### CP

#### Chief Seattle may or may not have said: The young men, the mothers, the girls, the little children who once lived and were happy here [on Suquamish land], still love these lonely places. And at evening the forests are dark with the presence of the dead. When the last red man has vanished from this earth, and his memory is only a story among the whites, these shores will still swarm with the invisible dead of my people. And when your children's children think they are alone in the fields, the forests, the shops, the highways, or the quiet of the woods, they will not be alone. There is no place in this country where a man can be alone. At night when the streets of your town and cities are quiet, and you think they are empty, they will throng with the returning spirits that once thronged them, and that still love those places. The white man will never be alone...The dead have power too.

#### CP Text: Istadus unidos ukampirus jan masi pashna.

#### J’ani amuyu

Belcourt 17 (Billy-Ray Belcourt is from Driftpile Cree First Nation. He is a PhD student in the Department of English and Film Studies at the University of Alberta. “The Optics of the Language: How Joi T. Arcand Looks with Words.” 8-29-17. <https://canadianart.ca/features/optics-language-joi-t-arcand-looks-words/> //shree)

What did Bushby see? In his formulation, “one” brings into focus a sinister optic, where “optic” is the lens or filter by which one looks and from this looking ropes what is seen into an encounter humming with all sorts of potential. Bushby’s is an optic that mediates the interpellative call “one” seeks to enact—it is a part of the grammar of settler horror. “One” is thus a modality by which we, the ante-Canada, those of us who bear that which is prior to and beneath Canada, are racialized and roped into a representational field where all things, like trailer hitches, can be put to violent use. We cannot survive in the visual register of “one.” Words are worldly; not just in the sense that they proliferate and float up into the sky and become cloud-like. Words world too. Words like “one” incubate death-worlds (see Achille Mbembe’s 2003 essay “Necropolitics”) inside which those of us who look like Kentner are made to inhabit modes of enfleshment that fix the stares of the grim reapers of the present. On the other hand, some of us recruit words in the name of something like freedom. We might call this duality the double-bind of enunciation. How do we refuse a savage call to being with a more spacious one? Joi T. Arcand is a photo-based artist and industrial sculptor from Muskeg Lake Cree Nation, and she knows that words, that letter forms, shapes and glyphs, “change the visual landscape,” that they are how we go about practicing new ways of looking. Words are emotional architectures, and Arcand calls hers “Future Earth.” In her 2015 book The Argonauts, Maggie Nelson tends to a debate about whether words do or do not potentiate. She takes up a claim of a partner’s that words do nothing but nominalize, and what is left unnamed is subject to a host of horrors. Nelson, however, holds out more hope for words; she contends that they are “good enough,” that how one speaks makes all of the difference and that words can, following Deleuze, incite “the outline of a becoming.” Bushby’s angered vocalization of a genre of non-being—where “one” is the refusal of a name and the humanity that comes with it—is evidence of the terrible mechanics of language. But, it is in opposition to this linguistic state of killability, this metaphysics and rhetoric of coloniality, that Arcand articulates a grammar of subjectivity vis-à-vis the time and space of a native future. Here on Future Earth is a series of photographs that Arcand produced in 2010. In a phone interview, Arcand explained to me that this is where her photo-based practice and her interest in textuality synched. Arcand wants us to think about these photographs as documents of “an alternative present,” of a future that is within arm’s reach. For this series, Arcand manipulated signs and replaced their slogans and names with Cree syllabics. By doing this, Arcand images something of a present beside itself and therefore loops us into a new mode of perception, one that enables us to attune to the rogue possibilities bubbling up in the thick ordinariness of everyday life. Arcand wanted to see things “where they weren’t.” Hers is not a utopian elsewhere we need to map out via an ethos of discovery. Rather, Arcand straddles the threshold of radical hope. She asks us to orient ourselves to the world as if we were out to document or to think back on a future past. That is, Arcand rendered these photographs with a pink hue and a thick, round border, tapping into what she calls “the signifiers of nostalgia.” Importantly, these signifiers are inextricably bound to the charisma of words, to the emotional life of the syllabics. The syllabics are what enunciate; they potentiate a performance of world-making that does not belong to the mise-en-scene of settlement. It is this mise-en-scene of settlement that Arcand conjures to then obliterate, which is to say that her photographs evince a prairie world that is crowded with meaning, meaning that belongs differently to the logic of terra nullius (that a place exists without history or politics prior to European settlement) and to myths of Indian savagery and degeneracy. It is against this system of signs that Arcand opens the prairies up to radical resignification. It is where we build a future atop the decayed remains of coloniality. Perhaps Here on Future Earth visually captures the tempos of “Indian time,” which is always a scene of errant temporality. Indian time is less about the absence of rhythm and more about an inability to fix or to analytically hold up the rhythmic as a mode of feral movement itself. Words like “one” are spun such that they stomp us into the rut of social death. But: Indian time evinces an otherwise kinetics. In Here on Future Earth, this kinetics is energized by the textual, by the stories that they tell, and their visual culture. The modified signs exploit our ability to look; that we see them and conceptualize them as out of place or untimely is how we transport ourselves to a different time, to a place governed by Indian time. The syllabics themselves map a visual field. This is what Arcand calls “the optics of the language.” It is around these words that sociality orbits. This thematic persists in Arcand’s latest project, a set of large neon signs that light up Cree words like keyam. For Arcand, all of her engagements with the Cree language are partly elegiac. She is mourning language loss, but puts this negative affect to rebellious use to signify a world-to-come. Like the syllabics in Here on Future Earth, the bright signs prop up affective structures for a time and place where our relations to Cree are not always-already bound up in performances of grief. In one sign, Arcand translates the English phrase “I don’t have the words” into Cree. “I don’t have the words” is a paradoxical speech act; it uses words to announce their absence. These signs are installed in gallery spaces where Arcand’s work is commissioned; one was recently installed at the second gesture of the Wood Land School at the SBC Gallery of Contemporary Art in Montreal, another outside the Walter Phillips Gallery in Banff. These signs interrupt the visual terrain of the gallery, as if welcoming onlookers to a new world, to a new geographic form. The signs something like kinship around a common wordlessness in the service of a new world-making praxis. These photographs and signs, then, are all relics of a future past. They emerge from something of an anthropological interest in a future-in-the-present, in the affects of Indian time. Arcand thus writes the world wrong so that she can write it anew.

### Case

#### One general law, leading to the advancement of all organic beings, namely, multiply, vary, let the strongest live and weakest die….[[1]](#footnote-1)

(Constitutional Rights Foundation, No Date, “BRIA 19 2 b Social Darwinism and American Laissez-faire Capitalism,” <https://www.crf-usa.org/bill-of-rights-in-action/bria-19-2-b-social-darwinism-and-american-laissez-faire-capitalism.html>)

"Society advances," Spencer wrote, "where its fittest members are allowed to assert their fitness with the least hindrance." He went on to argue that the unfit should "not be prevented from dying out." Unlike Darwin, Spencer believed that individuals could genetically pass on their learned characteristics to their children. This was a common, but erroneous belief in the 19th century. To Spencer, the fittest persons inherited such qualities as industriousness, frugality, the desire to own property, and the ability to accumulate wealth. The unfit inherited laziness, stupidity, and immorality. According to Spencer, the population of unfit people would slowly decline. They would eventually become extinct because of their failure to compete**.** The government, in his view, should not take any actions to prevent this from happening, since this would go against the evolution of civilization

#### Queerness illuminates itself in the shadow of Darwinism demonstrating the mantra of “survival of the fittest” is not just a biological, but also social imperative. Whether it’s Pat Robertson’s statement that AIDS is “God’s way of weeding his garden,” or the attribution of queerness itself as a defect of “decadence,” queerness becomes the marker for society’s genocidal impulse to demonstrate that there are some populations that were born to die

Sedgwick 8 (Eve, Professor of English at Duke University, Epistemology of the Closet, second revised edition, California at Berkeley Press, p. 127-130)

