local governance. Disorderly flows of people and vehicles and the accidents they produce testify to the state being unable to control this risky space, despite frequent road-blocks and the presence of police and other state agents on the road. As the primary tarred road and the artery connecting the city to the capital, the Boulevard National holds a certain mystique and ambiguity – indeed, like elsewhere in the country, the concept of the *boulevard* 'opens up an imaginative realm of movement in urban spaces' (Pype 2016: 247). Kikwitois often describe the Boulevard National as a key connector that makes Kikwit the most important '*carrefour*' (crossroads) regionally, yet it is also a source of danger and anxiety, the space of horrific and often deadly accidents (frequently involving overnight buses) or the route by which feared militia might arrive in the city.[3]

However, traversing the city requires a navigation of not just symbolically ambivalent but also explicitly 'risky roads' (*banzila ya kigonsa*). Of all potential perils of urban mobilities, the most immediate consequence of the increased traffic flow in Kikwit is the growing ubiquity of accidents. Transport hubs, intersections and the few tarred roads are the most common sites of these daily collisions, which have produced a growing frequency of traumatic fracture cases, predominantly involving broken bones in the arms and legs. The circumstances leading to Marcel's injury are thus far from exceptional. The threat to the personal body posed by traffic accidents is

[2] Masquelier argues that ambivalence towards roads emerges from the 'profoundly contradictory nature of roads as objects of both fascination and terror' (2002: 831), perceived as offering 'risky and contradictory opportunities' (*ibid.*: 832) that are iconic of experiences of modern life in general. Likewise, Lamont and Lee suggest that the ambivalence and centrality of the figure of the road in African moral imaginaries is 'linked to deeply historicized processes of signifying Africa's uneven and often exploitative encounter with modernity' (2015: 466–7).

[3] In December 2016, there was anxiety among Kikwitois that militia active in neighbouring Kasaï would soon move through Kikwit on the way to the capital to challenge the Kabila regime. Images of civilians supposedly slaughtered by these militants circulated on social media, fuelling fear about what might transpire in Kikwit in the days to come. Although this never transpired, such anxieties speak to the social imaginary of the (national) road and the wider risks it transports.

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not unique to Kikwit but characteristic of many urban contexts across the continent, particularly those where the rapid increase in traffic outpaces any means of control; traffic accidents constituting the aetiology of the majority of fracture cases has been observed in other African cities as well (Ariës *et al.* 2007; Ekere and Echem 2013; Eze 2012). In Tanzania and Kenya, road safety advocates have described this threat in epidemiological language, rebranding road injury and death as an emergent global public health issue (Lamont 2012).

The perceived risk posed by motorcycles in particular has permeated public discourse in many African cities, as this affordable and efficient way of getting around poses tangible dangers (Doherty 2017; Ehebrecht *et al.* 2018). As Oldenburg (2019) has noted, riding a moto-taxi is a deeply embodied experience, more so than other forms of transport, so the corporeal impacts of moto-mobility are particularly cogent in these discourses. In Douala, for example, moto-taxis are referred to as 'bendskins', 'in reference to a dance that, like the motorcycles on Douala's pot-holed streets, shakes the entire body, head to toe' (Ndjio 2006: 115). This terminology calls attention to an embodiment of risk experienced daily by urban Cameroonians: namely, the impact of urban mobility on the physical body – literally 'bending' the body and, in dire cases like those I discuss here, even bending it to its breaking point.

Relevant here is Pype's (2016) understanding of connectivity and interference in the urban social landscape, in which this landscape is populated by different types of 'connectors' that serve as 'agents of interference' – social roles that function as bridges but also embody risk and danger. Just as Pype (*ibid.*) has argued for the urban figures of the truck driver, prostitute, witch and *phonie* operator in Kinshasa, the *wewa* too is a connector, bringing together different worlds in the urban social universe. The risks brought about by *wewa* mobilities in Kikwit can thus be understood as a negative consequence of everyday connectivity and mobility in the urban sphere.

