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### Adv One

#### Advantage One is Federalism

#### The status quo upholds “Parker immunity” – a doctrine that doesn’t account for interstate spillovers.

Rosch 12 [J. Thomas Rosch, Commissioner, Federal Trade Commission 10-3-2012 https://www.ftc.gov/sites/default/files/documents/public\_statements/returning-state-action-doctrine-its-moorings/121003stateaction.pdf]

The FTC’s State Action Report

Over a decade ago, the FTC became concerned that the lower courts had expanded the scope of the state action doctrine beyond what the Supreme Court had intended. In 2001, the FTC established a State Action Task Force, which issued a Report two years later that analyzed the current state of the law, identified areas of concern, and recommended clarifications to the law.28 The Report observed that the scope of the state action doctrine had expanded dramatically since first articulated by the Supreme Court in 1943. The doctrine had become unmoored from its original objectives, the report concluded, and was frequently invoked to protect private commercial interests with no relation to state policy.

The report identified a number of specific concerns with the way in which some lower courts had applied the state action doctrine. Chief among these was a persistent weakening of the clear articulation and active supervision requirements. In particular, some courts had found that a legislative grant of general corporate powers satisfied the clear articulation requirement. Although the exercise of these powers in the private sector had no particular antitrust significance, some courts had reached the opposite conclusion when the powers were granted through legislation.

The Report also found that there was a lack of clear standards to guide the application of the active supervision requirement. Without guidance on how to implement the various formulations of the requirement articulated by the lower courts, the active supervision requirement had had a minimal impact.

The Task Force raised several other concerns. Some courts, according to the Report, had interpreted the state action doctrine in a manner that ignored interstate spillovers, which forced the citizens of one state to absorb the costs imposed by another state’s regulations. In addition, some courts had interpreted the doctrine to shield virtually any municipal activity, despite the fact that municipalities were increasingly engaging in business on a for-profit basis, while simultaneously using their law-making power to block competitive challenges.

#### Our arg is not “State’s Rights are categorically good”. Rather, failing to account for out-of-State externalities means State reforms seem better than they truly are. Limiting Parker is key.

Sack 21 [John Sack, J.D., Duke Law School, Class of 2022, B.S. University of Michigan, 2019, 2021 – modified for language that may offend - https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=1196&context=djclpp\_sidebar]

III. DOCTRINAL CRITICISM

Although the Court has continued to re-affirm Parker v. Brown’s central holding, many have criticized the Parker doctrine. Both scholars and the Federal Trade Commission (FTC) have highlighted problems with the doctrine and offered a number of solutions for how to remedy its faults.63

The first common critique of the doctrine is that it does not account for out-of-state economic effects. Unless a regulation runs afoul of another constitutional barrier, no consideration of interstate spillovers applies.64 One need not look farther than Parker itself to see how the state action doctrine can impose costs on out-of-state residents, even though those residents have diminished political capital in the state. At the time Parker was decided, between 90 and 95 percent of raisins produced in California entered interstate commerce and California provided almost all of the nation’s raisins.65 Most American raisin consumers lived outside of California and had no political means to oppose the state’s legislative program, yet they bore the costs of California’s state-sanctioned monopoly.66

Second, similar concerns about political representation animate critiques of Parker immunity. The policy at issue in Parker restricted output and artificially raised prices, two results federal antitrust law generally seeks to prohibit.67 Although the benefits of such a program were borne almost exclusively by California, the costs of the program were incurred by raisin consumers across the nation.68 The political incentives to promote such a program follow closely with economic costs and benefits.69 California raisin producers have a strong incentive to lobby their own government to install such a program, but it would be nearly impossible for non-California residents to challenge such a policy through the normal political channels.70 The government of California is not the appropriate body to properly weigh the benefits to in-state raisin producers with the costs to out-of-state consumers, yet the Parker doctrine grants California per se immunity on federalism grounds.71 Although the California program was implicitly endorsed by Congress, one is just as likely to find similar programs with no similar implicit endorsement.72

The U.S. Constitution embodies a system of federalism where the federal government is sovereign in some respects, and the several states are sovereign in others.73 This system of federalism gives states the power to regulate local matters and the federal government the power to regulate issues that states are less suited to regulate.74 When costs spill over into other states, the national government becomes the appropriate body to regulate the costs and benefits of such a program.75 The Court has recognized such spillover effects, and how political actors, even government entities, can act solely in self-interest.76 Such state self-interest can directly harm consumers outside of its territorial jurisdiction.77

Parker immunity, as it ~~stands~~ (exists), runs counter to longstanding ideals of national unity that harken back to the Founding era. The law has long prohibited states from imposing excessive costs on the nation as a whole, solely for the purpose of furthering its own intrastate policy interests. McCulloch v. Maryland illustrates the Court’s wariness of self-serving state action.78 In McCulloch, Chief Justice Marshall held that states may not tax the national bank, as they would be wielding power against the whole of the United States, even though the whole of the United States is not represented by each state.79 Similar to a state tax being problematic since it is the part acting on the whole, anticompetitive restraints by the states would unduly impose costs on the nation. The people of the United States, acting through Congress, christened competition and free markets through the Sherman Act.80 Just as one state could not tax the resources of the United States, one state should not be allowed to use state policy to burden the national economy. Because the potential costs to state-created monopolies are so high,81 federal policy should prohibit states from allocating those costs beyond their borders. Any state that wishes to impose monopoly costs outside of its borders to benefit itself and undermine competition should be carefully scrutinized when it does so. This scrutiny would not be fatal-in-fact for the legislation, but it should be enough for states to second-guess an attempt to enrich itself to the detriment of its sister states.

IV. PROPOSED SOLUTIONS

The Sherman Act, and specifically Parker immunity, should be interpreted in light of the above concerns. After all, the Sherman Act is the standard-bearer for the U.S. free market system, and so our interpretation of it should evolve with our understanding of constitutional principles and economic conditions.82 Justice Burger’s concurrence in City of Lafayette elaborates on this point:

Our conceptions of the limits imposed by federalism are bound to evolve, just as our understanding of Congress’ power under the Commerce Clause has evolved. Consequently, since we find it appropriate to allow the ambit of the Sherman Act to expand with evolving perceptions of congressional power under the Commerce Clause, a similar process should occur with respect to “state action” analysis under Parker. That is, we should not treat the result in the Parker case as cast in bronze; rather, the scope of the Sherman Act’s power should parallel the developing concepts of American federalism.83

As states impose costs on each other through state-sanctioned monopolies, the Court’s understanding of federalism and the Commerce Clause counsels scrutiny of the Parker doctrine. An entirely new doctrine is not necessary to curtail Parker immunity. Rather, the issue can be resolved by applying Parker immunity in light of the American dual system of federalism and the Commerce Clause. Modern scholarship critiques the lack of concern for interstate spillovers. By that token, the modern Parker doctrine fails to account for economic efficiency and undermines political representation values meant to be protected by federalism.84 So while scholars almost universally recognize that interstate economic spillovers are problematic, there is no consensus on what remedy is most appropriate.

#### Well-crafted models are ideal – but the iterative learning process is only *accurate* if costs are internalized

Adler 12 [Jonathan, John Verheij Memorial Professor of Law and Director of the Center for Busi‐ ness Law & Regulation, Case Western Reserve University School of Law, “INTERSTATE COMPETITION AND THE RACE TO THE TOP,” March 2, www.harvard-jlpp.com/wp-content/uploads/2013/.../35\_1\_89\_Adler.pdf]

Not only does decentralization enable policymakers to take advantage of localized information about policy problems and their potential solutions, but decentralization and interjurisdictional competition also foster policy discovery and policy entrepreneurship. Decentralization allows for states to act, in Jus‐ tice Brandeis’s famous characterization, as “laboratories of democracy.”32 Different states may adopt different approaches to various public policy concerns, whether because of regional differences, variable preferences, or different expectations about the viability or practicality of competing policy approaches. State‐level policy initiatives often are experiments from which others may learn. States learn from each others’ successes and failures, fostering an iterative process through which state‐level policy can improve over time.

Allowing state‐level experimentation also reduces the risks of policy failures. When states try different things, all of the proverbial eggs are not in a single basket. If the policy succeeds, other states retain the ability to follow suit (as does the federal government, which has often modeled federal measures on successful state initiatives).33 If the policy fails, however, only one jurisdiction must undo it, and others can learn to avoid such mistakes. This discovery process can be slow and messy, but the federal alternative—as it exists in practice—is no better.

Even though there is a strong case for presuming that decentralization is favorable, it is rebuttable. Leaving policy questions in state hands might be desirable more often than not, but in some instances there are persuasive justifications for federal intervention. Appropriate federal intervention can even reinforce the competitive dynamic across jurisdictions.

Perhaps the most compelling case for federal intervention is the existence of interstate spillovers, such as pollution generated in one state that crosses into another.34 If, for example, pollution generated in one state causes problems in another state, there is a case for federal action. Allowing such spillovers to exist undermines interjurisdictional competition because spillovers enable states to extraterritorialize the costs of their own policy decisions onto other jurisdictions.35 In a truly competitive dynamic, on the other hand, each jurisdiction would bear the costs and reap the benefits of its own decisions.

#### Pricing-in State spillovers improves the data set that informs well-crafted actions.

Adler 12 [Jonathan, John Verheij Memorial Professor of Law and Director of the Center for Busi‐ ness Law & Regulation, Case Western Reserve University School of Law, “INTERSTATE COMPETITION AND THE RACE TO THE TOP,” March 2, www.harvard-jlpp.com/wp-content/uploads/2013/.../35\_1\_89\_Adler.pdf]

Federalism is an essential part of the Constitution’s design. The division of sovereign power between the States and the federal government helps foster interjurisdictional competition, which, in turn, checks government power.1 Provided a right of exit is maintained, the excessive imposition of economic burdens in one jurisdiction will cause taxpayers and businesses to flee to other jurisdictions. For this reason, federalism often is seen as a friend of the free market.2 The existence of competing jurisdictions disciplines state intervention in the marketplace.3 But it would be a mistake to assume that interjurisdictional competition invariably favors market‐oriented policies, at least insofar as alternative policy measures would enhance the welfare of state residents. Federalism is not just for free marketeers.

Provided states cannot externalize the costs of their own policy choices, robust interjurisdictional competition facilitates the enactment of better public policy at the state level.4 Rather than inducing a “race to the bottom,” such competition can create a race toward the top.5 Although those of us who generally favor freer markets believe federalism will advance that cause, those who believe more stringent regulation is welfare‐enhancing should support interjurisdictional competition too. On both theoreticaland empirical grounds, competition among jurisdictions is a powerful means to discover and promote the policies that are most effective at providing people with what they desire.

#### With or without government, biological and synthetic tech is inevitable. Accurate data from state regulatory experiments avoids downsides and maximize benefits.

McGinnis 11

(John, George C. Dix Professor of Law, Northwestern Law School, “LAWS FOR LEARNING IN AN AGE OF ACCELERATION,” <http://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=3404&context=wmlr>)