From at least the biblical story of Sodom and Gomorrah, scenarios of same-sex desire would seem to have had a privileged, though by no means an exclusive, relation in Western culture to scenarios of both genocide and omnicide. That sodomy, the name by which homosexual acts are known even today to the law of half of the United States and to the Supreme Court of all of them, should already be inscribed with the name of a site of mass extermination is the appropriate trace of a double history. In the first place there is a history of the mortal suppression, legal or subjudicial, of gay acts and gay people, through burning, hounding, physical and chemical castration, concentration camps, bashing—the array of sanctioned fatalities that Louis Crompton records under the name of gay genocide, and whose supposed eugenic motive becomes only the more colorable with the emergence of a distinct, naturalized minority identity in the nineteenth century. In the second place, though, there is the inveterate topos of associating gay acts or persons with fatalities vastly broader than their own extent: if it is ambiguous whether every denizen of the obliterated Sodom was a sodomite, clearly not every Roman of the late Empire can have been so, despite Gibbon's connecting the eclipse of the whole people to the habits of a few. Following both Gibbon and the Bible, moreover, with an impetus borrowed from Darwin, one of the few areas of agreement among modern Marxist, Nazi, and liberal capitalist ideologies is that there is a peculiarly close, though never precisely defined, affinity between same-sex desire and some historical condition of moribundity, called "decadence," to which not individuals or minorities but whole civilizations are subject. Bloodletting on a scale more massive by orders of magnitude than any gay minority presence in the culture is the "cure," if cure there be, to the mortal illness of decadence. If a fantasy trajectory, utopian in its own terms, toward gay genocide has been endemic in Western culture from its origins, then, it may also have been true that the trajectory toward gay genocide was never clearly distinguishable from a broader, apocalyptic trajectory toward something approaching omnicide. The deadlock of the past century between minoritizing and universalizing understandings of homo/heterosexual definition can only have deepened this fatal bond in the heterosexist imaginaire. In our culture as in Billy Budd, the phobic narrative trajectory toward imagining a time after the homosexual is finally inseparable from that toward imagining a time after the human; in the wake of the homosexual, the wake incessantly produced since first there were homosexuals, every human relation is pulled into its shining representational furrow. Fragments of visions of a time after the homosexual are, of course, currently in dizzying circulation in our culture. One of the many dangerous ways that AIDS discourse seems to ratify and amplify preinscribed homophobic mythologies is in its pseudo-evolutionary presentation of male homosexuality as a stage doomed to extinction (read, a phase the species is going through) on the enormous scale of whole populations. 26 The lineaments of openly genocidal malice behind this fantasy appear only occasionally in the respectable media, though they can be glimpsed even there behind the poker-face mask of our national experiment in laissez-faire medicine. A better, if still deodorized, whiff of that malice comes from the famous pronouncement of Pat Robertson: "AIDS is God's way of weeding his garden." The saccharine luster this dictum gives to its vision of devastation, and the ruthless prurience with which it misattributes its own agency, cover a more fundamental contradiction: that, to rationalize complacent glee at a spectacle of what is imagined as genocide, a proto-Darwinian process of natural selection is being invoked—in the context of a Christian fundamentalism that is not only antievolutionist but recklessly oriented toward universal apocalypse. A similar phenomenon, also too terrible to be noted as a mere irony, is how evenly our culture's phobia about HIV-positive blood is kept pace with by its rage for keeping that dangerous blood in broad, continuous circulation. This is evidenced in projects for universal testing, and in the needle-sharing implicit in William Buckley's now ineradicable fantasy of tattooing HIV-positive persons. But most immediately and pervasively it is evidenced in the literal bloodbaths that seem to make the point of the AIDS-related resurgence in violent bashings of gays--which, unlike the gun violence otherwise ubiquitous in this culture, are characteristically done with two-by-fours, baseball bats, and fists, in the most literal-minded conceivable form of body-fluid contact.

#### Their privatization of care cannot be separated from the image of the nuclear family. This is the unspoken basis of Neo-Brandeisian economics that atomizes intimacy and care to biological kin. This enshrines a social network bent on the alienation of queer communities and communities of color calcifying permanent disparities

Drucker 15 (Peter Drucker, Editor of Against the Current, “Warped: Gay Normality and Queer Anti-Capitalism,” 2015)

Chapter 3 summed up the new gay normality in five features. As the introduction noted earlier, and as chapter 5 will explore in depth, the key imperatives of a radical queer sexual politics can be identified in opposition to those five features, point by point. Graphical user interface, text

Description automatically generated The five features of a radical queer sexual politics are not yet accomplished facts; they are still tasks to be tackled, dimensions to be fleshed out. While queer radicalism is inherently a politics of sexual liberation – which is the queerest thing about it – a queer politics has to involve more than being visibly, defiantly sexual in queer ways. Each of the five tasks for a queer politics has to take shape in organising tactics, as well as changes in personal and community life. To achieve full sexual liberation, a queer politics has to challenge and win power at the level of the economy, state and other sites where power is concentrated. Without a strategic project, queer radicalism dooms itself to perpetual marginality. Queer politics in this sense has barely begun to be invented. Defining queer politics in this way contradicts common-sense thinking about sexuality, and what has largely become common sense even among radical queers. For capitalist cultures organised around the divide between public and private, the sexual is pre-eminently private. Radical queers disagree, of course; we understand that heterosexuality is publicly ‘flaunted’ every day, and that genuine queer equality demands bringing queer sex into the public sphere and insisting on its public recognition.1 But most queers see the sexual as predominantly cultural. Disgusted with what passes for politics under neoliberal hegemony and leaning towards a wholesale anarchist rejection of the politics of large-scale organisations and state institutions, many queers see sexual politics as a domain of individual or small-group action and cultural production. Inventing a true queer politics must begin by challenging this dichotomy and refuting this fallacy. The cultural and the personal do not exist in a separate realm apart from the economic, the political and the social; they are constantly deployed and manipulated by the powers that be to produce economic, political and social outcomes that are in their interests. ‘Neoliberalism was constructed in and through cultural and identity politics’, as Lisa Duggan has pointed out. Moreover, radical cultural and personal change is only possible by transforming the state, economy and other structures that form the foundation of cultural and personal life, at both the micro level of individuals and small groups and the macro level of the city, nation, region and planet. Transformation will not be possible as long as ‘cultural and identity issues are separated, analytically and organizationally, from the political economy in which they are embedded’.2 An agenda for a radical sexual politics therefore has to address multiple cultural, social, economic and political issues. In subverting gender, it has to be closely connected to a socialist feminist programme for reproductive freedom. In practising queer inclusion and global and anti-racist solidarity, it needs to focus on cutting-edge struggles like those of queer youth and trans people, and solidarity campaigns against Islamophobia, cuts in aid to poor countries and the ‘pinkwashing’ of Israel as a pro-gay state. At the same time, it should start from visions of queer intimacy and ‘families of choice’ to define a radical yet unifying approach to the issue of same-sex partnership. This means opposing the privatisation of care and the transmission of class privilege, while exploring new ways of supporting parents and creating flexible forms for intimate relationships. Blurring the Boundaries Today there is a push in many countries to incorporate lesbian, gay, bisexual and even trans people into the prevailing sexual and family order. That order is structured under gendered capitalism by having the vast majority of children raised and socialised by at least one biological parent in families formed by sexually and romantically linked heterosexual couples. Particularly in regions where the nuclear family has been consolidated as the predominant capitalist household form, these are the families in which the great majority of lgbt children grow up. This means that at best, even in the most supposedly enlightened enclaves, lgbt people are bound to face a period of differentiation and alienation in coming to terms with their distinct identity. Their own process of family formation is bound to be exceptional and complex. In short, the best this order can offer lgbt people is a kind of second-class citizenship. lgbt lives in this situation entail a constant choice between, or more accurately a varying combination of, adaptation and ghettoisation. Most lgbt people can only survive, let alone prosper, by doing waged work in heteronormative companies or institutions. Their survival is made easier if they find steady partners who also have steady jobs, and even easier if they both have reasonably supportive heterosexual family networks to fall back on. But work and family life of this kind involves a constant process of adaptation, of having or failing to correct spoken or unspoken assumptions and weighing one’s own words and gestures. Even the places where most people spend their free time are heteronormative – witness the hostility evoked by queer kiss-ins in straight bars and sometimes by any public signs of same-sex affection. This is not necessarily a reflection of straight people’s prejudice or unwillingness to understand; it is simply the result of the heteronormative ways in which life is structured. So most lgbt people escape from the dominant forms of work, family and leisure or complement them with life in a separate lgbt world, made up of more or less mainstream gay bars, clubs and associations, and more or less alternative queer and trans scenes. Even in the absence of prejudice or discrimination, this is what gay normality consists of: a combination of life in a heteronormative world and retreat into an lgbt ghetto. In contrast to the homonormative model of lesbian/gay people as a minority caught between adaptation and ghettoisation, a queer radical politics can look to a future beyond the gay/straight binary. This is in keeping with the early objectives of lesbian/gay liberation, and with Herbert Marcuse’s vision of a generalised freeing up of human eroticism. It is in lgbt people’s interests to contest the heteronormative order and develop alternatives to it: not just a queerer ghetto, but communities beyond norms and ghettos. Radical queers challenge the social frontiers between gay and straight in different ways. One way is simply acting sexually in ways or settings that transgress society’s heterosexual norm – same-sex tongue-kissing in straight singles bars, for example. They assert what Scott Tucker once called ‘our right to the world’.3 The full range of issues and adversaries that they take on comes across in the list of focus groups that Queer Nation San Francisco had at its height: the streets; the media; the military; government institutions; universities; suburban malls; communities of colour; other countries