In other urban centres, such as Kampala (Doherty 2017) and Goma (Oldenburg 2019: 74), narratives abound in popular discourse about the reckless and dangerous practices of moto drivers as transgressive acts that fuel this form of road risk (see also Ehebrecht *et al.* 2018; Pinch and Reimer 2012). However, in Kikwit, the ubiquitous presence of the moto and the popularity of this form of transport – as well as the relatively slower speeds of travel because of limited road infrastructure – mean that this categorization of speeding risk-takers is less relevant. Instead, for Kikwitois such as Marcel, the corporeal threats produced by navigating urban space are both unavoidable and a relatively normalized part of everyday life in the city. When he suffered his accident, neither Marcel nor his family saw it as a particularly exceptional circumstance; however unpleasant and shocking it was at the time, Marcel later described the accident as a rather 'typical' outcome of commuting to work via the most convenient transport option on offer. 'It's the motorcycles,' he said, implying that this was explanation enough.

The predominance and necessity of motorcycle transport in Kikwit's infrastructural and technological landscape mean that these risks have become routine, confronted daily by urban residents as they move through the city. Road safety infrastructures and protective equipment such as speed limits, controlled intersections and helmets are virtually unseen. Legally, the drivers of moto-taxis are obliged to wear a helmet – although many do not, even if they sometimes carry one to avoid harassment by the police, who use this regulation as a mechanism to extort petty

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bribes on the road.[4] In fact, the main risk that preoccupies many *wewa* operators is this police harassment and extortion, not accidents. For passengers, there is no physical protection,[5] despite the high degree of bodily exposure and vulnerability inherent in this form of transport. Rather than being a product of particularly risky practices of a select few road users, then, the corporeal vulnerability encompassing urban mobilities in Kikwit is an ordinary, everyday experience widely shared by residents. From this perspective, *kigonsa ya nzila* is seen as an inherent risk of urban living, even if resignation to such risk is sometimes accompanied by critique, as I explore below.

The *accidenté*

Against this backdrop of ordinary risk that characterizes urban mobility for Kikwitois, one figure of urban movement and connectivity has gained prominence in local imaginaries of daily life in the city: the traffic victim, or what Kikwitois call the '*accidenté*'. This section explores how this figure opens up the analytical realms of suffering, care taking and everyday urban survival and livelihoods, and how it constitutes a particular patient subjectivity beset with its own unique physiological, motility and care implications.

In the thirty years he has been working as a fracture healer in Kikwit, Ngonga Piakala has seen first-hand not just the rapid growth of the city, but how its changing transportation landscape has impacted urban bodies in material ways. Now a prominent practitioner with a busy practice in Kikwit's *cité*, his work is dominated by one type of patient in particular: the *accidenté*. Almost daily, he receives new patients suffering from broken bones fractured in motor vehicle collisions, greatly outnumbering the patients who arrive after suffering fractures by other means. He is not alone; among all the fracture healers I interviewed in Kikwit, the majority of cases received are victims of traffic accidents. Likewise, the hospital's radiology service diagnoses fractures primarily among these *accidentés*.

Significantly, the category of the *accidenté* specifically refers to victims of motorized traffic accidents, whereas victims of a household accident such as slipping or being crushed by a falling tree – which, of course, are types of 'accidents' – are not considered *accidentés*. Hence, *accidentés* are either produced in a collision between vehicles (the most common situation), or when a pedestrian is hit by a truck, moto or car. The speed of travel is generally not fast enough within the city for car occupants to be seriously injured in most collisions, so the term is more frequently applied to moto drivers and passengers. Hence, the *accidenté* is inextricably intertwined with conceptions of moto-mobility in the city, and closely associated with the rise of motorcycle transport.

News reports on the local Radio Tomisa, rumours spread on social media, and above all discussions in taxis, at work or with neighbours, friends or kin all contribute to public awareness of the plight of the *accidenté* in Kikwit. News media reports often

[4] Konings suggests that such police hostility is rooted in a 'fierce contest for power and control over the road' (2006: 44).

[5] Some passengers employ other strategies to protect themselves, such as relying on a regular *wewa* (who is a 'good driver') or visiting a Pentecostal church that offers spiritual protection from accidents.

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describe only the most serious accidents – usually occurring on the outskirts of town or at bridges – which produce large numbers of injuries or deaths, or events resulting from infrastructural crises, for instance a large transport truck overturning (and killing several occupants) when the road had been washed out into a ravine. More personal stories of becoming *accidenté* are frequently spread via word of mouth, such as a mother recounting in a car taxi how her son had been in a traffic collision at that same location the week before, or a group of university students listening raptly to one of their peers describe his moto accident and injuries (including subsequent surgery and the metal pins now permanently fixed in his leg) over drinks at a local bar. Almost everyone knows someone who has been affected, as many *accidentés* are very open in sharing testimony of the personal dramas they have survived, often accompanied by photographic evidence of their injuries and recovery journey.