The twenty-first century’s information age has the potential to usher in a more harmonious and productive politics. People often disagree about what policies to adopt, but the cornucopia of data that modern technology generates can allow them to better update their beliefs about policy outcomes on the basis of shared facts. In the long run, convergence on the facts can lead incrementally to more consensus on better policies. More credible factual information should over time also help make for a less divisive society, because partisans cannot as easily stoke social tensions by relying on false facts or exaggerated claims to support conflicting positions. Thus, a central task of contemporary public law is to accelerate a politics of learning whereby democracy improves a public reason focused on evaluating policy consequences. Government should be shaped into an instrument that learns from the analysis of policy consequences made available from newly available technologies of information.1 Greater computer capacity is generating more empirical analysis.2 The Internet permits the rise of prediction markets that forecast policy results even before the policies are implemented.3 The Internet also creates a dispersed media that specializes in particular topics and methodologies, gathers diverse information, and funnels salient facts about policy to legislators and citizens.4 But a public reason focused on policy consequences will improve only if our laws facilitate it. For instance, constitutional federalism must be reinvigorated to permit greater experimentation across jurisdictions, because with the rise of empiricism, decentralization has more value for social learning today than ever before.5 Congress should include mandates for experiments within its own legislation making policy initiatives contain the platforms for their own selfimprovement.6 Creating a contemporary politics of democratic updating on the basis of facts is a matter both of great historical interest and of enormous importance to our future. In the historical sweep of ideas, a government more focused on learning from new information moves toward fulfilling the Enlightenment dream of a politics of reason—but a reason based not on the abstractions of the French Revolution, but instead on the hard facts of the more empirical tradition predominating in Britain. By displacing religion from the center of politics, the Enlightenment removed issues by their nature not susceptible to factual resolution, permitting a focus on policies that could be improved by information.7 The better democratic updating afforded by modern technology can similarly increase social harmony and prosperity by facilitating policies that actually deliver the goods. For the future, a more consequentially informed politics is an urgent necessity. The same technological acceleration that potentially creates a more information-rich politics also generates a wide range of technological innovation—from nanotechnology to biotechnology to [AI] artificial intelligence. Although these technologies offer unparalleled benefits to mankind, they may also create catastrophic risks, such as rapid environmental degradation and new weapons of mass destruction.8 Only a democracy able to rapidly assimilate the facts is likely to be able to avoid disaster and reap the benefits inherent in the technology that is transforming our world at a faster pace than ever before. Every industry that touches on information—book publishing, newspapers, and college education to name just a few—is undergoing a continuous series of revolutionary changes as new technology permits delivery of more information more quickly at lower cost. The same changes that are creating innovation in such private industries can also quickly create innovation in social governance. But the difference between information-intensive private industries and political institutions is that the latter lack the strong competitive framework for these revolutions to occur spontaneously. This Essay thus attempts to set out a blueprint for reform to make better use of some available information technologies. Part I describes the reality of technology acceleration as the acceleration both creates the tools for democratic updating and prompts its necessity. Technological acceleration is the most important development of our time—more important even than globalization. Although technologists have described and discussed its significance, its implications for law and political structure have been barely noticed. Part II briefly discusses how better social knowledge can change political results. A premise of the claim is that some political disagreements revolve about facts, not simply values. As a result, better social knowledge can help democracies design policies to achieve widely shared goals. Social knowledge energizes citizens to act on those encompassing interests, like improved public education, because they come to better recognize the policy instruments to advance those interests. Better social knowledge provides better incentives for citizens to vote on these interests. Part III considers the mechanisms for creating a contemporary politics of democratic updating that begins to meet the needs of the age of accelerating technology. It focuses on two of the new resources that can have substantial synergies in improving social common knowledge and shows how an increase in common knowledge can systematically improve political results by providing better incentives for citizens to work for encompassing social goods. First, Part III considers the improvement in empirical analysis of social policy that flows from increasing computational capacity. It then discusses how specialized and innovative media does much more than disseminate opinions: it widely distributes facts and factual analysis. The combination of these technologies can better discipline experts and representatives, providing stronger incentives for them to update on the basis of new facts. Part IV discusses the information-eliciting rules that will maximize the impact of new technologies of information. These steps include a program of restoring, where possible, governmental structures that permit appropriate decentralization for experimentation, empirical testing, and learning. Congress and regulatory agencies should structure legislation and regulations to include social experiments when such experiments would help resolve disputed matters of policy. The Supreme Court should generally refrain from imposing new substantive rights for the nation so that it is easier to evaluate the consequences of different bundles of rights chosen by the states. But it should also protect the dispersed media, like blogs, from discriminatory laws, because this dispersed media plays a crucial role in modern policy evaluation. In short, the Supreme Court needs to emphasize a jurisprudence fostering social discovery and the political branches need to create frameworks for better social learning. Constitutive structures encouraging and evaluating experimentation become more valuable in an age where better evaluation of social experiments is possible. I. TECHNOLOGICAL ACCELERATION It is the premise of this Essay that technological acceleration is occurring and that our political system must adapt to the world it is creating. The case for technological acceleration rests on three mutually supporting kinds of evidence. First, from the longest-term perspective, epochal change has sped up: the transitions from hunter-gatherer society to agricultural society to the industrial age each took progressively less time to occur, and our transition to an information society is taking less time still. Second, from a technological perspective, computational power is increasing exponentially, and increasing computational power facilitates the growth of other society-changing technologies like biotechnology and nanotechnology. Third, even from our contemporary perspective, technology now changes the world on a yearly basis both in terms of hard data, like the amount of information created, and in terms of more subjective measures, like the social changes wrought by social media. From the longest-term perspective, it seems clear that technological change is accelerating and, with it, the basic shape of human society and culture is changing.9 Anthropologists suggest that for 100,000 years, members of the human species were hunter-gather- ers.10 About 10,000 years ago humans made a transition to agricultural society.11 With the advent of the Industrial Revolution, the West transformed itself into a society that thrived on manufacturing.12 Since 1950, the world has been rapidly entering the information age.13 Each of the completed epochs has been marked by a transition to substantially higher growth rates.14 The period between each epoch has become very substantially shorter.15 Thus, there is reason to extrapolate to even more and faster transitions in the future. This evolution is consistent with a more fine-grained evaluation of human development. Recently, the historian Ian Morris has rated societies in the last 15,000 years on their level of development through objective benchmarks, such as energy capture.16 The graph shows relatively steady, if modest, growth when plotted on a log linear scale, but in the last 100 years development has jumped to become sharply exponential.17 Morris concludes that these patterns suggest that there may be four times as much social development in the world in the next 100 years than there has been in the last 14,000.18 The inventor and engineer Ray Kurzweil has dubbed this phenomenon of faster transitions “the law of accelerating returns.”19 Seeking to strengthen the case for exponential change, he has looked back to the dawn of life to show that even evolution seems to make transitions to higher organisms ever faster.20 In a more granulated way, he has considered important events of the last 1000 years to show that the periods between extraordinary advances, such as great scientific discoveries and technological inventions, have decreased.21 Thus, both outside and within the great epochs of recorded human history, the story of acceleration is similar. The technology of computation provides the second perspective on accelerating change. The easiest way to grasp this perspective is to consider Moore’s Law. Moore’s Law—named after Gordon Moore, one of the founders of Intel—is the observation that the number of transistors that can be fitted onto a computer chip doubles every eighteen months to two years.22 This prediction, which has been approximately accurate for the last forty years,23 means that almost every aspect of the digital world—from computational calculation power to computer memory—is growing in density at a similarly exponential rate.24 Moore’s Law reflects the rapid rise of computers to become the fundamental engine of mankind in the late twentieth and early twenty-first centuries.25 The power of exponential growth is hard to overstate. As the economist Robert Lucas has said, once you start thinking about exponential growth, it is hard to think about anything else.26 The computational power in a cell phone today is a thousand times greater and a million times less expensive than all the computing power housed at MIT in 1965.27 Projecting forward, the computing power of computers twenty-five years from now is likely to prove a million times more powerful than computing power today. To be sure, many people have been predicting the imminent death of Moore’s Law for a substantial period now,29 but it has nevertheless continued. Intel—a company that has a substantial interest in accurately telling software makers what to expect—projects that Moore’s Law will continue at least until 2029.30 Ray Kurzweil shows that Moore’s Law is actually part of a more general exponential computation growth that has been gaining force for over a 100 years.31 Integrated circuits replaced transistors that previously replaced vacuum tubes that in their time had replaced electromechanical methods of computation.32 Through all of these changes in the mechanisms of computation, its power increased at an exponential rate.33 This perspective suggests that other methods under research—from carbon nanotechnology to optical computing to quantum computing—are likely to continue growing exponentially even when silicon-based computing reaches its physical limits.34 Focusing on the exponential increase in hardware capability may actually understate the acceleration in computational capacity in two ways. First, a study considering developments in a computer task using a benchmark for measuring computer speed over a fifteen-year period suggests that the improvements in software algorithms improved performance even more than the increase in hardware capability.35 Second, computers are interconnected more than ever before through the Internet, and these connections increase collective capacity, not only because of the increasing density among computer connections, but because of the increasing density of connections among humans made possible by computers. The salient feature of computers’ exponential growth is their tremendous range of application compared to previous improvements. Almost everything in the modern world can be improved by adding an independent source of computational power. That is why computational improvement has a far greater social effect than improvements in technologies of old. Energy, medicine, and communication are now being continually transformed by the increase in computational power.36 As I will discuss in Part II, even the formulation of new hypotheses in natural and social science will likely be aided by computers in the near future. The final perspective on accelerating technology is the experience that the contemporary world provides. Technology changes the whole tenor of life more rapidly than ever before. At the most basic level, technological products change faster.37 Repeated visits to a modern electronics store—or even a grocery store—reveal a whole new line of products within very few years. In contrast, someone visiting a store in 1910 and then again in 1920—let alone in 1810 and 1820—would not have noticed much difference. Even cultural generations move faster. Facebook, for instance, has changed the way college students relate in only a few years,38 whereas the tenor of college life would not have seemed very different to students in 1920 and 1960. Our current subjective sense of accelerating technology is also backed by more objective evidence from the contemporary world. Accelerating amounts of information are being generated.39 Information, of course, is a proxy for knowledge. Consistent with this general observation, we experience exponential growth in practical technical knowledge, as evidenced by the rise in patent applications.40 Thus, the combination of data from our present life, together with the more sweeping historical and technological perspectives, makes a compelling case that technological acceleration is occurring. It is this technological acceleration that creates both the capacity and the need for improving collective decision making. As technology accelerates, it creates new phenomena, from climate change to biotechnology to artificial intelligence of a human-like capacity. These technologies may themselves have very large positive or negative externalities and may require government decisions about their prohibition, regulation, or subsidization to forestall harms and capture their full benefits. They may also cause social dislocations, from unemployment to terrorism, that also require certain collective decisions. Society can best handle these crises not only by making better social policy to address them directly but by improving social policy more generally to create both more resources and more social harmony to endure them. Thus, society must deploy information technology in the service of democratic updating if it is to manage technological acceleration

#### Synthetic-Bio viruses already sit in labs. They cannot be wished away. Lab accidents will kill millions. Some positive regulatory scheme is needed.