#### Thus… Bad debt is… good?

Moten and Harney 10 (Fred Moten, Associate Professor of English Arts and Sciences at Duke University, Stefano Harney Chair in Strategy, Culture and Society and Deputy Director of the School of Business Management at Queen Mary University of London, “Debt and Study,” March 2010, e-flux, Journal #14, <https://www.e-flux.com/journal/14/61305/debt-and-study/>)

They say we have too much debt. We need better credit, more credit, less spending. They offer us credit repair, credit counseling, microcredit, personal financial planning. They promise to match credit and debt again, debt and credit. But our debts stay bad. We keep buying another song, another round. It is not credit that we seek, nor even debt, but bad debt—which is to say real debt, the debt that cannot be repaid, the debt at a distance, the debt without creditor, the black debt, the queer debt, the criminal debt. Excessive debt, incalculable debt, debt for no reason, debt broken from credit, debt as its own principle. Credit is a means of privatization and debt a means of socialization. So long as debt and credit are paired in the monogamous violence of the home, the pension, the government, or the university, debt can only feed credit, debt can only desire credit. And credit can only expand by means of debt. But debt is social and credit is asocial. Debt is mutual. Credit runs only one way. Debt runs in every direction, scattering, escaping, seeking refuge. The debtor seeks refuge among other debtors, acquires debt from them, offers debt to them. The place of refuge is the place to which you can only owe more, because there is no creditor, no payment possible. This refuge, this place of bad debt, is what we would call the fugitive public. Running through the public and the private, the state and the economy, the fugitive public can be identified by its bad debt—but only by its debtors. To creditors, it is just a place where something is wrong, though that something—the invaluable thing that has no value—is desired. Creditors seek to demolish that place, that project, in order to save those who live there from themselves and from their lives. They research it, gather information on it, try to calculate it. They want to save it. They want to break its concentration and store the fragments in the bank. All of a sudden, the thing credit cannot know—the fugitive thing for which it gets no credit—is inescapable. Once you start to see bad debt, you start to see it everywhere, hear it everywhere, feel it everywhere. This is the real crisis for credit, its real crisis of accumulation. Now debt begins to accumulate without it. That’s what makes it so bad. We saw it yesterday in the way someone stepped, in the hips, a smile, the way the hand moved. We heard it in a break, a cut, a lilt, the way the words leapt. We felt it in the way someone saves the best part just for you, and then it’s gone, given, a debt. They don’t want nothing. You got to accept it, you got to accept that. You’re in debt but you can’t give credit because they won’t hold it. Then the phone rings. It’s the creditors. Credit keeps track. Debt forgets. You’re not home, you’re not you, you moved without leaving a forwarding address called refuge. The student is not home, out of time, out of place, without credit, in bad debt. The student is a bad debtor threatened with credit. The student runs from credit. Credit pursues the student, offering to match credit for debt until enough debts and enough credits have piled up. But the student has a habit, a bad habit. She studies. She studies but she does not learn. If she learned, they could measure her progress, confirm her attributes, give her credit. But the student keeps studying, keeps planning to study, keeps running to study, keeps studying a plan, keeps building a debt. The student does not intend to pay. Debt and Forgetting Debt cannot be forgiven, it can only be forgotten and remembered. To forgive debt is to restore credit. It is restorative justice. Debt can be abandoned for bad debt, it can be forgotten, but it cannot be forgiven. Only creditors can forgive, and only debtors, bad debtors, can offer justice. Creditors forgive debt by offering credit, by offering more from the very source of the pain of debt, a pain for which there is only one source of justice: bad debt, forgetting, remembering again, remembering it cannot be paid, cannot be credited, stamped “received.” There will be a celebration when the North spends its own money and is left with nothing, and spends again, on credit, on stolen cards, on account of a friend who knows he will never again see what he lent. There will be a celebration when the Global South does not get credit for discounted contributions to world civilization and commerce, but keeps its debts, changes them only for the debts of others, a swap between those who never intend to pay, who will never be allowed to pay, in a bar in Penang, in Port of Spain, in Bandung, where your credit is no good. Credit can be restored, restructured, rehabilitated, but debt forgiven is always unjust, always unforgiven. Restored credit is restored justice and restorative justice is always the renewed reign of credit, a reign of terror, a hail of obligations to be met, measured, dispensed, endured. Justice is only possible where debt never obliges, never demands, never equals credit, payment, payback. Justice is possible only where it is never expected, in the refuge of bad debt, in the fugitive public of strangers and not of communities, of undercommons and not neighborhoods, among those who have been there all along from somewhere. To seek justice through restoration is to return debt to the balance sheet and the balance sheet never balances. It plunges toward risk, volatility, uncertainty, more credit chasing more debt, more debt shackled to more credit. To restore is to not conserve again. There is no refuge in restoration. Conservation is always new. It comes from the place we stopped on the run. It’s made from the people who took us in. It’s the space they say is wrong, the practice they say needs fixing, the homeless aneconomics of visiting. Communities do not need to be restored. They need to be conserved, which is to say they need to be moved, hidden, restarted with the same joke, the same story, always somewhere other than where the long arm of the creditor seeks them—conserved from restoration, beyond justice, beyond law, in bad country, in bad debt. Communities are planned when they are least expected, planned when they don’t follow the process, when they escape policy, evade governance, forget themselves, remember themselves, have no need of forgiveness. They are never wrong. They are not actually communities, but debtors at a distance—bad debtors, forgotten but never forgiven. Give credit where credit is due, and render unto bad debtors only debt, only that mutuality that tells you what you can’t do. You can’t pay me back, give me credit, get free of me, and I can’t let you go when you’re gone. If you want to do something, then forget this debt, and remember it later. Debt at a distance is forgotten, and remembered again. Think of autonomia, its debt at a distance to the black radical tradition. In autonomia, in the militancy of post-workerism, there is no outside, refusal takes place inside and makes its break, its flight, its exodus from the inside. There is biopolitical production and there is empire. There is even what Franco “Bifo” Berardi calls “soul trouble.” In other words, there is this debt at a distance to a global politics of blackness emerging out of slavery and colonialism, a black radical politics, a politics of debt without payment, without credit, without limit. This debt was built in a struggle with empire before empire, when power was not held by institutions or governments alone, where any owner or colonizer had the violent power of a ubiquitous state. This debt attached to those who, through dumb insolence or nocturnal planning, ran away without leaving, left without getting out. This debt was shared with anyone whose soul was sought for labor power, whose spirit was born marked with a price. And it is still shared, never credited and never abiding credit, a debt you play, a debt you walk, a debt you love. And without credit, this debt is infinitely