Not surprisingly, then, this figure has crept into local imaginaries of everyday urban life, even among children. Already from a young age Kikwitois perceive the risks of traffic accidents – and particularly those from motorcycles – to be a normal and ever present part of contemporary urban mobility. A five-year-old boy living in my neighbourhood regularly ran around the yard with a plastic lid between his legs, pretending to be driving a motorcycle, calling out, 'Vroom … vroom … beep-beep! … Vroom … Accident! Accident!' However, the figure of the *accidenté* is not just inextricably linked to imaginaries of the city's traffic and with conceptions of urban mobility. It is also specifically linked to the corporeal impacts of this mobility. In other words, it is not just the trauma of being involved in a traffic accident that transforms one into an *accidenté*, but the actual production of bodily injury.[6] In many cases, this concerns one type of injury in particular: bone fractures.

Beyond being a cultural figure, the *accidenté* thus also constitutes a new type of patient subjectivity produced by Kikwit's increasing traffic flows, marked by particularities concerning the physiological forms of fracture itself. The city's *accidentés* most commonly suffer from leg fractures, due to the exposed nature of the lower limbs while riding on a moto and the likely location of being struck in a collision. Because of the force of impact, fracture patients injured in traffic accidents also generally suffer more severe fractures, such as compound (open) or comminuted (multi-fragmented) fractures, compared with patients fractured due to other means (a fall or domestic injury, for example), as has been similarly observed in Techiman, Ghana (Ariës *et al.* 2007). Marcel's serious, gaping, multi-fragmented fracture affecting both the tibia and fibula was thus typical among the city's *accidentés*. However, he was also relatively lucky in that his fracture affected his lower leg, affording him greater mobility possibilities during his recovery. Many of his counterparts suffer femur fractures, which require them to be completely immobilized, often for months at a time. *Accidentés* thus frequently find themselves fixed in this subject position for many months or even years – sometimes for life – as physical outcomes from pain to disability following amputation can produce lasting or even permanent ruptures.

[6] A parallel could be made with the category of '*blessé de guerre*' (war wounded), especially where cases result in amputation or lingering disability. As evidenced in how this label is also jokingly applied to old and damaged Congolese franc banknotes, the production of (visible) bodily injury is important to this categorization.

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Fractures are gendered, and specific types of broken bones are tied to localities or certain types of work. Apart from these urban *accidentés* struck as they move through the city, young men are afflicted by fractures obtained in work-related accidents as a product of manual labour, such as the *coupeurs* (cutters) who sometimes arrive at Ngonga's care centre with broken arms after falling from treetops while harvesting palm nuts. Occasionally, patients come from Angola, where they had been working as diamond diggers in artisanal mines, their spines, ribs, pelvises or clavicles crushed by landslides. For women (especially older women), ankle fractures are more common; these often result from slipping and falling during daily tasks in their homes or in nearby locales, a product of the city's uneven and sometimes treacherous terrain, from heavily eroded sand routes to washed-out culverts. Children tend to suffer fractures near the home, from either play or falling from trees (while harvesting coconuts).

The typical *accidenté* is indeed a predominantly masculine figure, and primarily young or middle-aged. This is in part because men are the primary actors engaged in the daily quests required to secure food, work, money, contacts and opportunities – akin to what De Boeck (2015) has described in Kinshasa as daily labour that urbanites see as a process of '*koluka*' ('searching' in Lingala) to navigate the complex rhythms of the city in order to assemble the means to survive. These quests take them across the city and expose them to the risks inherent in such mobility. Although women are of course engaged in 'searching' activities of their own, from collecting food (at markets or from family agricultural plots) to working in salaried employment, it is more common for women to travel by car taxi or by foot, at least partly because of cultural perceptions of girls and women travelling by moto. While it is not unheard of for women to use a *wewa* to get around the city, this mode of transport is generally seen as less becoming for girls, women and mothers.[7]

Moreover, *wewa* mobilities are also structured by economic considerations, as moto-taxi fares are relatively expensive (twice the price of car taxis) and walking remains a popular mode of travel, even for long distances. With a terrain of just 92 square kilometres, it is feasible to walk to many locations across the city, and many Kikwitois (especially women and girls) choose to do so, given the very limited economic security of much of the population. As a result, many *accidentés* tend to be not just young and middle-aged men, but specifically those who are economically stable, with the means to afford this form of transport, one that remains inaccessible for the poorest Kikwitois. Ngonga's centre was frequently filled with lawyers, teachers, colonels, priests and even biomedical doctors – men like Marcel, with stable professions that require daily commutes through town and that enable them to afford *wewa* transport.