Wilson ‘13

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States should consider creating an international treaty to regulate emerging technologies if they perceive these technologies to pose a GCR/ER. This section considers the current and future risks and benefits posed by three emerging technologies--bioengineering, [\*313] nanotechnology, and AI. This section concludes that bioengineering is the only emerging technology that poses an immediate GCR/ER, while nanotechnology and AI pose future GCR/ERs. 1. Bioengineering Simply defined, bioengineering is the "engineering of living organisms." n23 Bioengineering is commonly associated with genetically modified ("GM") foods made from crops that scientists develop to have qualities like pest resistance or increased nutrition. However, bioengineering is rapidly expanding beyond agriculture into fields like medicine, disease control, and life-extension. The technology behind bioengineering has also developed quickly, with scientists now able to understand and manipulate life at the molecular level such that biology is viewed as a "machine" that can be tweaked, like in genetic engineering, or even built from the ground up, like in synthetic biology. n24 While breakthroughs in bioengineering research could significantly benefit mankind and the environment, bioengineering research can also be misused to the detriment of humans, animals, and environmental health. n25 Such "dual use" research currently poses significant risks to humankind and even greater risks in the future. Furthermore, both current and future bioengineering technologies pose the risk of an accident that has significant detrimental effects. In exploring these issues, this section demonstrates that bioengineering poses an immediate GCR/ER. a. Current technology Bioengineering is already widely used to modify existing organisms, and scientists are on the cusp of creating entirely synthetic organisms. For example, scientists controversially use bioengineering to "improve" natural biological products and activities, resulting in increased nutrient value, bigger yields, and insect and disease resistance n26 in various types of crops. n27 In 2011, ninety-four percent by acre of soybeans in the [\*314] United States were genetically engineered, while seventy-three percent of all U.S. corn was genetically engineered to be insect resistant and sixty-five percent to be herbicide tolerant. n28 Another controversial current bioengineering technology is genetically engineered viruses, highlighted by the 2011 genetic engineering of the H5N1 virus to become highly contagious amongst ferrets. Many scientists argue that creating this genetically engineered virus was necessary to develop a remedy in case the H5N1 virus mutates naturally, but skeptics argue that the modified H5N1 virus is dangerous because of risks that the virus will escape or that malicious actors will engineer a similar virus. n29 Another example of recent advancements in bioengineering is a project spearheaded by biologist Craig Venter that transplanted a completely synthetic DNA sequence, or "genome," into an E. coli bacteria. Scientists then also added DNA "watermarks" such as the names of researchers and famous quotes. Craig Venter termed this "the first self-replicating species we've had on the planet whose parent is a computer." n30 Bioengineering has also become vastly cheaper and more accessible to the general public. For example, massive databases of DNA sequences are available online from the Department of Energy Joint Genome Institute ("JGI") and the National Center for Biological Information's GenBank(R) database. n31 To materialize these DNA sequences, individuals can order custom genomes online for a few thousand dollars, which are "printed" from a DNA synthesis machine and shipped to them, opening the door for amateur biologists to engage in genetic engineering. n32 DNA synthesis machines can print DNA strands long enough for certain types of viruses, which untrained [\*315] individuals can obtain within six weeks of purchase. n33 Even the synthesizing machines themselves can be purchased on the Internet on sites like eBay. n34 Much like bioengineering costs, the necessary expertise to engage in bioengineering is also plummeting. For example, since 2003, teams of entrepreneurs, college students, and even high school students submitted synthetic biology creations to the International Genetically Engineered Machine ("IGEM") competition, such as UC Berkeley's "BactoBlood" creation--a "cost-effective red blood cell substitute" developed by genetically engineering E. coli bacteria. n35 b. Forthcoming technology Perhaps the greatest forthcoming development in bioengineering is synthetic biology, which includes techniques to "construct new biological components, design those components and redesign existing biological systems." n36 This is in contrast to the traditional form of bioengineering that utilizes "recombinant DNA" techniques in which the DNA from one organism is stitched together with DNA from other organisms or synthetic DNA. n37 One method of synthetic biology involves "cataloguing" DNA sequences like "Lego bricks" and assembling them in unique ways (assembling natural molecules into an unnatural system, like combining the molecules from several types of bacteria to create new bacteria with novel properties). Another method of synthetic biology involves using DNA synthesizers to create life "entirely from scratch" n38 in what has been called the "the biological equivalent of word processors" n39 (using unnatural molecules to emulate a natural system, like creating the synthetic equivalent of a natural strand of influenza). n40 One way to generate synthetic DNA is to insert [\*316] the DNA into a "biological shell"--an organism, often a bacteria, that had its own genes removed--that can run the synthetic DNA like a computer runs software. n41 And while the technology to create eukaryotic cells (i.e., "a cell with a nucleus, such as those found in animals, including human beings") is a long ways away, synthetic viruses and bacteria are just around the comer. n42 c. Benefits of bioengineering Bioengineering is already demonstrating its potential to remedy major human health and environmental problems. For example, bioengineering is responsible for some important pharmaceuticals and vaccines, such as modern insulin and a vaccine for Hepatitis B, while "gene therapy" employs genetically engineered viruses to help treat cancer. n43 Environmental benefits resulting from the 15.4 million farmers who grew genetically modified crops in 2010 include increased yield of six to thirty percent per acre of land, pest-resistant crops that require fewer pesticides (resulting in 17.1 percent less pesticide use globally in 2010), lower water use for drought-resistant crops, decreased CO[2] emissions, and crops that do not require harmful tilling practices. n44 Forthcoming benefits to human health could be a new wave of ultra-effective drugs (e.g. antimalarial and antibiotic drugs), bioengineered agents that kill cancer cells, and the ability to rapidly create vaccines in response to epidemics. n45 Bioengineering could also serve as a beacon of human diagnostics by analyzing "thousands of molecules simultaneously from a single sample." n46 Meanwhile, forthcoming benefits to the environment could be organisms that remedy harmful pollution and superior forms of biofuel, for example. n47 Bioengineering could also spur an environmental revolution in which industries reuse modified waste from biomass feedstock and farmers grow [\*317] bioengineered crops on "marginally productive lands" (e.g. switchgrass). n48 d. Risks from bioengineering While bioengineering offers current and future benefits to humans and the environment, there are also significant yet uncertain risks that could devastate human life, societal stability, and the environment. n49 This paper focuses on three predominant GCR/ER risks arising from bioengineering: (1) the accidental release of harmful organisms (a "biosafety" issue), (2) the malicious release of harmful organisms ("bioterrorism"), and (3) the bioengineering of humans. The first two are current GCRs/ERs, while the third is a future GCR/ER. i. Risk of an accident The accidental release of a bioengineered microorganism during legitimate research poses a GCR/ER when such a microorganism has the potential to be highly deadly and has never been tested in an uncontrolled environment. n50 The threat of an accidental release of a harmful organism recently sparked an unprecedented scientific debate amongst policymakers, scientists, and the general public in reaction to the creation of an airborne strain of H5N1. n51 In September 2011, Ron Fouchier, a scientist from the Netherlands, announced that he had genetically engineered the H5N1 virus--his lab "mutated the hell out of H5N1," he professed--to become airborne, which was tested on ferrets; a laboratory at the University of Wisconsin-Madison similarly mutated the virus into a highly transmittable form. n52 The "natural" H5N1 killed approximately sixty percent of those with reported infections (although the large amount of unreported cases means that this is higher than the actual death rate), but the total number of fatalities--346 people--was relatively small because the virus is difficult to transmit from human to human. The larger risk comes from the possibility that a mutated virus would spread more easily amongst [\*318] humans, n53 which could result in a devastating flu pandemic amongst the worst in history, if not the very worst. n54 To put this in context, about one in every fifteen Americans--twenty million people--would die every year from a seasonal flu as virulent as a highly transmittable form of H5N1. n55 Lax regulations and a rapidly growing number of laboratories exacerbate the dangers posed by bioengineered organisms. While lab biosafety n56 guidelines in the United States and Europe recommended that projects like reengineering the H5N1 virus be conducted in a BSL-4 facility (the highest security level), neither laboratory that reengineered the H5N1 virus met this non-binding standard. n57 Meanwhile, a 2007 Government Accountability Office ("GAO") report indicated that BSL-3 and BSL-4 labs are rapidly expanding in the United States. While there is significant public information about laboratories that receive federal funding or are registered with the Centers for Disease Control and Prevention ("CDC") and the U.S. Department of Agriculture's ("USD") Select Agent Program, much less is known about the "location, activities, and ownership" of labs that are not federally funded and not registered with the CDC or the USD Select Agent Program. n58 The same report also concluded that no single U.S. agency is responsible for tracking and assessing the risks of labs engaging in bioengineering. n59 While some claim that critics are overreacting to the risk from this genetically engineered H5N1 virus, there have been a series of accidental releases of microbes from laboratories that demonstrate the risks of largely unregulated laboratory safety. In 1978, an employee died from an accidental smallpox release from a laboratory on the floor below her. n60 Many scientists believe that the global H1N1 ("swine flu") [\*319] outbreak in the late 2000s originated from an accidental release from a Chinese laboratory. n61 Reports concluded that the accidental releases of Severe Acute Respiratory Syndrome ("SARS") in Singapore, Taiwan, and China from BSL-3 and BSL-4 laboratories all resulted from a low standard of laboratory safety. n62 In the United States, a review by the Associated Press of more than one hundred laboratory accidents and lost shipments between 2003 and 2007 shows a pattern of poor oversight, reporting failures, and faulty procedures, specifically describing incidents at "44 labs in 24 states," including at high-security labs. n63 In 2007, an outbreak of Foot and Mouth Disease likely came from a laboratory that was the "only known location where the strain [was] held in the country" n64 because of a leaky pipe that had known problems. n65 This long history of faulty laboratory safety is why some experts, such as Rutgers University chemistry professor and bioweapons expert Richard H. Ebright, believe that the H5N1 virus will "inevitably escape, and within a decade," citing the hundreds of germs with potential use in bioweapons that have accidentally escaped from laboratories in the United States. n66 While the effects of such lapses in laboratory safety have not yet been felt aside from relatively small events such as the swine flu outbreak mentioned above, the increasing ability of less-sophisticated scientists to engineer more deadly organisms vastly increase the possibility that a lapse in biosafety will have detrimental effects. An accidental or purposeful release of a bioengineered organism has potentially grave consequences. For example, researchers in Australia recently accidentally developed a mousepox virus with a 100 percent [\*320] fatality rate when they had merely intended to sterilize the mice. n67 Scientists in the United States also created a "superbug" version of mousepox created to "evade vaccines," which they argue is important research to thwart terrorists, sparking a debate amongst scientists and policymakers about whether the benefits of such research is worth the associated risks. n68 If such a bioengineered organism escaped from a laboratory, the results would be unpredictable but potentially extremely deadly to humans and/or animals.

#### Our arg is goldilocks – it’s not that SynBio is good or bad. It’s that regs needs to be well-crafted.

Miller ‘12

et al; Henry I. Miller, a physician, is also the Robert Wesson Fellow in Scientific Philosophy and Public Policy at Stanford. He was also the founding director of the Office of Biotechnology at the FDA. This piece wasco-authored with Drew L. Kershen, who is the Earl Sneed Centennial Professor of Law (Emeritus), University of Oklahoma College of Law – Forbes – Aug 29th – modified for language that may offend - http://www.forbes.com/sites/henrymiller/2012/08/29/will-overregulation-in-europe-stymie-synthetic-biology/

Will Overregulation In Europe Stymie Synthetic Biology? The promising new field of “synthetic biology” involves the design and construction of new biological components, devices and systems, as well as the re-design of existing, natural biological systems. It is intended to move microbiology and cell biology closer to the approach of engineering so that standardized biological parts can be mixed, matched and assembled similar to the way that off-the-shelf chassis, engines, transmissions and so on can be combined to build a hot-rod. Building on the foundations of molecular biology, biological chemistry, gene sequencing informatics, systems biology and systems engineering, synthetic biology is not fundamentally new but involves the synergistic combination of many areas of science and technology. It could offer scientists unprecedented opportunities for innovation and better enable them to craft made-to-order microorganisms and plants with improved abilities of many kinds — for example, to produce vaccines, clean up toxic wastes, and obtain (or “fix”) nitrogen from the air (obviating the need for chemical fertilizers). In any one of several fields of endeavor, synthetic biology could lead to technology’s Next Big Thing. Synthetic biology is only just emerging into public awareness. As it progresses, the field will present several dilemmas to both public opinion and existing legal and regulatory regimes. Two recent publications do much to introduce synthetic biology to the general public: “A synthetic biology roadmap for the UK,” from Research Councils UK; and “Planted Obsolescence: Synagriculture and the Law,” by Andrew Torrance, in the Idaho Law Review. In his article Torrance explains that several organizations – for example, BioBricks (www.biobricks.org) and the International Genetically Engineered Machine (http://igem.org/About) – actively promote biotechnology as an open source discipline, a sharing of genetic designs, systems and modular components with no or minimal protection of intellectual property. The open source movement in biology, as in software, is antagonistic to corporate control and attempts to democratize the inventive process in biology. Taking it a step further, Torrance describes organizations such as DIYBio.org and BioCurious.org that promote “garage science” – amateurs tinkering at home using basic biological tools and supplemented by modular genetic components ordered from the Internet. This harkens back to the small-scale inventiveness of the likes of Thomas Edison, Alexander Graham Bell and Thomas Fogarty (who invented a critical and widely used catheter as a medical student). (Some would say it’s redolent as well of the Unabomber, but that’s a subject for another day.) The future success of synthetic biology depends in large part on whether public policy toward its applications is well-crafted. Policymakers should learn from the regulatory ~~missteps~~ (errors) inflicted on genetic engineering that illustrate how choosing how choosing a flawed paradigm has critical implications for a technology.

#### We’re NOT arguing malevolent release – instead, risks of accidents require well-crafted regs.

Specter ‘12

Michael Specter may be the most prominent and credentialed health reporter alive. He has been a staff writer at The New Yorker since 1998, and has written frequently about AIDS, T.B., and malaria in the developing world, as well as about agricultural biotechnology, avian influenza, and synthetic biology. Before joining the Times, he served as the Washington Post’s national science reporter and, later, as its New York bureau chief. He has twice received the Global Health Council’s annual Excellence in Media Award: in 2002, for “India’s Plague,” and in 2005, for “The Devastation,” about the ethics of testing H.I.V. vaccines in Africa. The New Yorker: Annals of Medicine – March 12, 2012 Issue – “The Deadliest Virus” – Modified for potentially offensive language – http://www.newyorker.com/magazine/2012/03/12/the-deadliest-virus

To ignite a pandemic, even the most lethal virus would need to meet three conditions: it would have to be one that humans hadn’t confronted before, so that they lacked antibodies; it would have to kill them; and it would have to spread easily—through a cough, for instance, or a handshake. Bird flu (H5N1) meets the first two criteria but not the third. Virologists regard cyclical pandemics as inevitable; as with earthquakes, though, it is impossible to predict when they will occur. Flu viruses mutate rapidly, but over time they tend to weaken, and researchers hoped that this would be the case with H5N1. Nonetheless, for the past decade the threat of an airborne bird flu lingered ominously in the dark imaginings of scientists around the world. Then, last September, the threat became real. At the annual meeting of the European Scientific Working Group on Influenza, in Malta, several hundred astonished scientists sat in silence as Ron Fouchier, a Dutch virologist at the Erasmus Medical Center, in Rotterdam, reported that simply transferring avian influenza from one ferret to another had made it highly contagious. Fouchier explained that he and his colleagues “mutated the hell out of H5N1”—meaning that they had altered the genetic sequence of the virus in a variety of ways. That had no effect. Then, as Fouchier later put it, “someone finally convinced me to do something really, really stupid.” He spread the virus the old-fashioned way, by squirting the mutated H5N1 into the nose of a ferret and then implanting nasal fluid from that ferret into the nose of another. After ten such manipulations, the virus began to spread around the ferret cages in his lab. Ferrets that received high doses of H5N1 died within days, but several survived exposure to lower doses. When Fouchier examined the flu cells closely, however, he became alarmed. There were only five genetic changes in two of the viruses’ eight genes. But each mutation had already been found circulating naturally in influenza viruses. Fouchier’s achievement was to place all five mutations together in one virus, which meant that nature could do precisely what he had done in the lab. Another team of researchers, led by Yoshihiro Kawaoka, at the University of Wisconsin, created a slightly different form of the virus, which, while not as virulent, was also highly contagious. One of the world’s most persistent horror fantasies, expressed everywhere from Mary Shelley’s “Frankenstein” to “Jurassic Park,” had suddenly come to pass: a dangerous form of life, manipulated and enhanced by man, had become lethal. Fouchier’s report caused a sensation. Scientists harbored new fears of a natural pandemic, and biological-weapons experts maintained that Fouchier’s bird flu posed a threat to hundreds of millions of people. The most important question about the continued use of the virus, and the hardest to answer, is how likely it is to escape the laboratory. “I am not nearly as worried about terrorists as I am about an incredibly smart, smug kid at Harvard, or a lone crazy employee with access to these sequences,” Michael T. Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota Health Center, told me. Osterholm is one of the nation’s leading experts on influenza and bioterrorism. “We have seen many times that accidental releases of dangerous microbes are not rare,” he said. Osterholm’s anxiety was based in recent history. The last person known to have died of smallpox, in 1978, was a medical photographer in England named Janet Parker, who worked in the anatomy department of the University of Birmingham Medical School. Parker became fatally ill after she was accidentally exposed to smallpox grown in a research lab on the floor below her office. In the late nineteen-seventies, a strain of H1N1—“swine flu”—was isolated in northern China, near the Russian border, and it later spread throughout the world. Most virologists familiar with the outbreak are convinced that it came from a sample that was frozen in a lab and then released accidentally. In 2003, several laboratory technicians in Hong Kong were infected with the SARS virus. The following year, a Russian scientist died after mistakenly infecting herself with the Ebola virus.