complex. It does not resolve into profit, seized assets, or a balance in payment. The black radical tradition is a movement that works through this debt. The black radical tradition is debt work. It works in the bad debt of those in bad debt. It works intimately and at a distance until autonomia, for instance, remembers, and then forgets. The black radical tradition is debt unconsolidated. Debt and Refuge We went to the public hospital but it was private, and we went through the door marked “private” to the nurses’ coffee room, and it was public. We went to the public university but it was private, and we went to the campus barbershop, and it was public. We went into the hospital, into the university, into the library, into the park. We were offered credit for our debt. We were granted citizenship. We were given the credit of the state, the right to render private any public gone bad. Good citizens can match credit and debt. They get credit for knowing the difference, for knowing their place. Bad debt leads to bad publics, publics unmatched, unconsolidated, unprofitable. We were made honorary citizens. We honored our debt to the nation. We rated the service, assessed the cleanliness, paid our fees. Then we went to the barbershop and they gave us a Christmas breakfast, and we went to the coffee room and got coffee and red pills. We were going to run away but we didn’t have to. They ran. They ran across the state and across the economy, like a secret cut, a public outbreak, a fugitive fold. They ran but they didn’t go anywhere. They stayed so we could stay. They saw our bad debt coming from a mile away. They showed us that this was the public, the real public, the fugitive public, and where to look for it. Look for it where they say the state doesn’t work. Look for it where they say there is something wrong with that street. Look for it where new policies are to be introduced. Look for it where tougher measures are to be taken, belts are to be tightened, papers are to be served, neighborhoods are to be swept—anywhere bad debt elaborates itself. Anywhere you can sit still, conserve yourself, plan, spend a few minutes, a few days without hearing them say there is something wrong with you. Debt and Governance We hear them say that what’s wrong with you is your bad debt. You’re not working. You fail to pay your debt to society. You have no credit, but that is to be expected. You have bad credit, and that is fine. But bad debt is a problem—debt seeking only other debt, detached from creditors, fugitive from restructuring. Destructuring debt, now that’s wrong. But even still, what’s wrong with you can be fixed. First we give you a chance—that’s called governance, a chance to be interested, or even disinterested. That’s policy. Or if you are still wrong, still bad, we give you policy. Bad debt is senseless, which is to say it cannot be perceived by the senses of capital. But therapy is available. Governance wants to reconnect your debt to the outside world. You are on the spectrum, the capitalist spectrum of interests. You are the wrong end. Your bad debt looks unconnected, autistic, in its own world. But you can be developed. You can get credit after all. The key is to have interests. Tell us what you want. Tell us what you want and we can help you get it, on credit. We can lower the rate so you can take interest. We can raise the rate so you will pay attention. But we can’t do it alone. Governance only works when you work, when you tell us what you want, when you invest your interests back in debt and credit. Governance is the therapy of your interests, and your interests will bring your credit back. You will have an investment, even in debt. And governance will gain new senses, new perceptions, new advances into the world of bad debt, new victories in the war on those without interests, those who will not speak for themselves, participate, identify their interests, invest, inform, demand credit. Governance does not seek credit. It does not seek citizenship, although it is often understood to do so. Governance seeks debt, debt that will seek credit. Governance cannot not know what might be shared, what might be mutual, what might be common. Why award credit, why award citizenship? Only debt is productive, only debt makes credit possible, only debt allows credit to rule. Productivity always precedes rule, even if the students of governance do not understand this, and even if governance itself barely does. But rule does come, and today it is called policy, the reign of precarity. And who knows where it will hit you, some creditor walking by you on the street. You keep your eyes down but he makes policy anyway, smashes anything you have conserved, any bad debt you are smuggling. Your life reverts to vicious chance, to arbitrary violence, a new credit card, a new car loan, torn from those who hid you, ripped from those with whom you shared bad debt. They don’t hear from you again. Study and Planning The student has no interests. The student’s interests must be identified, declared, pursued, assessed, counseled, and credited. Debt produces interests. The student will be indebted. The student will be interested. Interest the students! The student can be calculated by her debts, can calculate her debts by her interests. She has credit in her sights, has graduation in her sights, has being a creditor, being invested in education, being a citizen in her sights. The student with interests can demand policies, can formulate policy, give herself credit, pursue bad debtors with good policy, sound policy, evidence-based policy. The student with credit can privatize her own university. The student can start her own NGO, invite others to identify their interests, put them on the table, join the global conversation, speak for themselves, get credit, manage debt. Governance is interest-bearing. Credit and debt. There is no other definition of good governance, no other interest. The public and private in harmony, in policy, in pursuit of bad debt, on the trail of fugitive publics, chasing evidence of refuge. The student graduates. But not all of them. Some stay, committed to black study in the university’s undercommon rooms. They study without end, plan without pause, rebel without policy, conserve without patrimony. They study in the university and the university forces them under, relegates them to the state of those without interests, without credit, without debt that bears interest, debt that earns credits. They never graduate. They just ain’t ready. They’re building something in there, something down there, a different kind of speculation, a speculation called “study,” a debt speculation, a speculative mutuality. Mutual debt, unpayable debt, unbounded debt, unconsolidated debt, debt to each other in a study group, to others in a nurses’ room, to others in barbershops, to others in a squat, a dump, the woods, a bed, an embrace. And in the undercommons of the university they meet to elaborate their debt without credit, their debt without number, without interest, without repayment. Here they meet those others who dwell in a different compulsion, in the same debt, a distance, forgetting, remembered again but only after. These other ones carry bags of newspaper clippings, or sit at the end of the bar, or stand at the stove cooking, or sit on a box at the newsstand, or speak through bars, or in tongues. These other ones have a passion for telling you what they have found, and they are surprised that you want to listen, even though they’ve been expecting you. Sometimes the story is not clear, or it starts in a whisper. It goes around again and again but listening—it is funny every time. This knowledge has been degraded, the research rejected. They can’t get access to books, and no one will publish them. Policy has concluded they are conspiratorial, heretical, criminal, amateur. Policy says they can’t handle debt and will never get credit. But if you listen to them, they will tell you: we will not handle credit, and we cannot handle debt, debt flows through us, and there’s no time to tell you everything, so much bad debt, so much to forget and remember again. But if we listen to them, they will say, “Come, let’s plan something together.” And that’s what we’re going to do. We’re telling all of you, but we’re not telling anyone else.