Urban fractures

Both the prevalence of *accidentés* in Kikwit and the physiological particularities of this category of traffic victim have transformed fracture healing practices in the city.

[7] Kikwit remains more conservative than the capital, with many women and girls opting to wear the traditional *pagne* skirts; by opening their legs to get on a moto-taxi, girls run the risk not just of bodily injury but also of being seen as exerting more (sexual) freedom than is socially acceptable.

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Bonesetters and other *tradipraticiens*[8] treating fractures are ubiquitous in pluralistic carescapes, and specialists can be found throughout the rural areas surrounding Kikwit. However, Ngonga's urban fracture treatment practice differs significantly from that of his counterparts in the village, both materially and temporally. Whereas a fracture healer in the village of Djuma described his work as dominated by sporadic cases – sometimes 'months' passing between patients – and concentrated on the immobilization of simple fractures, Ngonga's care work is a daily endeavour requiring complex reduction procedures and practices to mitigate infection.

The relatively newfound prevalence of open fractures has led Ngonga to adapt his repertoire of techniques and materials, with a growing reliance on topical antibiotic creams to prevent infection in these compound fractures – one of the reasons why he adapted his 'traditional' treatment method to offer a 'tradi-modern' approach, enabling him to therapeutically address some of the physiological impacts of modern city life and mobilities. Moreover, his care centre is structured decisively around the gendered nature of the *accidenté*. The space for housing patients on site comprises two rooms for men and only one room for women, with the men frequently spilling out into corridors and being housed under temporary tarpaulin structures. It is not unusual to have the entire facility filled with *accidentés*, who frequently need to stay on site for several months of convalescence due to their reduced motility. Hence, not only does attention to this form of patienthood reveal the complex imbrications of social and technological urban infrastructures in fracture production and care work in the city, but it also offers insight into how the conceptualization of this injury is changing in the urban setting.

According to Ngonga, it is the city itself – its urban flows and rhythms – that drives his work: 'In the village, people are seldom fractured. It is very rare to have a case from an accident. But here in the city, it is truly every day. With the motorcycles, there are accident cases every day.' Ngonga is not alone in this assessment; fractures have often been described by many of my interlocutors as a physiological ailment tied in some way to the space of the 'city' itself. From this perspective, we can see how this relatively new patient subjectivity of the *accidenté* is reshaping the medical condition of 'fracture' into a specifically 'urban' affliction, as spatial imaginations of mobility and risk are mapped onto a particular form of bodily suffering.[9] For fractured Kikwitois and those who care for them, the *mpasi* (pain, suffering or difficulty) of being fractured is thus increasingly perceived as an inherent product of urban life, associated with living in and moving through the city.

One particularly dramatic indictment of the city's transportation came in July 2016, from a young woman named Denise. Ngonga and his assistants were interrupted

[8] The general term for non-biomedical healers is *nganga*, which includes both *nganga ngombo* (spiritual healers or divinatory experts) and *tradipraticiens* ('traditional practitioners' including bonesetters and herbalists). The city also has many prophets, exorcists and healing churches. For broken bones, a spiritual cause is rarely suspected, and most care seekers turn to *tradipraticiens* or biomedical options.

[9] Imaginaries of urban health extend beyond broken bones to encompass other spatialized ideas about health and well-being (or the lack thereof). For example, many Kikwitois suggest a link between urbanity and mental illness, with the pressures and products of city life seen as causing psychological disorders and even neurological conditions such as epilepsy, blaming stresses and behaviours associated with urban living for disrupting rhythms in the brain itself. Likewise, many doctors in Kikwit point to the growing number of diabetic patients in the city as evidence of another distinctly urban affliction.

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mid-treatment by a commotion at the gate of the fracture centre. An accident had just transpired, and the patient had been brought directly to the centre by three police officers. As she was being carried into the compound on a stretcher, Denise waved her arms and cried out hysterically to the quickly growing crowd of onlookers: 'Please call my younger sibling first. They should come here. I am dying. They will stay behind. Gosh, there weren't any motorcycles on the roads of Kotokoto. Oh, Lord!' After a family member arrived to comfort her, and the analgesic injection quickly administered by Ngonga started to take effect, Denise began to calm down and the details of the accident filtered out: she had been involved in a motorcycle collision near a busy transportation hub.