#### Some regs are needed to minimize lab risks. But, poorly-informed ones hamper SynBio’s upsides.

Philp ‘14

et al; Jim C. Philp – formerly a Reader in Environmental and Industrial Biotechnology at Edinburgh Napier University. The report was drafted primarily by Jim Philp with significant contributions from Mineko Mohri. Mohri earned her law degree at Keio University in Tokyo. She has also served as a lecturer at Keio University. From: “Emerging Policy Issues in Synthetic Biology”, which was published June 4th, 2014. Available in full text via Google Books. p. 117-126 – THIS SPECIFIC PORTION IS FROM PAGE 118

The potential for improper or malicious use of synthetic biology challenges the need for regulation, at least at the level of DNA synthesis. Among the greatest challenges facing those who develop such regulations will be weighing the costs and benefits of rules and developing an effective enforcement system. The situation in the United States and the European Un-ion is described by Bar-Yarn et al (2012), bearing in mind that many other countries have their own procedures. Policies for regulating synthetic biology should aim to ensure the implementation of well-crafted regulations that do not hinder beneficial research. The most critical difference for regulation between synthetic biology and genetic modification (GM) lies in the ability to make tailored DNA sequences. GM technology is restricted to complex laboratory operations. In synthetic biology, the design of DNA can theoretically be done from a computer in any location, without organisational regulation Biigl (2007) argues that modern DNA synthesis challenges the existing recombinant DNA safety framework on two fronts: 1. DNA can be readily designed in one location, constructed in a second and delivered to a third. The resulting use of the material can therefore take place far from its originators. 2. Synthesis max provide an effective alternative route for those who seek to obtain specific pathogens in order to cause harm, thereby circumnavigating national or international approaches to ensuring biosecurity. Although much additional expertise would be needed to produce infectious agents from the resulting genetic material, such work may not be subject to review or oversight. The DNA synthesis industry requires regulatory protocols to ensure that it does not become a vehicle for biosafety biosecurity violations. The industry can only continue to advance and realise the potential of synthetic biology if it supports best practices in biological safety and security. Sec. for example. IASB on the effective deterrence and investigation of criminal uses of synthetic DNA."

#### SynBio’s upsides are important since the way to counter accidental releases is re-utilizing SynBio against itself.

Philp ‘14

et al; Jim C. Philp – formerly a Reader in Environmental and Industrial Biotechnology at Edinburgh Napier University. The report was drafted primarily by Jim Philp with significant contributions from Mineko Mohri. Mohri earned her law degree at Keio University in Tokyo. She has also served as a lecturer at Keio University. From: “Emerging Policy Issues in Synthetic Biology”, which was published June 4th, 2014. Available in full text via Google Books. p. 40

Synthetic biology principles are providing new opportunities for the design of attenuated pathogens for use as vaccines. Wimmer and Paul (2011) described the first synthesis of a virus (poliovirus) in 2002 accomplished outside living cells. They commented on the reaction of lay people and scientists to the work, which shaped the response to de novo syntheses of other viruses. In pioneering a safe live vaccine Coleman et al (2008) synthesised de novo large DNA molecules for the rational design of live attenuated poliovirus vaccine candidates. They postulated that this strategy could be used to attenuate many kinds of viruses. Similarly, the synthetic attenuated virus engineering approach was applied to influenza virus strain A/PR/8/34 for the rational design of live attenuated influenza virus vaccine candidates. Mueller et al. (2010) state that the approach can be applied rapidly to any emerging influenza virus in its entirety, an advantage that is especially relevant for seasonal epidemics and pandemic threats, such as H5N1 or the 2009 H1N1 influenza. During the latter pandemic, vaccines for the virus became available in large quantities only after human infections peaked. To accelerate vaccine availability for future pandemics, a synthetic approach that rapidly generates vaccine viruses from sequence data has been developed (Dormitzer et al.. 2013).

(Note: A/PR/8/34 - internally referenced – is a strain of influenza)

### Plan

#### The United States Federal Government should pivot-away from the legal protection it affords to anti-competitive practices via the state action immunity doctrine.

### Adv Two

#### Adv Two is Practitioner Shortages:

#### Antitrust authority would check such shortages. The FTC does challenge State-Level “*Scope Of Practice*” restrictions on Nurse Practitioners. But they lose due to Parker immunity. An untouched market can’t solve - local elites use leverage to cement a physician-only squo.

McMichael ‘20

Internally quoting the Udalova and MEPS data sets. Benjamin McMichael – Faculty, University of Alabama School of Law. McMichael earned a BS in Mathematical Economics from Wake Forest University and a JD and PhD in law and economics from Vanderbilt University. Before joining the faculty at Alabama, Benjamin served as a law clerk to Judge Carolyn Dineen King on the United States Court of Appeals for the Fifth Circuit. Benjamin’s research is interdisciplinary, relying on empirical methods developed in the social sciences—particularly economics—to generate new insight into the ways in which the law influences the provision of healthcare - “Occupational Licensing and the Opioid Crisis” 54 U.C. Davis L. Rev. 887 - December, 2020 – some footnotes included for context and elaboration – but no text omitted other than the OG Table of Contents after the opening abstract - #E&F - https://lawreview.law.ucdavis.edu/issues/54/2/articles/files/54-2\_McMichael\_color.pdf

The United States’ affordable care crisis and chronic physician shortage have required nurse practitioners to assume increasingly important roles in the healthcare system. Nurse practitioners can address critical access-to-care problems, provide safe and effective care, and lower the cost of care. However, restrictive occupational licensing laws — specifically, scope-of-practice laws — have limited their ability to care for patients. Spurred by interest groups opposed to allowing nurse practitioners to practice independently, states require physician supervision of nurse practitioners. Research has discredited many of the traditional reasons for these restrictive laws, but emerging arguments assert that independent practice will deepen the ongoing opioid crisis by allowing unsupervised nurse practitioners to overprescribe opioids. The opioid crisis has become one of the defining public health emergency of this generation, so these arguments warrant serious investigation. If granting nurse practitioners independence will exacerbate the opioid epidemic, restricting their practices may be justified despite the clear benefits that independence could create for patients and the healthcare system.

This Article provides new empirical evidence on the role of nurse practitioner independence in opioid prescriptions by analyzing a dataset of approximately 1.5 billion individual opioid prescriptions. Containing information on approximately 90% of all prescriptions filled at outpatient pharmacies between 2011 and 2018, this dataset provides unprecedented insight into the ongoing opioid epidemic. An analysis of these data reveals that allowing nurse practitioners to practice independently reduces the quantity of opioids prescribed across all physicians and nurse practitioners. Thus, this Article demonstrates that, contrary to exacerbating the opioid crisis, granting nurse practitioners independence is a valid policy option for addressing this crisis. These results can inform the ongoing state and national debates over nurse practitioner scope-of-practice laws and the opioid epidemic more generally. And based on these results, the Article proposes several policy options at the state and federal levels that could both address restrictive scope-of-practice laws and ameliorate the ongoing opioid crisis.

INTRODUCTION

For many people, access to healthcare means the difference between life and death, the difference between constant pain and the ability to get out of bed in the morning, or the difference between an all-consuming mental illness and the ability to remain an active member of society. Even nearly a decade after the passage of the Affordable Care Act (“ACA”), however, access to healthcare continues to dominate local and national health policy debates, and the issue remains unresolved. The ACA certainly reinvigorated the country’s interest in access to care in unprecedented ways, and it drastically altered healthcare and healthcare provision in the United States. Unfortunately, it effected both of these changes with a near laser-like focus on increasing access to health insurance.1 For all of its virtues, this treatment of access to healthcare as effectively coextensive with access to health insurance has obscured a more fundamental problem with access to care as the following example from the New York Times illustrates.

A lifelong resident of rural Nebraska and registered nurse, Murlene Osburn saw a desperate need for mental health care in her community.2 To meet this need in an area where psychiatrists refused to practice, Osburn completed a master’s degree and a national certification process to become a psychiatric nurse practitioner (“NP”).3 Unfortunately, when she was ready to begin caring for patients, Osburn found herself stymied by the problem that spurred her to action in the first place: the lack of psychiatrists. Nebraska law prohibited NPs from practicing without physician supervision, and the nearest physician who could supervise her “was seven hours away by car and wanted to charge her $500 a month” for that supervision.4

This example illustrates the importance of access to healthcare providers in addition to access to health insurance. 5 And access to providers is far from given, with many areas of the country experiencing shortages of healthcare providers that experts expect to worsen over the next decade. 6 The New York Times example also highlights both a viable policy option to address these shortages - the increased use of NPs to provide care - and an important obstacle to implementing this policy - restrictive laws.

NPs are registered nurses who have undergone additional training to provide healthcare services historically provided by physicians. 7 They represent the principal source of care in many geographic areas 8 and are more likely than physicians to practice in rural and underserved communities. 9 This makes the 200,600 practicing NPs a natural option to address chronic, critical, and worsening physician shortages across the country. 10 While NPs provide healthcare services across the country, their ability to do so is not equal in all areas. State scope-of-practice ("SOP") laws - a subset of the occupational licensing laws that govern NPs and many other professionals - determine what services [\*891] NPs may provide and the conditions under which they may provide those services.

States often justify SOP laws as necessary to ensure patient safety by preventing unqualified individuals from providing care. 11 Though these laws can further this goal, excessively restrictive SOP laws undermine the ability of NPs to care for patients. Prior work has shown that eliminating restrictive SOP laws and allowing NPs to practice independently of physicians can facilitate access to care, 12 improve the quality of care, 13 reduce the use of intensive medical procedures, 14 and reduce the price of some healthcare services. 15 Based on this evidence, the Obama and Trump administrations along with the National Academy of Medicine and other organizations have urged states to relax their SOP laws. 16 A minority of states have responded by granting NPs the authority to practice independently, but the ongoing debate and [\*892] political battle over SOP laws has only intensified over the last decade. 17 Physician organizations, in particular, vigorously oppose the relaxation of these laws and have been successful in discouraging states from granting NPs independence. 18

9 See Peter I. Buerhaus, Catherine M. DesRoches, Robert Dittus & Karen Donelan, Practice Characteristics of Primary Care Nurse Practitioners and Physicians, 63 NURSING OUTLOOK 144, 144-50 (2015) [hereinafter Practice Characteristics] (finding that NPs are more likely to care for Medicaid patients, vulnerable populations, and rural populations); Grant R. Martsolf, Hilary Barnes, Michael R. Richards, Kristin N. Ray, Heather M. Brom & Matthew D. McHugh, Employment of Advanced Practice Clinicians in Physician Practices, 178 JAMA INTERNAL MED. 988, 988-89 (2018) (finding that NPs are likely to be employed in primary care).

10 Occupational Employment and Wages, May 2019, 29-1171 Nurse Practitioners, U.S. BUREAU LAB STAT., https://www.bls.gov/oes/current/oes291171.htm (last visited Nov. 11, 2020) [https://perma.cc/5A4C-9H7S].

11 See Morris M. Kleiner, Enhancing Quality or Restricting Competition: The Case of Licensing Public School Teachers, 5 U. ST. THOMAS J.L. & PUB. POL’Y 1, 3, 8 (2011) (“The general rationale for licensing is the health and safety of consumers. Beyond that, the quality of service delivery . . . [is] sometimes invoked.”).

12 Benjamin J. McMichael, Beyond Physicians: The Effect of Licensing and Liability Laws on the Supply of Nurse Practitioners and Physician Assistants, 15 J. EMPIRICAL L. STUD. 732, 764-65 (2018) [hereinafter Beyond Physicians]; Jeffrey Traczynski & Victoria Udalova, Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes, 58 J. HEALTH ECON. 90, 103-04 (2018); see also John A. Graves, Pranita Mishra, Robert S. Dittus, Ravi Parikh, Jennifer Perloff & Peter I. Buerhaus, Role of Geography and Nurse Practitioner Scope-of-Practice in Efforts to Expand Primary Care System Capacity, 54 MED. CARE 81, 83-88 (2016).

13 Traczynski & Udalova, supra note 12, at 97

14 See, e.g., Sara Markowitz, E. Kathleen Adams, Mary Jane Lewitt & Anne L. Dunlop, Competitive Effects of Scope of Practice Restrictions: Public Health or Public Harm?, 55 J. HEALTH ECON. 201, 209-16 (2017) (showing a reduced probability of intensive procedures related to pregnancies in states that allow nurse practitioners to practice with no barriers).