#### They entrench a climate of austerity that simultaneously siphons material distribution and responsibilizes individuals to become resilient in the face of social infrastructure that seeks to kill – this *political mood* overdetermines aff solvency

Sparke 16 (Matthew Sparke is Professor of Geography, International Studies and Global Health at the University of Washington, USA, where he also serves as the Director of Integrated Social Sciences, “Health and the embodiment of neoliberalism: pathologies of political economy from climate change and austerity to personal responsibility,” in *The Handbook of Neoliberalism*)

Neoliberalism is commonly understood in terms of the expanding global influence of disembodied market forces and rationalities. However, unlike the invisible hands and competitive calculations it unleashes on the world, neoliberalism’s implications for health are neither intangible nor abstract. Instead, they are materially embodied in ways that are deeply consequential for life and death (Navarro 2007). Evoked in book titles such as The Deadly Ideas of Neoliberalism, Dying for Growth, Sickness and Wealth, Infections and Inequalities, Pathologies of Power, Blind Spot, and, in the aftermath of the 2008 financial crisis, The Body Economic: Why Austerity Kills, neoliberalism and associated forms of inequality, austerity and precarity have been tied by health scholars to a vast variety of embodied suffering, disease-vulnerability and low life expectancy right across the planet (Rowden 2009; Kim et al. 2000; Fort et al. 2004; Farmer 2001, 2005; Keshavjee 2014; Stuckler and Basu 2013). Rallying against these lethal links, a gathering of the World Social Forum in Tunis in 2015 recently concluded that today’s global crises in health, health services and social protection are ‘in fact the consequence of neoliberal politics globally’ (WSF 2015). Meanwhile, amid all the crises, individuals are also now routinely told that their health is simply their own responsibility, a form of resilience that will only endure if they invest in it with the same individualistic and entrepreneurial prudence that is the trademark of personalized neoliberalism more generally (Brown and Baker 2012). As a result, all sorts of embodied health challenges – hunger and obesity being two especially physical examples – are repeatedly recoded as personal management problems even as they embody neoliberal socio-economic developments in society at large (Carney 2015; Guthman 2009).

How then can we better theorize the processes through which neoliberalism becomes embodied in health? While the ill-effects of neoliberal policies and practices have been spreading across borders like an infectious outbreak, neoliberalism is clearly not a biological disease agent itself. Even if it is conceptualized as an epidemic in terms of transnational health impacts, its extraordinarily diverse sequelae do not constitute a singular medical syndrome (Schrecker and Bambra 2015). The etiologies of illness involved are extremely complex, multi-causal and as geographically uneven as they are historically and economically interconnected (Labonté et al. 2009). Whether it is the global consequences of the cutbacks in health care caused by neoliberal austerity, or the impact of business deregulation, privatization and user fees introduced in national neoliberal reforms, or the everyday destabilization of communities caused by increasing income inequalities, social insecurity and environmental deterioration, the varieties of experiences, processes and time-space scales to consider are extremely heterogeneous. And then, on the other side of the ledger, there are the health benefits claimed by the privileged for neoliberal innovations in personal risk management, customized medicine, medical tourism and pharmaceuticals – benefits that also sometimes come with increased risks for others such as organ donors and experimental subjects recruited for drug trials in poor countries (Parry et al. 2015; Sparke 2014). Across such a wide range of economic, political and social life, ‘neoliberalism’ – the term – means many different things. Thus before proceeding here to offer a survey of research on the health outcomes that can be diagnosed as embodiments of neoliberalism, this chapter begins by first unpacking what the term means and how we can best theorize its ties to health.

Defining neoliberalism in relation to health

Put most simply, neoliberalism names a way of governing capitalism that emphasizes liberalizing markets and making market forces the basis of economic coordination, social distribution, and personal motivation (Sparke 2013).At a macro scale these developments can be seen as comprising ‘neoliberal governance’, a set of governmental norms including privatization, business deregulation, and trade liberalization, that reconstitute politics in the shape of the market and repurpose the state as an entrepreneurial actor that governs through proliferating public–private partnerships in the interests of business classes and global investors (Brown 2015; Harvey 2005). At a more intimate scale of personal behaviour it becomes ‘neoliberal governmentality’, a suite of practices in which individuals across a much wider set of social classes are enlisted into becoming competitive agents who invest in their human capital as entrepreneurs and who reimagine the meaning of their lives, citizenship and individuality – including their personal health – as calculating consumers constantly comparing metrics of ownership, mobility and social ranking (Brown 2015; Dardot and Laval 2013; Lemke 2001). And at once enabling and mediating developments across these different scales, neoliberalism is also a set of economic-turned-political ideas: ideas (like von Hayek’s view of health as just another consumer choice) that keep evolving as adaptive and protean yet hegemonic common-sense about market norms and necessities, and ideas that thereby continue to inspire both the macro policies and micro practices of neoliberalization in different ways in different places (Gaffney 2014; Mirowski 2013; Peck 2010). All these accounts of neoliberalism are useful, but, as has been widely cautioned (including by many of the authors cited above), each one risks turning the term into a singular and seemingly inevitable metanarrative when divorced from attention to the historical-geographical circumstances in which neoliberal ideas and discourses actually shape assemblages of neoliberal governance and governmentality (Ong 2006; Sparke 2006; Springer 2012). This is precisely where studying neoliberalism in terms of embodiment becomes so critical, offering a way of coming to terms with how all the global-to-local processes of neoliberalization come together materially to condition and, too often, to shorten and diminish human life.

Not surprisingly, scholars of health have already led the way in reconceptualizing neoliberal- ism in terms of embodiment. They are not all necessarily informed directly by the account of illness as ecosocial embodiment offered by epidemiologist Nancy Krieger (2001, 2005; but see Birn et al. 2009). All sorts of other ecologies and ‘epidemiologies of inequality’ have been charted as well (Heggenhougen 2005): some stressing the ties between ill-health and the high in-country inequalities created by neoliberal reform (Wilkinson and Pickett 2009; De Vogli, Schrecker and Labonté 2013); others surveying the severe constraints placed on poor country primary health care, health services and, more recently, on health systems strengthening by the structural adjustments and neoliberal austerity imposed by international finance and its polit- ical representatives (Birn and Dmitrienko 2005; Gloyd 2004; Kim et al. 2000; Pfeiffer and Chapman 2010); others highlighting in turn the complex biosocial mechanisms through which everything from dam-building to user fees, curtailed drugs programmes, and other structural adjustments materialize as structural violence on the poor (Farmer 2005; Farmer et al. 2013); and yet others identifying the particular routes through which poor people’s bodies, blood and bio- logical material have been turned into new molecular frontiers for capitalist growth amid the crises and speculative leaps of neoliberal globalization (Cooper 2008; Crane 2013; Rajan 2007). These varied epidemiologies are informed in turn by varied analyses of the pathways through which neoliberalization comes to be embodied. Some stress the transfer mechanisms of neolib- eral ideas through international financial institutions, free trade deals and NGOs (Labonté and Schrecker 2007; Rowden 2009; Keshavjee 2014). Others emphasize the class interests and policy reforms of neoliberal governance, including health services privatization (Navarro 2007; Schrecker and Bambra 2015; Schwiter et al. 2015). And yet others address the prudential risk- management practices of neoliberal governmentality, whether as they are practiced by consum- ers of personalized medicine in privileged contexts (Brown and Baker 2012; Lupton 2015), or as they are extended, however unevenly and incompletely, to aid enclaves of therapeutic citi- zenship in desperately poor contexts (Ngyuen 2010).

The main focus in what follows is on the pathways that can be addressed in terms of conditionalization, including under this heading the diverse developments through which neoliberalism in macro political-economic governance has become embodied in various forms of premature mortality and morbidity. Given limited space, less attention is paid here to the various forms of personalized responsibilization through which more micro modes of neoliberal governmentality have come to be embodied in individual experiences of risk and biomedical self-management. However, by way of a conclusion, the last part of the chapter points to how both conditionalization and responsibilization are increasingly coming together to shape contemporary global health formation: the formation of a field of research, intervention and outcomes in which we see micro neoliberal innovations in personalized health risk management frequently being advanced as answers to the destructive legacies of macro neoliberal structural adjustment. It is a field in which neoliberal market failures are at once acknowledged and contested even as neoliberal assumptions still strongly shape the ways that corrective counter-measures to the legacies of neoliberal structural violence are imagined, assessed and defended (Kenworthy 2014; Mitchell and Sparke 2016). But to understand the global health problems in poor countries that corrective global health interventions are designed to address we first need to come to terms with the ways in which embodied experiences of health have been structured by neoliberal conditionalization.

#### Vote neg to endorse a collective anarchist thinking of health – private and state solutions individualize and medicalize health that consigns pharmaceutical and social innovation to failure. Alt sets the theoretical and material groundwork to care.