Denise received much (playful) ridicule from other patients and caregivers due to her histrionics that day and throughout the entire treatment process, as her ankle fracture ended up being relatively minor. Becoming an *accidenté* is no doubt a traumatic event, though, and what is striking here is that she evoked the image of the moto-free streets of her home village in this moment of distress. Traffic accidents – and the blame accorded to the motorcycle in particular – offer a relatively straightforward explanation of such trauma. Yet, these statements hint at other kinds of suffering as well, other types of fractures that may afflict bodies through various forms of violent encounters with the city, such as economic fissures following migration to cities and the uncertain living conditions they produce. Denise was obviously still processing her move to the city, reconciling this reality with ideals of modern urban life compared with rural living; like other newcomers to the city, she felt the hazards of urbanity acutely in comparison to her previous life in the village.

Particularly given the entanglement of the figure of the *accidenté* and urban mobility discussed above, it is not surprising that this form of violent encounter with the city and its various flows is quickly remaking fracture into an urban condition. Of significance here is how this perception of fracture ties a material bodily risk to imaginaries of the extra-corporeal perils of urban life. As a spatialized notion of risk and suffering, this vernacular concept of fracture as urban thus offers a useful analytic to capture experiences of mobility and the urban condition more broadly. This is, of course, just one view on urban life, as the city is also perceived as a place of joy, opportunity, conviviality and sociality; the characterization of 'fracture' as an urban condition can only ever speak to part of the experience of residents. Moreover, these urban fractures themselves engender forms of social (re-)connection, as the production of *accidentés* also necessitates the enactment of webs of care and attention involving both therapeutic practitioners and kin. As an analytical lens, though, this notion of 'urban fractures' operates in a similar way to McFarlane's (2018) theory of 'fragment urbanism' insofar as these moments of fracture and their enduring traces and aftershocks serve as integral forces shaping the daily experience of urban residents. McFarlane suggests that the urban condition is by its very nature characterized by fracture in general, with urbanization itself being a 'process of social, economic, political and material division and fracture' (*ibid.*: 1007). Similarly, Solomon (2021) has suggested that 'wounding' constitutes a characteristic feature of everyday urbanism, with trauma arising from the movements that interface bodies and infrastructures, as risk and vulnerability are distributed through urban infrastructural systems.

From this perspective, comparisons between urban fractures – those suffered by *accidentés* in particular – and fractures produced elsewhere are significant, as the

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reshaping of physiological fracture into a decidedly urban condition in Kikwitois imagination is a recognition of the fragmentation, rupture and vulnerability inherent in urbanity itself. For example, in the middle of performing diagnostic imaging to identify one such fracture, an X-ray technician made the offhand remark: 'We suffer so much in the city.' This was immediately followed by a discussion of how difficult it is to afford the costs of housing and feeding a family when the state does not pay adequate salaries to its hospital employees; she was connecting the bodily register of a physiological injury to the broader social and economic ruptures suffered in urban life. Likewise, when Didier, a young biomedical doctor newly working as a physician in the city, commented on the growing number of *accidentés* influencing medical practice at the general hospital (with a higher proportion of urgent trauma cases), he was quick to explicitly link this trend to broader concerns about the risks of population growth and urbanization – one of the ways in which he saw his city becoming 'more like Kinshasa'. Despite being a lifelong resident of Kikwit, Didier had completed an internship in the capital after completing his studies, and, on returning home, he lamented that Kikwit was losing some of its 'village' qualities. He worried that the disorderly circulation of traffic transforming its streets signalled the risk of an increase in other forms of *mpasi* he had experienced in Kinshasa, ranging from economic and food insecurity to pollution and violence.

The spatialization and comparison implied in the conception of fractures as a distinctly 'urban' injury (as opposed to a 'rural' one) should therefore be interpreted in the context of Kikwit's subjunctive, liminal position as a mid-sized city. Anxieties about the impact of the city on the individual body speak to broader apprehensions about a changing city, caught between village and metropolis, recognizing future possibilities but also hinting at a potentially dangerous side of Kikwit's growth. Ference (2021: 17) has observed how *matatu* (minibus taxi) drivers and their vehicles frequently figure as stand-ins for both positive and negative aspects of urban life in Nairobi. My analysis of discourses and experiences of Kikwit's moto-mobility suggests much the same; while this new mobility may be perceived as testifying to Kikwit's significance as a city, the *accidentés* and urban fractures it produces simultaneously serve as signifiers of pernicious aspects of this urbanization.