When opposing NP independence, physician groups often argue that requiring physician supervision promotes patient safety and the delivery of high-quality care. 19 Although existing clinical evidence undermines these claims, 20 physician groups have recently emphasized the troubling possibility that allowing NPs to practice independently will increase opioid prescriptions. 21 The reasoning offered is straightforward: If NPs can prescribe opioids without physician supervision, then they will inappropriately overprescribe opioids and deepen the ongoing opioid crisis. 22 This Article engages with the debate [\*893] over NP SOP laws by empirically analyzing the impact these laws have on opioid prescriptions. Given the severity of the ongoing opioid crisis, the claim that allowing NP independence will deepen that crisis by increasing opioid prescriptions warrants careful consideration. On one hand, allowing NPs to practice independently can address critical access-to-care issues and improve the healthcare system in other important ways. On the other hand, restricting the practices of NPs may be justified despite these benefits if doing so avoids exacerbating the opioid crisis. This Article provides critical new evidence on the effect that NP SOP laws have on opioid prescriptions. Specifically, I analyze a dataset of approximately 1.5 billion individual opioid prescriptions, which represent approximately 90% of all opioid prescriptions filled at outpatient pharmacies between 2011 and 2018. This dataset provides unprecedented insight into the ongoing opioid epidemic and the role of healthcare providers in that epidemic. Because this dataset covers nearly the universe of opioid prescriptions in the United States over eight years and is organized at the individual-prescription level, I am able to develop more complete and more granular evidence on the role of NP SOP laws in opioid prescriptions than has previously been possible. The analysis reveals that allowing NPs to practice independently reduces the quantity of opioids prescribed across all physicians and NPs by approximately 4.4%. 23 In contrast to physician groups' claims, the evidence developed here suggests that relaxing NP SOP laws reduces opioid prescriptions. Thus, this Article demonstrates that, rather than exacerbating the opioid crisis, granting NPs independence is a valid policy option for addressing that crisis. These results can inform the ongoing debates over both NP SOP laws and the opioid epidemic more generally, and this Article uses this evidence to recontextualize the debate over SOP laws and offer specific policy recommendations. In addition to joining various scholars and [\*894] organizations in urging states to reform their SOP laws, this Article engages with potential federal policy options that can both address the dire healthcare provider shortages across the country while ameliorating the opioid crisis. Federal options, such as the ones discussed below, will become increasingly relevant as state legislation has proven difficult to obtain in certain states. 24 This Article proceeds in four parts. Part I details the contributions that NPs make to the healthcare system and the ways SOP laws impact their ability to do so. 25 Part II provides context for the empirical analysis that is the focus of the Article by detailing the progression of the opioid crisis. 26 Part III discusses the empirical methodology and reports the results of the empirical analysis. 27 Part IV engages with the policy implications stemming from the results of that analysis, 28 and a brief conclusion follows.

I. REGULATING HEALTHCARE PROVIDERS

Historically, physicians have delivered most of the healthcare in the United States. While other providers, such as registered nurses, have always played important roles in healthcare, physicians have been responsible for directing most care delivery. Physician dominance, however, has begun to recede as NPs and other types of healthcare providers are providing "[a] growing share of health care services." 29 And this trend will likely continue because the growth rate of NPs outstrips that of physicians, 30 which only adds urgency to resolving the debate over NP SOP laws. To provide context to that debate, this Part [\*895] begins by discussing the role of NPs in the healthcare system before outlining the contours of the debate over the SOP laws that regulate NPs.

A. Nurse Practitioners and the Laws that Govern Them

To qualify as an NP, an individual must first become a registered nurse, which often involves completing a bachelor's degree in nursing. 31 Most registered nurses practice for several years before returning to complete a master's or doctoral degree to become an NP. 32 Their training involves clinical and didactic courses that prepare future NPs to diagnose and treat patients, order and interpret tests, and prescribe medication. 33 Following their training, NPs practice in a wide variety of medical settings, but over 60% choose to provide some form of primary care. 34 With this training, NPs provide care alongside physicians across the country, 35 but where they choose to practice and which patients they choose to care for often differs substantially from the choices made by physicians. Relative to physicians, NPs more often choose to practice in primary care and to care for underserved populations, including Medicaid patients. 36 They also provide care in rural or underserved areas to a [\*896] greater extent than physicians. 37 The predilection of NPs to practice in isolated areas and care for patients who have difficulty accessing care is particularly important in an era of worsening physician shortages. For example, the Association of American Medical Colleges estimates that, by 2032, the United States will face a physician shortage of between 46,900 and 121,900. 38 Such a shortage has implications for the country generally, but it will impact rural areas to a greater degree. Recent estimates suggest that the number of physicians practicing in these areas could decline by 23% by 2030. 39 With approximately 200,600 NPs delivering care in 2019 40 NPs can alleviate physician shortages in rural and other areas. Indeed, NPs outnumber primary care physicians, 41 practice in convenient locations like retail and urgent care clinics, 42 and represent the principal source of healthcare in many parts of the country. 43 However, the ability of NPs to function as the principal source of healthcare depends heavily on the SOP laws in place. Prior work has [\*897] classified NP SOP laws in slightly different ways. 44 Each classification system has advantages and disadvantages, but I adopt a classification scheme based on two recent studies that that focus on specific statutory and regulatory language. 45 Where necessary, I updated the classifications based on more recent statutory and regulatory information. This approach to classification eliminates the risk of mis-classification that can occur by relying on inconsistent secondary sources. It also isolates the specific statutes and regulations that policymakers may change to achieve specific results in their healthcare systems. 46 Using these statutes and regulations, I classify each state in each year as either allowing NPs to practice independently or restricting the practices of NPs. To be classified as allowing "independent practice," a state must (1) have no requirement that physicians supervise NPs and (2) grant NPs full prescriptive authority, i.e., allow NPs to prescribe the same range of medications as physicians. 47 States that either require physician supervision of NPs or restrict their prescriptive authority fall into the "restricted practice" category. [\*898] Figure 1 provides an overview of NP SOP laws during the time period analyzed here. In 2011, fourteen states allowed NPs to practice independently, and thirty-seven states restricted the practices of NPs. 48 Of the thirty-seven states restricting NP practice, fourteen changed their laws prior to the end of 2018 to allow NPs to practice independently. 49 Figure 1 separately highlights each of the states that always allowed NPs to practice independently, always restricted NP practice, and changed from restricted to independent practice. As Figure 1 illustrates, the trend among states decidedly favors NP independence, with half of all states that currently allow independent practice adopting a law to that effect in the last decade. This trend has not emerged without opposition, however, and the debate between opponents of relaxing NP SOP laws and advocates of greater NP autonomy has become quite heated. The next subpart engages with this [\*899] ongoing debating, tracing the contours of each side's arguments and the evidence that supports their arguments.

B. The Scope-of-Practice Debate

As NPs have assumed greater roles in the delivery of care, some groups have objected to liberalizing the SOP laws that govern NPs to allow them to provide more services and practice with greater autonomy. Principal among the opponents of relaxing NP SOP laws are physician groups, with the American Medical Association ("AMA") offering some of the strongest resistance to granting NPs greater independence. 50 Advocates of greater NP autonomy include nursing groups, policy think tanks of various political orientations, the National Academy of Medicine, and the Obama and Trump administrations. 51 Opponents of greater NP autonomy often emphasize the greater education completed by physicians and argue that NPs cannot provide safe or high-quality care without physician supervision. 52 Proponents often respond that NPs deliver care of similar quality as physicians and that allowing greater NP autonomy lowers the cost of care and improves access to care. 53 This Part engages with each of these sets of arguments in turn.

1. Independent Nurse Practitioners and the Quality of Care

Perhaps the most contentious point in the debate over NP SOP laws concerns the ability of NPs to deliver high-quality care without physician oversight. Opponents of NP independence generally argue that, without physician supervision, NPs cannot safely care for patients. For example, the California Medical Association has stated that it "opposes any attempts to remove physician oversight over [NPs] and believes that doing so would put the health and safety of patients at risk." 54 Some groups frame their arguments about quality of care in [\*900] terms of the different levels of education completed by NPs and physicians. 55 These arguments require the additional inferential step that more education is required to provide the type of care delivered by NPs, but they are effectively equivalent to statements that unsupervised NPs cannot safely care for patients. 56 Advocates of greater NP autonomy respond to these arguments by pointing to the available evidence that demonstrates NPs generally deliver care of comparable quality to that delivered by physicians. 57 Multiple studies have investigated the ability of NPs to deliver high-quality care, often comparing NP-supplied care to physician-supplied care. 58 A recent comprehensive analysis compared the quality of care delivered to Medicare beneficiaries by NPs and physicians and found that physicians perform better on certain quality measures and NPs perform better on other measures. 59 Related work has found no meaningful differences between NPs and physicians in caring for HIV [\*901] patients, 60 managing diabetes, 61 providing primary care, 62 prescribing medications, 63 or providing critical care. 64 Reviewing the evidence, the National Academy of Medicine concluded "that access to quality care can be greatly expanded by increasing the use of ... [NPs] in primary, chronic, and transitional care." 65 Opponents of broader NP SOP laws have criticized this evidence as irrelevant because these studies are often "performed in a setting of physician oversight and collaboration." 66 They argue that "using data from studies of nurse practitioners working under physician supervision to demand independent practice is a flawed practice, as there is no proof that nurse practitioner care without physician oversight is either safe or effective." 67 However, studies that have explicitly examined the role of relaxing NP SOP laws - as opposed to the role of NPs generally - in promoting the delivery of high-quality care have concluded that NP independence either improves or has little effect on the quality of care delivered. A 2017 study found that NP "independence had no statistically significant effect on any of the three [clinically verified indicators of [\*902] healthcare quality] studied." 68 In contrast to claims that NP SOP laws are necessary for the protection of patients, 69 this study "did not substantiate the use of [SOP] restrictions for the sole purpose of consumer protection." 70 A separate study "cast[] further doubt on the theory that state regulations limiting NPs practice are associated with quality of care." 71 Examining patient-reported quality across many years of a nationally representative dataset, a recent study found that NP independence increases the probability that patients report being in excellent health. 72 Another study found that NP independence had no effect on infant mortality rates, an important indicator of healthcare quality. 73 Overall, existing evidence does not support the contention that unsupervised NPs provide unsafe or low-quality care. To be sure, physician groups are correct in their assertion that NPs are not trained to provide the same range of services as physicians - NPs do not perform surgery, for example. Within the scope of their training, however, the evidence demonstrates that NPs perform similarly to physicians.

72 Traczynski & Udalova, supra note 12, at 98, 99 tbl.7.

2. Scope-of-Practice Laws and the Cost of Healthcare

Though healthcare quality tends to receive the most attention from experts within the SOP law debate, concerns over the cost of care predominate among the patients who are most affected. Indeed, the health policy conversation over the last two decades has focused heavily [\*903] on the ability of patients to obtain affordable care. 74 Advocates of greater NP autonomy have argued that removing restrictive SOP laws will facilitate the use of lower cost providers and ultimately reduce costs within that system. For example, Kathleen Adams and Sara Markowitz have explained that "achieving productivity gains is one way to reduce cost pressures throughout the health-care system" and that such gains can be realized "by using lower-cost sources of labor to achieve the same or better outcomes." 75 The "high payment rates for physicians in the United States" makes the increased use of NPs a particularly appealing strategy for cost-reduction. 76 Recent research has demonstrated that abrogating restrictive SOP laws can reduce costs within the healthcare system to the benefit of patients and the public. A study by Morris Kleiner and others found that granting NPs independence reduces the price of a common medical examination by between 3% and 16%. 77 A separate economic evaluation estimated that liberalizing SOP laws would save approximately $ 543 million annually in emergency department visits alone. 78 Though specific to certified nurse midwives instead of NPs, a recent study found that eliminating restrictive SOP laws for nurse midwives would save $ 101 million by reducing reliance on more intensive forms of care during birth. 79 Other studies have found that payments in connection with Medicare beneficiaries cared for by NPs were between 11% and 29% lower than those cared for by physicians, 80 the savings achieved by using retail health clinics in lieu of emergency departments are higher when NPs have more independence, 81 and Medicaid costs either decrease or remain flat when NPs are granted more autonomy. 82 On the other side of the debate, opponents of NP independence can point to some evidence that NPs and SOP laws allowing them to practice independently may increase healthcare costs. In a recent report, the [\*904] Medicare Payment Advisory Commission ("MedPAC") highlighted several studies finding that NPs tend to increase costs. 83 One study found that NPs utilized more healthcare resources in caring for patients than physicians, suggesting that more extensive use of NPs may increase costs. 84 A separate study found that NPs order more medical imaging services than physicians in primary care settings. 85 Medical imaging, such as magnetic resonance imaging ("MRI") and computed tomography ("CT") scans can be expensive, so this study suggests that NP independence may increase costs over time. More recent work that examines a larger population contradicts these results, however. Examining data on Medicare and commercial insurance claims, a 2017 study found that NP independence does not result in more medical imaging and does not increase healthcare costs. 86 Similarly, research conducted by economists at the Federal Trade Commission ("FTC") revealed no evidence that relaxing NP SOP laws increases healthcare costs or prices. 87 Overall, a growing body of research suggests that allowing NPs to practice independently can reduce costs and the prices patients must pay for care, while only a few studies have found evidence to the contrary. 88

3. Nurse Practitioners and Access to Healthcare

Turning to the debate over the role of SOP laws in access to healthcare, the evidence more heavily favors advocates of greater NP autonomy than it does in either the cost or quality debates. Advocates of greater NP autonomy have argued that "by unnecessarily limiting the tasks that qualified [NPs] can perform, SOP restrictions exacerbate [healthcare provider] shortages and limit access to care." 89 An Obama administration report noted that "easing scope of practice laws for APRNs represents a viable means of increasing access to certain primary care services," 90 and the evidence generally supports this conclusion. For example, one study concluded that states with less restrictive SOP laws "overall had more geographically accessible" NPs. 91 Similarly, a 2018 study found that relaxing SOP laws increases access to healthcare generally but has the largest positive effect in counties that have the least access to healthcare. 92 This evidence suggests that "restrictive licensing laws limit the growth in the supply of [NPs] who could deliver care in communities with relatively few practicing physicians." 93 Extending this evidence to more specific measures of healthcare access, a third study concluded that granting NPs more autonomy increases the likelihood that individuals receive a routine check-up, have access to a usual source of care, and can obtain an appointment with a provider. 94 NP independence also reduces the use of emergency departments for conditions that can be addressed in less intensive (and less expensive) settings, as patients can more easily access a healthcare provider when NPs can practice independently. 95 [\*906] The response to the argument that allowing NPs greater autonomy increases access to healthcare by opponents of NP independence often does not focus explicitly on healthcare access. While not every study has found that relaxing SOP laws increases access to healthcare providers, 96 the existing evidence generally supports this conclusion. 97 Opponents, therefore, typically offer only indirect arguments on the access issue. In opposing a bill that would relaxing California's SOP laws, the president of the California Medical Association offered an example of a common argument: "We must ensure that every American, regardless of age or economic status, has access to a trained physician who can provide the highest level of care. Expanding access to care should not come at the expense of patient safety and we will not support unequal standards of care... ." 98 In other words, expanding access to NP-supplied care does not amount to expanding access to care generally because NPs provide inferior care. Though framed as an access-to-care argument, this contention is more accurately characterized as an argument about the quality of care provided by NPs, which as addressed above, appears to be equal in basic practice areas.