Scott 17 (Niall, Reader in Philosophy and Popular Culture, at University of Central Lancashire, “Anarchism and Health,” Cambridge Quarterly of Healthcare Ethics, Special Section: Justice, Healthcare, and Wellness, 2017, Cambridge University Press, pg. 4-9)

In addition to autonomy and responsibility, debates and criticisms in anarchist circles concerning the current state of affairs of health concerns focus on promoting the values of community and solidarity. These are often supported through organizing and coming together in health collectives and protest and pressure groups. The value of solidarity can be a powerful concept to employ with regard to health and the pursuit of a common good. Willam Rehg defines solidarity as “a quality of human association, specifically the cohesive social bond that holds a group of people together in an association they both understand themselves to be part of and value.” 17 Rehg, however, denies that there can be solidarity that involves irreducibly social goods. Of course in an open definition such as this, solidarity can apply to a wide range of values, even objectionable ones, which groups can hold in common. Solidarity with regard to health needs other cooperating values to give it substantial normative force. This force can be achieved where health is treated as an irreducible social and common good. It is something that we all hold in common. The normative weight required to support solidarity can be provided by articulating the values of autonomy, community, and responsibility with the goal of health in mind. Where anarchist argument can succeed, is in working in areas that already compliment some of the goals mentioned. Anarchist thought, especially anarchosyndicalist or communist anarchist thought, can find much in common with communitarian approaches to health. For example, Michael Parker has argued that regarding mental health, we need a healthy relationship between communities and service users, in the shape of finding the best relationships between the needs of individuals and those of the community as a whole. 18 In mental health, considerations of balancing community safety and health need to be able to complement the needs and promote the autonomy of those with mental health difficulties. He attacks autonomy in the libertarian principalist approach to medical and healthcare ethics of Beauchamp and Childress, 19 as this, together with justice, non-maleficence, and beneficence reduces decisionmaking to the sphere of the detached reflective individual. It does not take into account the opportunities and contexts of communities in which such concerns take place. Michael Parker holds that, against the proliferation of calls for individual rights, these principalist values of autonomy, justice, non-maleficence and beneficence cannot come without corresponding responsibilities, and that solutions to moral problems cannot be conceived of in terms of anything other than social relationships and the pursuit of ways of life that involve participation with others. 20 The communitarian case, like the anarchist case, recognizes that health problems are shared problems. However, I think that anarchist thought can add to communitarian ideas in its experience and interest in specifically supporting those poor, sick, and unhealthy who are marginalized and excluded from communities. Sadly, the sick, poor, and unhealthy are often treated through exclusion, rather than inclusion; we might as well think of the sick as being treated as if they have been criminalized for their conditions. The way in which the needy and sick, and the normal and abnormal are classified and are excluded has us participating in a kind of global open prison. Anarchism, in its opposition to power and hierarchy, has the opportunity to ensure that the community ought never to become a new rallying point for a special kind of integrity that needs to be preserved at all costs regarding the “problem” of the unhealthy and the sick. Anarchism in its promotion of perpetual revolution is and ought to be always humble to the dissolution of power structures, in order to maximize inclusivity, yet maintain a sense of the local, in communities. Anarchism, as a movement for social change, has the opportunity to bring resolution to the relationship between autonomy and community, as health is an irreducible good, a common good, and common need that cannot be subject to instrumentalization or compromise. A Problematic Past, but a Promising Future As mentioned, anarchist thought has always been tied in with an interest in human health, both individual and public. However, its history does have a darker side. As Cleminson informs us, the Spanish anarchist movement in the 1860s was actively concerned about health, but its primary interest was in the question of “improving the quality of life of the populace,” 21 and closely tied to eugenic thinking at the time. Even though Robert Allerton Parker, who coined the term “Birth Control” advocated women’s sexual freedom in a sarcastic harsh attack on middle class American feminism, 22 many of these early anarchistic ideas and challenges were intimately bound up with eugenic ideas. Margaret Sanger, who also published letters in Emma Goldman’s Mother Earth , 23 on the one hand championed women’s freedom, but on other hand was a supporter of eugenics. In her essay A Plan for Peace she advocated that there should be an application of: “a stern and rigid policy of sterilisation and segregation to that grade of population whose progeny is tainted or whose inheritance is such that objectionable traits may be transmitted to offspring.” 24In the same publication her concern was directed to women’s health, linking it firmly to the pursuit of peace: The third step would be to give special attention to the mother’s health, to see that women who are suffering from tuberculosis, heart or kidney disease, toxic goitre, gonorrhoea, or any disease where the condition of pregnancy disturbs their health are placed under public health nurses to instruct them in practical, scientific methods of contraception to safeguard their lives—thus reducing maternal mortality. The above steps may seem to place emphasis on a health programme instead of on tariffs, moratoriums and debts, but I believe that national health is the first essential factor in any programme of peace. 25 However, Peter Kropotkin spoke out strongly in Goldman’s publications against the sterilization of the unfit, calling for more to be done in investigating and studying the social roots and causes of the diseases that were the targets of those eager to promote sterilization as a solution. In defense of the poor, workers, and the marginalized, he asks who is to be counted as unfit in the pursuit of making socialism work? These are the very people who could not only be building socialism, but could also benefit more from healthy environmental conditions: “And then once these questions as to who are the unfit have been raised, don’t you think that the question as to who are the unfit must necessarily come to the front? Who indeed? The workers or the idlers? The women of the people, who suckle their children themselves, or the ladies who are unfit for maternity because they cannot perform all the duties of a mother? Those who produce degenerates in the slums or those who produce degenerates in the palaces?” 26 There is a history in Britain worth recognizing on the subject of self-organization, autonomy, and health, in which anarchistic creative thinking initiated ideas that were eventually taken up in the early development of the National Health Service (NHS). The Peckham Health Centre, founded in 1935, was run on principles that could be classed as anarchistic: “For many of us the experience of Peckham was a unique laboratory of anarchy, it was a study of the living structure of society, exploring principles of organisation applicable not only to health but to every aspect of social welfare, to housing and above all to the organisation of work.” 27 Unfortunately, it was the advent of the postwar NHS that saw its demise. David Goodway recounts the movement as being one that aimed at five conditions: health overhauls, consultation, consisting of family (only) and local membership, financial contributions by members to the center, and the building and maintaining of autonomy. It was its commitment to these that led to the downfall of the experiment, as its focus on administrative autonomy and contributory rather than free and open access, and on the cultivation of health rather than treatment, did not sit well with the direction that the postwar welfare state was developing. Nonetheless, the ideas concerning health collectives and a shared approach to health, in which individuals could be experts concerning their own bodies, were being rediscovered, and these “discoveries” continue today. People marginalized (through lack of access and/or poverty for example) and not being heard in the public and private health systems, can benefit from the expertise of others, including professional medical specialists, rather than merely submitting to the authorities of the clinic as the center of expertise. One of many good examples of such engagement in a society that is heavily compromised in the extreme with regard to the corporate stranglehold limiting access to healthcare comes from the Ithaca Health Alliance fund in the United States, which describes itself as a “locally controlled not for profit health security.” 