Moreover, both Ngonga's call for attention to the lack of 'accidents' in the village and the prevalence of the figure of the *accidenté* in Kikwitois' collective imagination are significant because the category of the accident engenders a sense of uncertainty and ambiguity with respect to the causation and meaning of these everyday traumas. In other words, the vernacular category of *accidenté* is itself pertinent to our understanding of the meaning of urban fractures, given its potential to serve as a critical idiom assigning responsibility for this form of suffering. As Lamont has argued, the notion of the 'accident' itself is flexible: 'Being ambiguous, the accidental can accommodate people's critiques of the social relations they are party to and bring to light other sensitivities, such as suffering and the nature of people's ultimate reality' (2012: 177). This ambiguity means that the accident carries with it the potentiality for using these moments of rupture to call attention to critiques of urban modernity that may be more broadly felt but are crystalized in sudden moments of *mpasi*, such as Denise's experience of being struck by a moto at a crowded transport hub.

It is thus significant that Denise called attention (and implicitly assigned blame) to the presence of motorcycles and Kikwit's urban transport context, rather than the

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driver who struck her. Indeed, analysis of the moral valences of the *accidenté* in Kikwit suggests that these urban fractures are explicitly perceived in relation to critiques of the socio-technical infrastructures of a changing city. Public discourse about *accidentés* in Kikwit often features at least an implicit critique of infrastructure and the state that is responsible for it, but there is relatively little blame or shaming of individual actors, beyond pragmatic efforts to establish who ought to pay for medical expenses. The sense of resignation to everyday risk discussed above shapes how accidents and the injuries they produce are morally coded; because of shared collective road risk being perceived as routine, the *accidenté* is not particularly stigmatized, and blame is often assigned to urban infrastructures and the state, rather than individual drivers. Often, in recounting accident stories, blame is accorded to inanimate objects impeding infrastructure – fallen trees, potholes, tracts of deep sand – or merely 'the state of the roads in Congo'. Sometimes, these critiques are more explicitly oriented towards the state. For example, one spot in the city notorious for accidents (where a deep puddle forms during the rainy season) is commonly referred to as 'the lake of the governor' – language that directly calls attention to a state that is unable or unwilling to provide public services and infrastructure.

Hence, however normalized road risk has become for Kikwitois, the ambiguous terminology behind the figure of the *accidenté* and its relationship to the technologies and infrastructures that cause these newfound urban fractures ultimately creates space for social commentary and critique. Beyond merely pointing out the deficiencies in Kikwit's landscape of urban mobility that produce *accidentés*, these critiques also highlight urban vulnerability in a similar way to Doherty's (2017) notion of 'disposable people as infrastructure', where he argues that Simone's influential theorization of 'people as infrastructure' (2004) fails to adequately account for the infrastructural violence that must be confronted daily by urban bodies. Thus, we can interpret the entanglement of perceptions of mobility, risk, fracture and urbanity both as a particular spatialization of risk in relation to city life and as a critique of how corporeal vulnerability is tied into other vulnerabilities in the daily lives of urbanites.

Navigating the city as an *accidenté*

For *accidentés* such as Marcel and Denise, experiences of risk and mobility (like those which led to their condition) do not necessarily end at the moment of injury. Rather, these fracture patients must then embark on a navigation of the city's complex and fragmented therapeutic landscape in their search for care, while confronted with the potentially enduring impacts of limited motility and lingering forms of *mpasi* that frequently extend these moments of rupture over time. To repair their motility and mitigate the prospect of becoming fixed in the subject position of *accidenté*, they must undertake a new type of urban mobility, beset with its own inherent risks and uncertainties.

Given the density of therapeutic options on offer, the city is frequently perceived not only as a space of risk, but also as the destination and terrain of care trajectories, where patients from both within the city and beyond seek solutions to medical problems. In the medical anthropological literature on African therapeutic itineraries, such trajectories have frequently been framed in terms of pluralism, choice and managing epistemological multiplicity (see, for example, De Boeck 1991;

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Janzen 1978; Samuelsen 2004), but rarely in terms of risk and mobility. Yet as Kikwitois suffering from traffic injuries move through the city's fragmented spaces of care in search of healing, they undertake journeys that are often complex, provisional, uncertain and even circular, all entailing their own risks, as was the case for Marcel when he visited both a private polyclinic and a *tradipraticien*.