4. The State of the Scope-of-Practice Debate

The debate over NP SOP laws is not new, and multiple national organizations - both governmental and non-governmental - have weighed in on this debate after conducting extensive reviews of the available evidence. Perhaps the most relevant organization to opine on SOP laws to date has been the National Academy of Medicine (formerly, the Institute of Medicine). The Academy criticized restrictive SOP laws, noting that "what nurse practitioners are able to do once they graduate varies widely for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work." 99 Calling for an end to restrictive SOP laws, the Academy clearly stated that NPs "should practice to the full extent of their education and training." 100

[\*907] Researchers at the FTC reached a similar conclusion, albeit for somewhat different reasons. The FTC has no authority to enforce federal antitrust laws against states that restrict the practices of NPs with SOP laws because these laws fit squarely within the state-action immunity articulated in Parker v. Brown. 101 However, FTC researchers applied the economic principles that underlie those antitrust laws and concluded that restrictive SOP laws "deny[] health care consumers the benefits of greater competition." 102 They further concluded that the harms to healthcare services markets - higher prices and decreased access to care - associated with restrictive SOP laws were not offset by any attendant benefits. 103 Consistent with these conclusions, the FTC has regularly opposed state laws that restrict the practices of NPs and supported the passage of bills that relax the SOP laws. 104

**Denying *the option* of health access hurts agency and advances violently essentialized tropes**

**Hudson ‘15**

Dr. Janella Nicole Hudson is now with The Centers for American Indian and Alaska Native Health at The Colorado School of Public Health. Specifically, the author is a postdoctoral fellow in the department of Health Behavior and Outcomes at the Moffitt Cancer Center where Janella contributes to the study of doctor-patient communication with adolescent and young adult cancer patients. The author also serves as the Program Manager for Education and Research at The Academy of Communication in Healthcare. Janella’s research examines health communication processes with diverse medically underserved groups, including black patients, to produce culturally tailored educational interventions. Janella’s research features expertise in Qualitative Social Research, Communication and Media. The methodology for this paper studied a cohort consisting solely of those that identified as black patients. The cohort was predominately “low income” – which the authors define as having an annual income of less than $30,000.00 per year. The cohort was predominately those that identified as “black women”. The paper is a follow-up to a larger principal study by Dr. Louis Penner of Wayne State University. In that parent study, 98.5% of participants identified as black. This paper was written while the author held an MA and was the author’s dissertation paper for obtaining a PhD. "Agency And Resistance Strategies Among Black Primary Care Patients" (2015). Wayne State University Dissertations. Paper 1340. Submitted to the Graduate School of Wayne State University, Detroit, Michigan in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY - #CutWithRJ - <http://digitalcommons.wayne.edu/cgi/viewcontent.cgi?article=2339&context=oa_dissertations>

Discussion of Goal and Agenda Setting/Management. Participants' demonstrations of **patient agency** throughout the diagnosis and treatment sequences of the interaction signal a clear intent to participate and partner with the physician. ***Previous*** literature has examined how the process of setting the agenda during the medical visit often disadvantages the patient, as the physician often chooses a patient problem to discuss without fully exploring the patient's full spectrum of concerns (Marvel, 1999). Manny and Ray (2002) for example, describe a pattern of agenda setting that often consists of the physician initiating the opening sequence with a name exchange/check, brief pleasantry and a first topic initiator. As the interaction continues, the authors note that the inherent power imbalance within the dyad becomes evident as the physician assumes his prerogative to speak first and then manages the agenda for the duration of the interaction. **Our findings,** **however**, demonstrate that participants were comfortable **exerting their agency** in order to influence the unfolding of the interaction and shepherd the physician back to their previously identified topics of interest as needed. This vigilance and focus is understandable when interpreted within the larger context of the interactions. Several participants reported not having received medical care for an extended period of time, and as a result, several health issues that required treatment had accumulated. Participants were aware of the time constraints of the medical visit and therefore worked strategically to ensure that all of their needs could be addressed during the interaction.

In addition to setting the agenda, participants demonstrated **a clear desire for partnership with their physician** when reviewing treatment plans and determining their suitability. While literature shows that not all patients want to participate in decision making (Levinson, Kao, Kuby, & Thisted, 2005) and that physicians often underestimate black patients' desire for partnership during the interaction (Street & Haidet, 2011), our findings clearly show that some patients desire partnership from their physicians when reviewing, discussing and deciding upon diagnosis and treatment.

Participants in our study consistently pressed physicians for additional information and details concerning their decision-making during clinical interactions, and these findings mirror some findings in existing literature. Cooper-Patrick et al. (1999) reported that black patients rated their medical visits as less participatory when compared with white patients. However, participants in our study assumed a more active role when discussing **diagnoses and treatments**, often in response to a minimal education and explanation on the part of the physician. The vigilance that participants demonstrated during these interactions is justified as participants identified instances of misinformation and inadequate understanding of patients' health concerns. Our findings show that black primary care patients can actively participate and partner with the physician during the clinical action, and perhaps are more motivated to do so when the attempting to optimize the visit's outcomes.

It should be noted that all of our participants, who consist of low-income, black patients with a history of discrimination, **demonstrated agency** during interactions with physicians. The nature of these interactions, coupled with participants' explanations of how information, services and **resources were often badly needed**, show that these patients were proficient in demonstrating "active" or agentive behaviors in order to obtain health resources. In fact, it is safe to assume that these patients were already active, or already equipped to exercise their agency when interacting with the physician. This is compelling, **given that much of** patient-centered **literature does not reflect this population in this way.** These findings show that these marginalized patients are capable (without prior prompting) of demonstrating active behaviors, and as a result of having to endure constraints in access to healthcare and health services, they may become more proficient or likely to exercise their agency.

RQ 3a: What are the resistance strategies used among marginalized patients with a history of previous discrimination?

Resistance strategies consisted of participants' efforts to **challenge and reject** the physician's recommended diagnosis or the recommended treatment plan. We reviewed previously identified instances of patient agency in order to identify the instances in which patients' enactments of agency simultaneously functioned as resistance. As Koenig (2011) discusses, resistance is a manifestation of patient agency. Building upon this conceptual understanding, we identified the instances of agency in which patients used both active and passive tactics for enacting resistance to the physician's treatment and/or diagnosis. Using context and Stivers' (2005) definition as a guide, we identified instances of passive resistance (behavior that didn't align with the physician's treatment plan), and several instances of active resistance (behavior that challenged or queried the diagnosis as well as the effectiveness of medication of alternate treatments, p.950).

#### Scope of Practice (SOP) restrictions *block access* and *hamper options for patient health*.

LDI ‘20

Internally quoting Dr. Margo Brooks Carthon - LDI Senior Fellow, a Nurse Practitioner, PhD, RN, FAAN, and is also an Associate Professor at Penn’s School of Nursing. The LDI is the Leonard Davis Institute of Health Economics at the University of Pennsylvania (Penn). Six expert panelists are quoted and we are quoting the section from Margo Brooks Carthon – “Scope of Practice Restrictions and Vulnerable Populations: LDI Virtual Conference Explores The Issue's Changing Dynamics” - November 21, 2020 - #E&F - https://ldi.upenn.edu/our-work/research-updates/scope-of-practice-restrictions-and-vulnerable-populations/

The most heavily publicized debates around the SOP issue over the last 60 years have been about nurse practitioners whose work is often focused on underserved communities that lack the most basic kinds of medical care. Panelist and LDI Senior Fellow Margo Brooks Carthon, PhD, RN, FAAN, is an NP and health services researcher in that field. She is also an Associate Professor at Penn’s School of Nursing, and a core faculty member at the Penn Center for Health Outcomes Policy Research.

“There are over two hundred thousand NPs in the United States working under varying degrees of scope of practice restrictions, depending on the states where they’re employed,” Carthon said. “These barriers have implications for population health as well as health equity.”

“Twenty-two states and the District of Columbia fully license NPs to practice independently. Others require career-long collaborative agreements with a supervising physician. Some require a physician to review a percentage of NP charts — ten percent every year in Alabama and Georgia; twenty percent every 30 days in Tennessee. NPs are often limited in the distance they can be from a physician and are required to jump through other hoops just to provide basic care.”

#### Solvency is *empirical* and the *impact is significant*. Some States have relaxed SOP restrictions to differing degrees. Studies confirm this has saved many lives *per day* *per State*.

Chung ‘20

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Nurse practitioners (NP) are well-trained health care personnel for primary, acute, and specialty care in the US. However, 32 states have restrictions on their scope of practice and Illinois is one of them.

In response to the shortage of health care workers during the coronavirus pandemic, twenty-one states granted NP full practice authority to cope with the increasing demand for health care services. In the Midwest, Kansas, Indiana, Michigan, Missouri, and Wisconsin, adopted a more expansive scope of service for NP.

This report evaluates the effect of this policy change on the rate of COVID-related deaths in the Midwest states, which expanded NP authority and sheds light on healthcare policy in Illinois.

Findings:

NP in Illinois have full practice authority only if they have had 4,000 hours of clinical experience and completed 250 training hours.

Illinois and Ohio are the only two Midwest states, which did not expand the scope of practice for NP during the pandemic.

In the states that did expand the scope of practice for NP, COVID related deaths were potentially reduced by 10 cases per day

If Illinois had expanded the scope of practice, 8% fewer COVID-19 deaths would have occurred in Cook County, which is the most affected area in the state.

The findings reveal that granting NP full practice authority is effective in easing the shortage of health care workers and improves health care quality. Our result echoes the findings by other healthcare researchers that granting NP independent practice authority improves patient outcomes. This report recommends that health care regulators in Illinois grant all NP independent practice authority in order to meet the states’ growing health care demand.

Introduction

The shortage of healthcare professional in the US has been a notable concern among health policy makers. According to the Bureau of Health Workforce, in 2017 only 55 percent of the need for primary care professional was met.1 For Illinois, the Bureau estimated that 468 extra primary care health providers were needed to address the shortage problem, which is roughly 188% of the existing number of primary care providers in the state. The shortage problem is the biggest in the Midwest.

The nationwide healthcare labor force shortage manifests itself even more during the COVID-19 pandemic. To address the health workforce shortage, a number of states temporarily expanded the scope of practice for nurse practitioners (NP). NP are well-trained health care personnel, typically requiring post-graduate training. According to the American Association of Nurse Practitioners (AANP), NP with full autonomy are authorized to \evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments".2 Although they are well-prepared to provide primary, acute, and specialty care, their scope of practice varies by state. According to the classification by AANP, in a state with "restricted/reduced practice," NP need to have a collaborative agreement with, or work under direct supervision of a licensed health professional (e.g. physician, dentist). The limited authority of NP has not only reduced health access in rural areas, but also significantly increased the administrative burden of the supervising personnel. It has also reduced the amount of time dedicated for patient care (Traczynski and Udalova, 2018). Healthcare researchers have claimed that granting NP independent practice authority would have a positive impact on patient outcomes.

This report estimates the impact of expanding the scope of practice for NPs on COVID mortality in the Midwest. In the region, seven states were classified prior to the pandemic as "restricted/reduced NP practice" by the AANP. Among those, Kansas, together with Indiana, Michigan, Missouri, and Wisconsin granted NPs independence, whereas Illinois and Ohio did not implement changes.3 In the empirical exercise, we leverage on this quasi-experimental setting to compare daily COVID mortality in the treated states with that in Illinois and Ohio before and after the emergency response. Although the discussion evaluates the recent emergency response under the pandemic, the finding here contributes to the ongoing debate of whether NP should be granted independent authority.

According to our estimates, expanding the scope of practice for NPs potentially reduced COVID-related deaths by ten per day. To put this figure into context, the number amounts to a reduction of 8% of in those states that implemented the changes the average death toll in Cook County during the sample period. These results add support to granting NP full independent authority to ease the healthcare workforce shortage.

Restriction on NP and State Emergency Response

The scope of practice for nurse practitioners varies by state. According to the American Association of Nurse Practitioners (AANP), five of the Midwest states allow full practice (light blue in Figure 1a), meaning that NP can work independently and are authorized for patient diagnosis and prescription.

Illinois with four other Midwest states (Figure 1a) classify NP under "reduced practice" restrictions. Illinois regulations amended in 2017 do allow a subset of NP full practice authority, but the change only applies to NP who have had at least 4,000 hours of clinical experience and completed 250 training hours.4 In contrast, North Dakota, South Dakota, Nebraska, Minnesota and Iowa permit a full scope of practice for all NP without a minimum threshold of accrued work hours.