28 It provides health support for those who cannot find needed medical attention because of the unaffordability of health services in the United States for the un- and underinsured. By pooling resources and material and medical expertise, and addressing the patient’s ability to pay or not to pay, this collective undermines the stranglehold of the private insurance sector on people’s lives. Financial affordability is made possible by opening up the space for people to exchange services required through bartering, offering time, community service, home visit credits, as well as hard currency. The emphasis is on local provision, and a free clinic exists as a result of the success of the health fund. Through supporting educational initiatives, such as the Ithaca Health and Wellness Fair, an emphasis is placed on reducing cost by the promotion of healthy lifestyle choices. Here is an example of anarchist principles in action: autonomy and collective community-directed thinking, working in solidarity and harmony. Further examples of autonomous health movements for the new thinking regarding health around the world can be found in a 2005 issue of Development , under the heading “Window on the World,” where a series of health movements are listed, many of which promote autonomy, collective engagement, and women’s’ health concerns. 29Corporate Problems, State Problems Anarchist thinking promoting collectivist approaches directly counters the role of the state in healthcare. This is a role that has been heavily corrupted by private incentives and the use of health as a mechanism to ensure the perpetuation of state power; it is difficult to see even what existing components of the welfare system can be rescued. Arguably, from the anarchist perspective, the nation-state-organized private partnership investment in health is one of the ways that the state manages to maintain order. It is a rather powerful mix: the political married to the capitalist system with the supposed aim of supporting a human need. The corporate invasion and privatization agenda of health often makes headline news in the United Kingdom. 30 The combined targets of the state, industry, and institutions that support statist and corporate ideologies in health would appear to be insurmountable. The Nuffield Council’s Report on Ethics and Public Health, published 10 years ago, 31 is replete with observations and suggestions that involve the role of the state and the individual in the pursuit of health. It presents a range of ethical positions and key examples (infectious diseases, alcohol and tobacco, obesity, and fluoridation) as areas where the state, community, individuals and industry play roles in public health promotion. The report claims to move more in favor of the responsibility of the community than the freedom of the individual, but advocates the role of the state as a steward of health. Under this model, the Nuffield Council report insists that the state has a responsibility to provide the conditions under which people can live healthy lives. The scope covered by this document is a good indication of the areas where anarchist thinking can respond, both negatively and positively. According to Goodway, the state and corporate health perpetuates poverty and illness, destroys mutual aid, and serves to bring about dependency and servility. 32 Anarchism maintains that neither the state nor the private sector are necessarily capable of providing the most efficient distribution of health needs and resources. This is because the motives of both are suspect, based on the combination of selfperpetuation and profit. Therapies rather than cures allow the maintenance of the market success of pharmaceutical industry, and, in addition, most pharmaceutical research is directed toward the lifestyle demands of affluent societies. The United Kingdom’s Department for International Development in its research funding framework recognizes (albeit in a footnote with reference to Médicins Sans Frontìeres) that 46 times more money was spent on research into Viagra than into malaria. 33 Furthermore, under the medical models of health and disease, “Everyday life occurrences are turned into medical problems, mild symptoms are portrayed as serious and risks become diseases” 34 State and corporate involvement in healthcare can invoke the imposition of ideas on the public that restrict genuine autonomy and the capacity to make health decisions on the basis of open access to information. Tash Gordon and Becs Griffiths hold more generally that through promoting medical and health fears and risks, these develop into self-obsessions, often disguising the political sources of health problems. Individualizing health on both the medical and political fronts makes consumers the source of health problems and also gives them sole responsibility for taking action on health. However, paradoxically for many, there is little autonomy in health decisionmaking; the state and/or private sector provide the route to good health. An anarchist approach can open the door to more autonomy in health, but in the context of community and solidarity. Offenses to autonomy even occur when government initiatives are masqueraded as health initiatives; for example, the fluoridation of the water supply as an attempt to combat caries comes across as an attempt at mass medication without considering consent from the public. The British Fluoridation Society promotes John Harris’s argument in favor of fluoridation as “the professional philosopher’s view.” Harris treats the issue of fluoridation as centering on a conflict between the principles of autonomy and beneficence. He treats beneficence as the principle that promotes acting in the interests of others, and autonomy as individuals having permission to control their own lives and destinies in compatibility with others having similar control over their lives. 35 These are contentious definitions of autonomy and beneficence, however, and their coming into conflict depends heavily on both being instrumentally conceived; that is, as a means to some other end, in this case the end being support of fluoridation, assuming that it does no harm to those who consume it. Correctly speaking, autonomy is not a principle on its own, but exercising respect for autonomy is. The capacity to act beneficently further is dependent on an agent acting autonomously; therefore, there are conceptual problems that require deeper analysis. Worse still, no alternatives are presented to fluoridation by Harris in his argument. Similarly, although the Nuffield Council’s Report On Ethics and Public Health gives a more thorough treatment with regard to the benefits and risks of fluoridation, these focus on fluoridation rather than on the value of promoting better education and dietary change, and the alleviation of poverty in areas where dental caries is most prevalent. Bewilderingly, under the heading of “alternative treatments,” alternative fluoride treatments are discussed! 36 It can be seen, then, that information that allows genuine autonomous choice is absent where it is much needed, in areas where one might be drawn to inquire and search for information regarding fluoridation. The anarchist challenge in promoting healthy living tackles individualist consumerism head on, but it offers a conceptual tension, not just in health, but in political thinking also, as it looks to community and collective efforts that ought also to leave room for autonomy. A difficult target is being confronted here: the combination of consumer health combined with government power. Health in our current context has ceased to be a common good and has become a public good mixed with a powerful economic component. That is to say, health is treated as a public good in that access to healthcare in terms of medical need involves the redistribution of funds acquired through taxation and or insurance. Ideally, a public good once produced ought to not incur any additional costs to the user, 37 but this is no longer the case with healthcare; taxation does not cover the cost of health provision, and the private sector is now to a large degree involved through insurance and pharmaceutical industries, and public–private partnership in the provision of healthcare. A positive example of change brought about in healthcare that complements anarchist thinking is seen in patient-centered healthcare. This promotes autonomy, responsibility, and community, such that “patient participating in determining appropriate management plans as their condition and motivation allow.” 38 Terms such as “choice empowerment” and “participation” come to the fore in the relationship between patient and clinician/carer. The patient is brought back into focus, and attention is given to the input of caregivers, giving both a deserved voice. 39 Alison Zucca et al. equate “ask the patient what they would like” with achieving quality of care. 40 The main critical and practical effort in patientcentered care is found in the fields of mental health and in elderly and geriatric care. For example, in the field of dementia, patient-centered care has undergone a shift from the patient merely being an expression of signs and symptoms, to the person being treated. Research into the use of multisensory environments documents caregivers’ positive experiences of patients with sensory deprivation who respond well to stimulus demands.. Furthermore, in this research, it has not only become clear that attentiveness to the patient’s voice generates more humane care, but that the caregiver, starts to avoid the dehumanizing effects of institutionalization by thinking more creatively about patient need. Patient-centered care improves socialization and personal interaction and personal care, and reduces the use of punishment and the manifestation of verbal and physical abuse. 41 What might be accomplished if such thinking goes further? Listening to the patient’s voice, and an approach that can treat patients as experts on their own bodies, in dialogue with practitioners, promote equality between the patient and practitioner by dismantling unhelpful hierarchies of knowledge, and preferring a dialogue.