Immediately after his accident, Marcel needed urgent medical attention to stop the bleeding and to suture the gaping wound in his leg. While he initially opted for biomedical treatment, visiting a polyclinic known for its well-equipped technological capacities (including an X-ray machine) and its charismatic chief doctor, he and his family were not satisfied with the care he received. Asking for payment upfront for all their services, including the X-ray and blood transfusion, the doctors ended up stitching his leg without setting the fracture, and they indicated that he may need surgery and additional interventions. When an acquaintance suggested he visit Ngonga's fracture centre, Marcel travelled across the *cité* to continue his treatment, where he ultimately found a satisfactory therapeutic resolution and made a full recovery, albeit after several months of difficult treatment and rehabilitation.

For many fracture patients, their therapeutic trajectories are even more complex and drawn out, full of false starts and detours, ruptures and reorientations. Yet they all face similar pitfalls, such as selecting between therapeutic providers where technologies and/or expertise may not be present or functional on any given day or squandering limited financial resources on treatments that may not be effective. Considering the experience of *accidentés* in particular, who suffer mostly from severe leg fractures, the prospect of undergoing high-risk surgery (e.g. osteosynthesis) and even amputation is a very present threat influencing their movements through the city's carescape. Nonetheless, much like accepting the hazards involved in navigating urban space through everyday mobility practices, fracture patients – and care seekers in general – have little choice but to accept the risks inherent in their therapeutic journeys. Yet for the most part they confront these risks with hope and pragmatism.

This was the case for Prêtre Samba, who spent more than four months at Ngonga's centre after a collision with a fallen tree as a *wewa* passenger in late 2015. He suffered an open fracture just above the ankle – a gruesome injury with a mess of flesh and bones fully exposed, the jagged edge of the broken tibia protruding violently from the wound. He first visited the same private clinic that Marcel had frequented, before trying his luck at the general hospital. Both sites proposed amputation as the only course of treatment: 'He said all he could do was cut the leg off. I was scared. My leg was as if someone grinded it in a machine … [the doctor] was also scared. So, we thought that we should not stay there anymore.' His family brought him to Ngonga's centre, where he eventually recovered without surgical intervention, after months of slow and painful therapy. Indeed, in their post-fracture care trajectories, many *accidentés* find themselves in a somewhat paradoxical situation in which suffering from this condition of severely constrained motility requires therapeutic mobility.

McKay (2018) has observed in Maputo that it is often mobility across and between urban spaces that enables patients to assemble possibilities for care, tapping into different relations, social networks, health structures and clinical practices that exist throughout the city. In this case, despite the loss of movement experienced by most *accidentés*, mobility is often central to realizing fracture care, from getting X-rays to

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trying out different practitioners and treatments, as illustrated by the experiences of both Marcel and Prêtre Samba. Hence, while urban mobility produces these fractures and the figure of the *accidenté*, at the same time it is the urban carescape that enables or even necessitates therapeutic mobility between diverse spaces of care with varying levels of capacity, resources and different therapeutic modalities. From this perspective, therapeutic mobility constitutes a strategy to confront the risks of a complex, fragmented, highly contingent carescape.

It is also important to consider the temporal frame of these experiences of navigating the city after becoming *accidenté*, experiences that sometimes linger long after initial therapeutic trajectories. While most *accidentés* experience some degree of a temporal break in motility, as they are immobilized along with their broken bones, those suffering from more severe fractures also face the prospect of more permanent ruptures, in terms of both constrained physical motility and its broader social implications. For patients with severe open fractures, such as Prêtre Samba, it is difficult to overstate the extent to which this recovery process constitutes a profound rupture in daily life. Even after more than four months of intensive on-site care, he still spent months as an ambulatory patient attending twice-weekly appointments for wound care and monitoring the consolidation of the bones. Moreover, the long-term risks of becoming *accidenté* extend far beyond the corporeal, impacting livelihoods and one's ability to 'get by' in the city. Given the ties between physical and social mobility, especially for commercial moto drivers (Bürge 2011; Konings 2006; Oldenburg 2019), the immobility confronting *accidentés* is a very real threat to economic survival. Hence, especially for *wewa* drivers (but also for passengers who depend on mobility to work or navigate the city to seize opportunities in a less formal way), survival after an accident is about not just overcoming physical harm but mitigating economic precarity as well.