In Illinois, NP are required to have a collaborative agreement with a health professional (e.g. licensed physician), listing the types of care, treatment and procedures the NP is allowed to perform. NP in Illinois and five other Midwest states can work quasi-independently because physicians are not required to be physically present with the NP. Prior to the pandemic outbreak, Missouri and Michigan had the most restrictive rules, requiring that NP work under direct supervision of a physician (Figure 1a).

As the pandemic unfolded, states with reduced or restricted practice authority began to expand the scope of practice for NP. The aim of the change was to enlarge the healthcare workforce capable of providing COVID-19 care.

Among the Midwest states shown in Figure 1b, Missouri and Indiana were the first to waive part of the supervision requirements. At the date of this report, Illinois and Ohio were the only two states, which have not taken action to expand the scope of practice for NP.

Policy Effect on COVID-related Mortality

To evaluate the effectiveness of expanded scope of practice, this report looks into the impact on COVID-related mortality. Data on county level daily mortality are retrieved from the New York Times.5

To estimate a cause-and-effect relationship between expanded scope of practice and COVID-19 mortality, this report employs the synthetic control method (Abadie and Gardeazabal, 2003; Abadie, Diamond, and Hainmueller, 2010). The essence of this statistical technique is to construct a counterfactual which mirrors the post-policy mortality that would have been observed had the policy not happened. We then obtain the daily policy effect by directly comparing the counterfactual mortality with the observed mortality. To ensure the counter-factual offers a valid comparison, we make use of several important indicators that would predict COVID-related deaths. These include the pre-policy number of COVID death, pre-policy number of confirmed cases (also retrieved from the New York Times database), and county characteristics (number of NPs, population size, percent of 65+ population, percent of black, number of hospital, and number of beds) obtained from the Area Health Resource Files (AHRF, 2020).

An important property of the synthetic control technique is that the pre-policy number of COVID death has to be informative enough to produce reliable post-policy predictions. In other words, we rely on the pre-policy trend to predict the post-policy movement. This limits the start of the sample period to late March because many counties did not record any COVID deaths until then. For this reason, we are not able to produce a dependable counterfactual for the counties in Missouri and Indiana because they granted authority to NP prior to reporting any COVID-19 deaths.

Figure 2, shows the estimation result for Kansas, Wisconsin, and Michigan. The solid line of each graph represents the actual daily mortality of a state (average of all counties), whereas the dotted line shows the predicted counterfactual using the synthetic control technique. The red vertical line in the middle of each graph represents the day before the policy takes place. For example, in the top-left corner, the solid line shows that Kansas counties recorded an increasing number of COVID-related death with a modest decline in magnitude since April 22, which is the date Kansas started to authorize temporary independent practice for NPs. The trend afterward clearly diverges from the predicted no-policy counterfactual, which implies that the policy slowed down the death toll. Until the end of the sample period, the maximum impact by the policy reduces the daily death toll by 10 cases. We also observe a similar pattern in Wisconsin and Michigan, though the magnitude of death reduction in Michigan is smaller.

There is however the possibility that the reduction in deaths was caused by some other concurrent policies and any reduction in fatalities would then be falsely attributed to the expanded scope of practice. This concern is particularly valid because there were many policies adopted in response to the nationwide health risk.

Therefore, to check the robustness of our prediction of reduced deaths associated with NP scope of authority, we tested to see if the social distancing policy, a major attempt by states in response to the pandemic, had the same associated improvement on the cases of COVID-19 deaths.

For Kansas, Wisconsin, and Michigan, social distancing measures were implemented in late March. We therefore implemented the same estimation procedures using the synthetic control method but moving the treatment date in each state to correspond to the start of the state's shelter-in-place order. As shown in Figure 3, in each of the three states, the actual cases of death continues to grow at a higher rate than the predicted counterfactual. This finding suggests that the lock down policies did not produce the same reduction in the number of COVID-related fatalities as the expanded scope of practice

Conclusion and Policy Implication

Amid the unprecedented health crisis, it is important that state regulators consider the cost of occupational regulations.

The argument for occupational licensing is that it protects the consumer. In the case of NPs scope of practice, regulators often worry about the quality of service if the scope is widened. This report however suggests there is empirical evidence that granting NPs independent authority has contributed to a reduction in COVID-19 deaths.

#### Only pairing the ACA with nurse practitioners tempers ongoing provider crunches.

Auerbach ‘13

et al., David Auerbach is on the faculty of the Pardee RAND Graduate School.He is a former RAND policy researcher specializing in the health care workforce and on the Affordable Care Act. He is a leading national expert on the nursing and advanced-practice nursing workforce in particular, as well as primary care providers and new models of care delivery. “New Approaches for Delivering F Could Reduce Predicted Physician Shortages, Research Highlight”- Rand Corporation, Research Briefs RB9752, 2013, http://www.rand.org/pubs/research\_briefs/RB9752.html.

Numerous forecasts have predicted shortages of physicians in the United States, particularly in light of the expected increase in demand from the Affordable Care Act (ACA). Such predictions, however, might be far from the mark. Several recent innovations are attempting to change the way primary care is delivered — by expanding who provides care (e.g., physicians, nurse practitioners, physician assistants) and how care is coordinated (e.g., through teams).

RAND researchers analyzed the potential impact of two emerging models of care — the patient-centered medical home (PCMH) and the nurse-managed health center (NMHC) — on future shortages of primary care physicians. The PCMH delivers primary care using a team of providers, including physicians, advanced practice and other nurses, physician assistants, pharmacists, nutritionists, social workers, educators, and care coordinators. NMHCs, also known as nursing centers or nurse-led clinics, are managed and operated by nurses, with nurse practitioners functioning as the primary providers.

The study found that projected shortages of primary care physicians could be substantially reduced by increasing the prevalence of these new models of care — without increasing the number of physicians. Researchers also developed an interactive online tool that allows users to change the assumptions used in this research and see the effect on future shortages or surpluses of physicians, nurse practitioners, and physician assistants.

Estimating the Supply and Demand for Primary Care Providers

Researchers used published estimates of supply and demand for primary care providers, accounting for expected increases in demand resulting from the ACA. To estimate supply and demand for providers under the alternative models of care, researchers combined published estimates with data from observing actual staffing at a number of practices.

The figure shows the projected supply of providers in each category in 2025. The share of primary care providers who are physicians is expected to shrink from 71 percent to 60 percent in 2025. In 2010, there were nearly four primary care physicians for every nurse practitioner in primary care, but the RAND team estimated that in 2025 there would be just over two physicians per nurse practitioner.

The Effect of New Care Models on Provider Shortages

RAND researchers combined these supply estimates with published forecasts of demand for primary care providers to derive shortage estimates for the year 2025 under several alternative scenarios, as described below. As is standard practice, researchers assumed that supply and demand for providers were balanced in 2010. Results are shown in the table.

Status Quo. If primary care practices use the same mix and combinations of providers in 2025 as they did in 2010, these assumptions would lead to a forecast shortage of 45,000 primary care physicians in 2025 (i.e., 20 percent below demand), together with a surplus of 34,000 nurse practitioners (48 percent above demand) and of 4,000 physician assistants (10 percent above demand).

Increasing the Prevalence of Alternative Models of Primary Care. Increasing the prevalence of alternative models of primary care reduced the projected shortage of primary care providers, especially when the prevalence of both alternatives increased.

#### Malleability holds in contingent instances - Health access is distinct from other modes of violent power. Claiming it as “liberalism” creates false equivalencies. Such State-Alarmism is wrong and generates support for ACA rollback.

Schotten ’15

Dr. C. Heike Schotten is an Associate Professor of Political Science and an affiliated faculty in Women’s and Gender Studies at The University of Massachusetts-Boston. What following is from Schotten’s own faculty bio: Her research lies at the unlikely intersection of Nietzsche studies, queer theory, and revolution. “Against Totalitarianism: Agamben, Foucault, and the Politics of Critique,” Foucault Studies, No. 20, pp. 155-179, December 2015, Modified for language that may be objectionable - #E&F – the letter “u” is moved from Capitalized to a lower-case in one instance – this is for readability. <http://rauli.cbs.dk/index.php/foucault-studies/article/view/4935/5361>

III. Moralism and Totalitarianism

Foucault’s methodological and political commitments are all the more significant in light of Agamben’s demanded corrective of Foucaultian biopolitics and understanding of sovereignty. For even as Foucault expands his methodological rejection of the state as ahistorical political principle or sociological object, Agamben effects not simply a return to sovereignty, as already argued, but a return to sovereignty in what, following Foucault, we must recognize as totalitarian forms. This is the case not only methodologically, as will become clear, but also morally, an aspect of political critique that does not even enter into the Foucaultian schema. Methodologically, Agamben’s persistent focus on Auschwitz as the West’s political paradigm and Nazism as the teleological culmination of sovereignty’s political trajectory results in his offering an “anti-totalitarian” theory of sovereignty that renders any other historical or political outcome besides totalitarianism impossible. Hence Agamben’s dispute with Foucault is actually a “corrective” of Foucault, a disappointingly moralizing rebuke rather than a constructive scholarly engagement.

In BB, Foucault says his choice to talk about governmentality rather than the state is purposeful, a methodological choice that is “obviously and explicitly a way of not taking as a primary, original, and already given object, notions such as the sovereign, sovereignty, the people, subjects, the *state, and civil society*, that is to say, all those universals employed by sociological analysis, historical analysis, and political philosophy.”92 Rather, Foucault says, he would like to do “exactly the opposite” and, instead of using “state and society, sovereign and subjects, etcetera” as points of departure, he wants to show how they “were actually able to be formed” so that their status can be called into question.93 At one level, this is simply Foucault’s methodological preference. At another level, as we have seen, it is a political commitment, insofar as refusing to begin with these sociological givens facilitates resistance to the power-effects of what he calls “totalitarian theories.” While, in “SMBD,” these totalitarian theories were Marxism and psychoanalysis, in BB the target is now what Foucault calls “historicism,” which he describes as a practice of taking universals and running them through the mill of history in order to deduce their “meaning.” Significantly, historicism, like Marxism and psychoanalysis, unfolds a similarly reductive and deductive logic that “starts from the universal and, as it were, puts it through the grinder of history.”94 Instead, Foucault suggests the supposition “that universals do not exist. And then I put the question to history and historians: How can you write a history if you do not accept a priori the existence of things like the state, society, the sovereign, and subjects?”95 Insofar as historicism in BB functions the way Marxism and psychoanalysis do in “SMBD,” then historicism can also be considered a totalitarian theory that Foucault seeks to critique. In seeking to undertake an analysis that is “exactly the opposite of historicism,”96 Foucault is in some sense continuing his practice of thwarting or undermining totalitarian theories, a methodology that is animated by a specifically political commitment to insurrection.97

Foucault is also cautious about indulging the fearful discourse of the all-powerful state. He names this anxiety “state ~~phobia~~” 98 (“state alarmism”) and says it has two related versions: first,

the idea that the state possesses in itself and through its own dynamism a sort of power of expansion, an endogenous imperialism constantly pushing it to spread its surface and increase in extent, depth, and subtlety to the point that it will come to take over entirely that which is at the same time its other, its outside, its target, and its object, namely: civil society.99

If this leaves the impression of a kind of suffocating beast whose tentacled grasp is ever extending over and sliding in between any cracks of resistance to its domination, this is no accident: Foucault refers to this as the “cold monster” version of the state, the “threatening organism above civil society.”100 Foucault does not spend much time unpacking the problems with this theory, presumably because they are self-evident on the basis of his earlier work: not only is the state here presupposed as a causal entity that exists “above” its subjects, but it is also possessed of a kind of vitalism or life principle that Foucault dismisses out of hand as an inadequate or irresponsible account of power. The state as “cold monster” is, quite literally, yet another version of the Leviathan, the great sea monster from the book of Job, for whose beheading Foucault has already vigorously advocated.

The second bit of “critical commonplace”101 regarding the state that Foucault seeks to avoid is the notion that there are no significant differences between or among different forms of it. This is the notion that, as Foucault puts it,

there is a kinship, a sort of genetic continuity or evolutionary implication between different forms of the state, with the administrative state, the welfare state, the bureaucratic state, the fascist state, and the totalitarian state all being, in no matter which of the various analyses, the successive branches of one and the same great tree of state control in its continuous and unified expansion.102

Here Foucault explicitly puts totalitarianism and the state together in order to distinguish “the totalitarian state” as a *distinct*ive state form, rather than the paradigm case of the state itself.

Indeed, here we might understand Foucault as attempting to disentangle a kind of doubling of totalitarianism in state phobia, wherein the cold monster view anoints the state with the kind of omniscience and omnipotence often ascribed to totalitarian versions of it. This specifically totalitarian version ultimately becomes synonymous with the state itself.