#### View the alt as an exercise in breaking down cognitive biases – individualism and collectivism aren’t fixed behaviors, but flexible, and can be modified through habituation. Orienting groups around exercising intermural care is valuable and breaks down bias

Cikara and Van Bavel 15. (Mina Cikara is an Assistant Professor of Psychology and Director of the Intergroup Neuroscience Lab at Harvard University. Her research examines the conditions under which groups and individuals are denied social value, agency, and empathy. Jay Van Bavel is an Assistant Professor of Psychology and Director of the Social Perception and Evaluation Laboratory at New York University. The Flexibility of Racial Bias: Research suggests that racism is not hard wired, offering hope on one of America’s enduring problems. June 2, 2015. <https://www.scientificamerican.com/article/the-flexibility-of-racial-bias/>)

The city of Baltimore was rocked by protests and riots over the death of Freddie Gray, a 25-year-old African American man who died in police custody. Tragically, Gray’s death was only one of a recent in a series of racially-charged, often violent, incidents. On April 4th, Walter Scott was fatally shot by a police officer after fleeing from a routine traffic stop. On March 8th, Sigma Alpha Epsilon fraternity members were caught on camera gleefully chanting, “There Will Never Be A N\*\*\*\*\* In SAE.” On March 1st, a homeless Black man was shot in broad daylight by a Los Angeles police officer. And these are not isolated incidents, of course. Institutional and systemic racism reinforce discrimination in countless situations, including hiring, sentencing, housing, and even mortgage lending. It would be easy to see in all this powerful evidence that racism is a permanent fixture in America’s social fabric and even, perhaps, an inevitable aspect of human nature. Indeed, the mere act of labeling others according to their age, gender, or race is a reflexive habit of the human mind. Social categories, like race, impact our thinking quickly, often outside of our awareness. Extensive research has found that these implicit racial biases—negative thoughts and feelings about people from other races—are automatic, pervasive, and difficult to suppress. Neuroscientists have also explored racial prejudice by exposing people to images of faces while scanning their brains in fMRI machines. Early studies found that when people viewed faces of another race, the amount of activity in the amygdala—a small brain structure associated with experiencing emotions, including fear—was associated with individual differences on implicit measures of racial bias. This work has led many to conclude that racial biases might be part of a primitive—and possibly hard-wired—neural fear response to racial out-groups. There is little question that categories such as race, gender, and age play a major role in shaping the biases and stereotypes that people bring to bear in their judgments of others. However, research has shown that how people categorize themselves may be just as fundamental to understanding prejudice as how they categorize others. When people categorize themselves as part of a group, their self-concept shifts from the individual (“I”) to the collective level (“us”). People form groups rapidly and favor members of their own group even when groups are formed on arbitrary grounds, such as the simple flip of a coin. These findings highlight the remarkable ease with which humans form coalitions. Recent research confirms that coalition-based preferences trump race-based preferences. For example, both Democrats and Republicans favor the resumes of those affiliated with their political party much more than they favor those who share their race. These coalition-based preferences remain powerful even in the absence of the animosity present in electoral politics. Our research has shown that the simple act of placing people on a mixed-race team can diminish their automatic racial bias. In a series of experiments, White participants who were randomly placed on a mixed-race team—the Tigers or Lions—showed little evidence of implicit racial bias. Merely belonging to a mixed-race team trigged positive automatic associations with all of the members of their own group, irrespective of race. Being a part of one of these seemingly trivial mixed-race groups produced similar effects on brain activity—the amygdala responded to team membership rather than race. Taken together, these studies indicate that momentary changes in group membership can override the influence of race on the way we see, think about, and feel toward people who are different from ourselves. Although these coalition-based distinctions might be the most basic building block of bias, they say little about the other factors that cause group conflict. Why do some groups get ignored while others get attacked? Whenever we encounter a new person or group we are motivated to answer two questions as quickly as possible: “is this person a friend or foe?” and “are they capable of enacting their intentions toward me?” In other words, once we have determined that someone is a member of an out-group, we need to determine what kind? The nature of the relations between groups—are we cooperative, competitive, or neither?—and their relative status—do you have access to resources?—largely determine the course of intergroup interactions. Groups that are seen as competitive with one’s interests, and capable of enacting their nasty intentions, are much more likely to be targets of hostility than more benevolent (e.g., elderly) or powerless (e.g., homeless) groups. This is one reason why sports rivalries have such psychological potency. For instance, fans of the Boston Red Sox are more likely to feel pleasure, and exhibit reward-related neural responses, at the misfortunes of the archrival New York Yankees than other baseball teams (and vice versa)—especially in the midst of a tight playoff race. (How much fans take pleasure in the misfortunes of their rivals is also linked to how likely they would be to harm fans from the other team.) Just as a particular person’s group membership can be flexible, so too are the relations between groups. Groups that have previously had cordial relations may become rivals (and vice versa). Indeed, psychological and biological responses to out-group members can change, depending on whether or not that out-group is perceived as threatening. For example, people exhibit greater pleasure—they smile—in response to the misfortunes of stereotypically competitive groups (e.g., investment bankers); however, this malicious pleasure is reduced when you provide participants with counter-stereotypic information (e.g., “investment bankers are working with small companies to help them weather the economic downturn). Competition between “us” and “them” can even distort our judgments of distance, making threatening out-groups seem much closer than they really are. These distorted perceptions can serve to amplify intergroup discrimination: the more different and distant “they” are, the easier it is to disrespect and harm them. Thus, not all out-groups are treated the same: some elicit indifference whereas others become targets of antipathy. Stereotypically threatening groups are especially likely to be targeted with violence, but those stereotypes can be tempered with other information. If perceptions of intergroup relations can be changed, individuals may overcome hostility toward perceived foes and become more responsive to one another’s grievances. The flexible nature of both group membership and intergroup relations offers reason to be cautiously optimistic about the potential for greater cooperation among groups in conflict (be they black versus white or citizens versus police). One strategy is to bring multiple groups together around a common goal. For example, during the fiercely contested 2008 Democratic presidential primary process, Hillary Clinton and Barack Obama supporters gave more money to strangers who supported the same primary candidate (compared to the rival candidate). Two months later, after the Democratic National Convention, the supporters of both candidates coalesced around the party nominee—Barack Obama—and this bias disappeared. In fact, merely creating a sense of cohesion between two competitive groups can increase empathy for the suffering of our rivals. These sorts of strategies can help reduce aggression toward hostile out-groups, which is critical for creating more opportunities for constructive dialogue addressing greater social injustices. Of course, instilling a sense of common identity and cooperation is extremely difficult in entrenched intergroup conflicts, but when it happens, the benefits are obvious. Consider how the community leaders in New York City and Ferguson responded differently to protests against police brutality—in NYC political leaders expressed grief and concern over police brutality and moved quickly to make policy changes in policing, whereas the leaders and police in Ferguson responded with high-tech military vehicles and riot gear. In the first case, multiple groups came together with a common goal—to increase the safety of everyone in the community; in the latter case, the actions of the police likely reinforced the “us” and “them” distinctions. Tragically, these types of conflicts continue to roil the country. Understanding the psychology and neuroscience of social identity and intergroup relations cannot undo the effects of systemic racism and discriminatory practices; however, it can offer insights into the psychological processes responsible for escalating the tension between, for example, civilians and police officers. Even in cases where it isn’t possible to create a common identity among groups in conflict, it may be possible to blur the boundaries between groups. In one recent experiment, we sorted participants into groups—red versus blue team—competing for a cash prize. Half of the participants were randomly assigned to see a picture of a segregated social network of all the players, in which red dots clustered together, blue dots clustered together, and the two clusters were separated by white space. The other half of the participants saw an integrated social network in which the red and blue dots were mixed together in one large cluster. Participants who thought the two teams were interconnected with one another reported greater empathy for the out-group players compared to those who had seen the segregated network. Thus, reminding people that individuals could be connected to one another despite being from different groups may be another way to build trust and understanding among them. A mere month before Freddie Gray died in police custody, President Obama addressed the nation on the 50th anniversary of Bloody Sunday in Selma: “We do a disservice to the cause of justice by intimating that bias and discrimination are immutable, or that racial division is inherent to America. To deny…progress – our progress – would be to rob us of our own agency; our responsibility to do what we can to make America better." The president was saying that we, as a society, have a responsibility to reduce prejudice and discrimination. These recent findings from psychology and neuroscience indicate that we, as individuals, possess this capacity. Of course this capacity is not sufficient to usher in racial equality or peace. Even when the level of prejudice against particular out-groups decreases, it does not imply that the level of institutional discrimination against these or other groups will necessarily improve. Ultimately, only collective action and institutional evolution can address systemic racism. The science is clear on one thing, though: individual bias and discrimination are changeable. Race-based prejudice and discrimination, in particular, are created and reinforced by many social factors, but they are not inevitable consequences of our biology**.** Perhaps understanding how coalitional thinking impacts intergroup relations will make it easier for us to affect real social change going forward.

1. Charles Darwin, “The Origin of Species” [↑](#footnote-ref-1)