These risks of long-term rupture are most acutely felt in cases of permanent disability resulting from ill-healed fractures – and especially cases of amputation – but they haunt many traffic victims from the very start of their post-accident experience. In fact, for Prêtre Samba and many other *accidentés* I interviewed, their primary concern was not just about achieving physiological repair of the fracture, or even the reduction of pain, but about the potential social impacts of their injury and their prospects in life as an *accidenté* if they did not make a full recovery, because of how their urban mobility – and motility in general – would be affected. As the priest explained, losing his leg would have jeopardized his role as provider for his family, and he would have become a burden rather than a caretaker: 'If I was amputated, who would provide for my family? How would we get food to eat? How would I continue?' Given that the *accidenté* is predominantly male and responsible for providing for his family, the social impact of becoming stuck as an *accidenté* with restricted motility extends beyond the individual patient. In other words, patients feared that their fractures in the physical body would transcend the corporeal and produce permanent disjuncture or even dismemberment in the social body as well. For Kikwit's *accidentés*, obviating the potential permanence of this patient subjectivity is thus important for their long-term social prospects, further crystallizing the interconnectivity of risk, mobility and everyday urban life.

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Conclusion

In Kikwit, changing practices of motorized mobility have given rise to the prominence of the *accidenté* – a new figure who highlights the entanglement of risk, connectivity and mobility that is experienced as a feature of daily life in many African cities. By focusing on the sense of ordinary risk imbued in everyday movement through urban space, I have argued that the threat of fracture is an ever present yet widely accepted danger for bodies moving through Kikwit, so much so that 'fracture' has been remade into an urban condition according to its residents. Moreover, as these visceral physiological traumas have become ever more common in the urban milieu, the experiences of patients and care providers treating broken bones also increasingly serve as moments of rupture that manifest more generally felt risks of city living. However routine the corporeal vulnerabilities of moto-mobility have become for Kikwitois, framing experiences of risk with the flexible notion of the accident affords the possibility of expressing broader concerns, tying discourses about *accidentés* to critiques of the risks engendered by contemporary urban life – with respect not only to transport infrastructures and technologies, but also to the broader impacts of a changing city.

Following Trovalla *et al.* (2014), my analysis of urban mobilities in Kikwit has suggested that moto-mobility is an important form of movement mediating between residents and a growing city, bringing into articulation separate elements of city life (urban transport infrastructures, *wewa* drivers, commuters, government, care practitioners and institutions), in a way that reveals some of the broader imaginaries of the potential perils of excess connectivity and mobility in urban African social worlds. When *wewa* riders move through the city, notions of the destructive perils of an absent state, injurious infrastructure and a growing population are manifested in the fear of becoming *accidenté*. When the figure of the *accidenté* is enacted through public discourse about traffic accidents and realized in everyday collisions on the road, narratives about risk and responsibility are inscribed across urban space. Finally, when these *accidentés* move through various spaces of care, their therapeutic trajectories reveal the fragmentation, uncertainty, temporal ruptures and therapeutic mobility that characterize the contemporary urban carescape.

As a spatialized notion of risk and suffering, the 'urban fractures' described here connect material bodily risk to imaginaries of the extra-corporeal perils of urban life. As an analytic to capture experiences of mobility and the urban condition more broadly, this conception of fracture operates in a similar way to De Boeck and Baloji's (2016) focus on urban 'holes' (both material and figurative) as points of 'suture' that are not merely about lack or depletion, but rather are openings that bring into view complex interactions and socialities in urban environments. The fracture, too, can be seen as a type of suture – a point of closure or junction that illuminates aspects of the urban experience – and Ngonga's fracture centre, the radiology chamber and busy intersections and transport hubs all function as suturing points that reveal the complexity of everyday life in a growing city – experiences of rupture but also of connection, care and the creation of new urban forms such as Ngonga's tradi-modern care. In examining experiences of fracture – and African urban mobilities more broadly – we can benefit from greater attention to the temporal frame of these experiences; a focus on the short- and long-term implications of events such

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as becoming *accidenté* offers an entry point to understanding the links between the physiological, social, infrastructural and imaginative dimensions of the consequences of living and moving in urban environments.

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