What links the “cold monster” view and the “genetic continuity” view is their consideration of the state as a malevolent principle in itself, such that distinctions among types become irrelevant and *any state action* can be interpreted as a sign of its increasing repressiveness and violence. Foucault uses the example of an unduly harsh criminal sentence, which he says can be interpreted as evidence of the increasing fascism of the state, regardless of whatever may actually be true—this is once again a correct answer produced by the particular truth mill that is “state phobia.” Foucault warns that this kind of thinking can verge on ~~paranoid~~ (alarmist) fantasy, which ~~sees~~ (perceives) evidence of the ever-growing, increasingly-fascistic state everywhere it looks. In this case, one’s “grasp of reality”103 is not what matters, but rather the endless confirmation and reproduction of the theory itself. It can also issue in absurd (illogical) conclusions, such as the following:

As soon as we accept the existence of this continuity or genetic kinship between different forms of the state, and as soon as we attribute a constant evolutionary dynamism to the state, it then becomes possible not only to use different analyses to support each other, but also to refer them back to each other and so deprive them of their specificity. For example, an analysis of social security and the administrative apparatus on which it rests ends up, via some slippages and thanks to some plays on words, referring us to the analysis of concentration camps. And, in the move from social security to concentration camps the *requisite* specificity of analysis is diluted.104

While Foucault is referencing right-wing fantasies about governmental power (one is reminded of Sarah Palin’s warnings about “death panels” should Obama’s Affordable Health Care Act pass the U.S. Congress), his caution is also apposite to left anarchist discourses that similarly ~~see~~ (perceive) the state as a malevolent principle in itself. In suggesting that the state has no essence or is “nothing else but the mobile effect of a regime of multiple governmentalities,”105 Foucault is not claiming that we should be uncritical of the state or exercises of state power. Quite the opposite. In destabilizing the operative presumptions about the state in history, sociology, philosophy, and politics, Foucault is instead working to make the state something that is possible to critique and resist. We lose sight of this possibility when the state is presumed to be a prime mover of history or politics, an omnipotent principle or an essentially annihilatory institution that culminates, inevitably, in the genocidal logic of concentration camps. Part of the task of proceeding in the exact opposite manner as that of historicism is admitting that mechanisms of power *are* transferable and that they do not exhaustively characterize any particular society.106 Foucault’s resistance to historicism and state phobia, then, are yet further resistances to totalitarianism—of theory (or science) but also of specific state forms and beliefs about the state and its forms that function in totalitarian ways.

As is perhaps already evident, Agamben’s approach to the state in Homo Sacer epitomizes both the historicism and state ~~phobia~~ (“state alarmism”) that Foucault explicitly rejects. Rather than seeking, from below, to untangle and document the subjugated knowledges that have produced existing dominations, Agamben instead seeks to read these latter for what they reveal about the essential workings of Western politics. Indeed, Agamben presumes that power inheres in the sovereign demarcation of the zoē/bios divide, the status of which exhaustively defines life and politics in “the West” (itself an underspecified geographical and historical entity). The method of Homo Sacer is thus clearly expressed in Foucault’s description of “historicism”: Agamben starts from a universalist claim regarding the sovereign exception and then proceeds to examine how history has inflected it in the West. This is what allows him to conflate all versions of the state with the totalitarian one and also to suggest that all versions of sovereignty culminate inevitably in the Nazis’ creation of concentration camps. As he says, the camp is “the hidden paradigm of the political space of modernity, whose metamorphoses and disguises we will have to learn to recognize.”107

Like all declension narratives, this one too echoes the chronology of the fall from grace, except that, in Agamben’s version, the pre-lapsarian moment dates from Aristotle rather than the Creation. The result, however, is a valorized hypostatization of an at-best questionable moment of origin, from which the logic of the events of Western history can be understood to have unfolded and to be still in the process of unfolding to this day.108 At one end, then (at “the beginning,” or archē), stands the Aristotelian distinction between zoē and bios; at the other end (“now,” or in modernity), lie the Nazi death camps. These two moments are tied inevitably, irretrievably together by the exceptional logic of sovereignty:

The totalitarianism of our century has its ground in this dynamic identity of life and politics, without which it remains incomprehensible. If Nazism still appears to us as an enigma, and if its affinity with Stalinism (on which Hannah Arendt so much insisted) is still unexplained, this is because we have failed to situate the totalitarian phenomenon in its entirety in the horizon of biopolitics. When life and politics—originally divided, and linked together by means of the no-man’s-land of the state of exception that is inhabited by bare life—begin to become one, all life becomes sacred and all politics becomes the exception (148, original emphasis).

Nazism will remain “an enigma,” on this telling, insofar as we fail to “situate” it within the essential principle of Western biopolitics—the sovereign exception, the zoē/bios divide. Once we do that, however, the meaning of Nazism becomes clear and we understand how there could ever have been death camps, perhaps the real question Agamben is trying to answer in this text. Already latent in the zoē/bios divide, then, is the concentration camp, which is why its historical development inevitably culminates there.

Agamben’s political theory thus not only re-iterates the assumptions of the sovereign model as Foucault explains it, but itself becomes a kind of totalitarian theory of sovereignty in the West that can only ever issue in the same answer over and over again: the camp. Agamben’s methodological historicism is what allows him to come to the political conclusions Foucault explicitly repudiates above; namely, that there is no meaningful difference between democratic states and totalitarian ones, and this because the sovereign exception is a formation of power that fundamentally defines the entity “Western politics” from its earliest days through to its catastrophic contemporaneity. Thus it is perhaps also unsurprising that Agamben concludes there is no difference between democratic and totalitarian regimes insofar as their “fundamental referent” is bare life; the “only real question to be decided,” he says, is “which form of organization would be best suited to the task of assuring the care, control, and use of bare life.”109 As well, Agamben’s state ~~phobia~~ (“state alarmism”) , in which we can recognize both the “cold monster” and “genetic” versions, predictably culminates, as do the absurdist theories Foucault documents, with nothing other than concentration camps. U(u)nless the enigma of the sovereign exception is solved, Agamben insists, we will remain mired in totalitarianism and death camps: “Today politics knows no value (and, consequently, no nonvalue) other than life, and until the contradictions that this fact implies are dissolved, Nazism and fascism—which transformed the decision on bare life into the supreme political principle— will remain stubbornly with us.”110 The consequence of Agamben’s methodology here is not simply a return to sovereignty, then, but in fact a resurrection of the sovereign and the restoration of his omnipotence in what, following Foucault, can be called totalitarian forms. Agamben’s reading of the text of Western politics from the guiding principle of the sovereign exception leaves us no other option, no other conclusion, than that with which Foucault claims his work is constantly being misinterpreted as saying: “This is the way things are; you are trapped.”111 This outcome is all the more ironic, of course, given that the entire exercise of Homo Sacer was ostensibly spurred by Agamben’s desire to “correct” Foucault’s oversight regarding 20th century totalitarian regimes and, presumably, overcome the disastrous legacy of Nazism and totalitarianism.

\*Note to students: the word “endogenous” means having an internal cause or origin)

#### Elements of the squo echo this call for an untouched market. That pro-rollback perspective would place *millions of lives at risk*.

Gee ‘20

et al; Emily R. Gee is a senior fellow and the senior economist for Health Policy at American Progress. In her role, she guides policy development and advocates for reforms to expand coverage and improve care. Her areas of expertise include health coverage and affordability, health care financing, and the Affordable Care Act. She has been quoted and her work has been cited in The New York Times, The Washington Post, Politico, Forbes, Vox, and other publications. Prior to joining American Progress, she was an economist in the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services and worked on implementation of the Affordable Care Act. Gee also served as an economist on the staff of the Council of Economic Advisers in the Obama White House, tracking health care coverage and reviewing regulation related to provider payments, prescription drugs, and insurance. Gee earned her doctorate in economics from Boston University, where she researched health insurance markets and taught health economics. She holds a bachelor’s degree in government from Harvard College. “10 Ways the ACA Has Improved Health Care in the Past Decade” - March 23, 2020 - #E&F – modified for language that may offend - https://www.americanprogress.org/issues/healthcare/news/2020/03/23/482012/10-ways-aca-improved-health-care-past-decade/

Ten years ago this month, the Affordable Care Act (ACA) was signed into law. Since then, the law has transformed the American health care system by expanding health coverage to 20 million Americans and saving thousands of lives. The ACA codified protections for people with preexisting conditions and eliminated patient cost sharing for high-value preventive services. And the law goes beyond coverage, requiring employers to provide breastfeeding mothers with breaks at work, making calorie counts more widely available in restaurants, and creating the Prevention and Public Health Fund, which helps the Centers for Disease Control and Prevention (CDC) and state agencies detect and respond to health threats such as COVID-19.

Despite the undeniably positive impact that the ACA has had on the American people and health system, President Donald Trump and his allies have (~~been on a mission~~ (strived) to dismantle the law and reverse the gains made over the past decade—first through Congress and now through a lawsuit criticized by legal experts across the political spectrum. Even if the U.S. Supreme Court rules the ACA constitutional after it hears the California v. Texas health care repeal lawsuit this fall, President Trump’s administration cannot be trusted to put the health of the American people ahead of its political agenda. Trump’s administration hasn’t delivered on Trump’s commitment to “always protect patients with pre-existing conditions.”

The consequences of ACA repeal would be dire:

Nearly 20 million people in the United States would lose coverage, raising the nonelderly uninsured rate by more than 7 percent.

135 million Americans with preexisting conditions could face discrimination if they ever needed to turn to the individual market for health coverage.

States would lose $135 billion in federal funding for the marketplaces, Medicaid, and the Children’s Health Insurance Program (CHIP).

Insurance companies would no longer be required to issue rebates when they overcharge Americans. In 2019, insurance companies returned $1.37 billion in medical loss ratio rebates to policyholders.

The tax revenue that funds the expanded health coverage under the ACA would become tax cuts for millionaires, who would receive an average of $46,000 each.

As the nation awaits a final ruling on the lawsuit, the Center for American Progress is celebrating how the ACA has helped the American people access affordable health care in the past decade. In honor of the law’s 10th anniversary, here are 10 ways in which it has changed Americans’ lives for the better. Each of these gains remains at risk as long as the Trump administration-backed lawsuit remains unresolved.

1. 20 million fewer Americans are uninsured

The ACA generated one of the largest expansions of health coverage in U.S. history. In 2010, 16 percent of all Americans were uninsured; by 2016, the uninsured rate hit an all-time low of 9 percent. About 20 million Americans have gained health insurance coverage since the ACA was enacted. The ACA’s coverage gains occurred across all income levels and among both children and adults, and disparities in coverage between races and ethnicities have narrowed.

Two of the biggest coverage expansion provisions of the ACA went into full effect in 2014: the expansion of Medicaid and the launch of the health insurance marketplaces for private coverage. Together, these programs now cover tens of millions of Americans. Nationwide, 11.4 million people enrolled in plans for 2019 coverage through the ACA health insurance marketplaces. Medicaid expansion currently covers 12.7 million people made newly eligible by the ACA, and the ACA’s enrollment outreach initiatives generated a “welcome-mat” effect that spurred enrollment among people who were previously eligible for Medicaid and CHIP.

2. The ACA protects people with preexisting conditions from discrimination

Prior to the ACA, insurers in the individual market routinely set pricing and benefit exclusions and denied coverage to people based on their health status, a practice known as medical underwriting. Nearly 1 in 2 nonelderly adults have a preexisting condition, and prior to the ACA, they could have faced discrimination based on their medical history if they sought to buy insurance on their own.

The ACA added a number of significant new protections for people with preexisting conditions. One group of reforms involved changes to the rating rules, prohibiting insurers from making premiums dependent on gender or health status and limiting their ability to vary premiums by age. The ACA also established guaranteed issue, meaning that insurers must issue policies to anyone and can no longer turn away people based on health status.

Another crucial protection for people with preexisting conditions is the ACA’s requirement that plans include categories of essential health benefits, including prescription drugs, maternity care, and behavioral health. This prevents insurance companies from effectively screening out higher-cost patients by excluding basic benefits from coverage. The law also banned insurers from setting annual and lifetime limits on benefits, which had previously prevented some of the sickest people from accessing necessary care and left Americans without adequate financial protection from catastrophic medical episodes.

3. Medicaid expansion helped millions of lower-income individuals access health care and more

To date, 36 states and Washington, D.C., have expanded Medicaid under the ACA, with 12.7 million people covered through the expansion. While the Medicaid program has historically covered low-income parents, children, elderly people, and disabled people, the ACA called for states to expand Medicaid to adults up to 138 percent of the federal poverty level and provided federal funding for at least 90 percent of the cost.

Medicaid expansion has led to better access to care and health outcomes for low-income individuals and their families across the country. A large body of evidence shows that Medicaid expansion increases utilization of health services and diagnosis and treatment of health ailments, including cancer, mental illness, and substance use disorder. Medicaid expansion is associated with improvements in health outcomes such as cardiac surgery outcomes, hospital admission rates for patients with acute appendicitis, and improved mortality rates for cardiovascular and end-stage renal disease. Beyond health outcomes, evidence points to improved financial well-being in Medicaid expansion states, including reductions in medical debt and improved satisfaction with one’s current financial situation. A study that assessed eviction rates in California found that Medicaid expansion is “associated with improved housing stability.”

Evidence shows that Medicaid expansion saves lives. According to a 2019 study, Medicaid expansion was associated with 19,200 fewer deaths among older low-income adults from 2013 to 2017; 15,600 preventable deaths occurred in states that did not expand Medicaid. As the Center on Budget and Policy Priorities points out, the number of adults ages 55 to 64 whose lives would have been saved in 2017 had all states expanded Medicaid equals about the number of lives of all ages that seatbelts saved in the same year.

#### We do not defend the law in all instances – but in the contingent realm of health provision, government policy is much better than the de facto Alt of an untouched market.

Parento ‘12

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Although health equity was not a part of seventeenth-century political discourse, Montesquieu accurately captured the conflict that surrounds the concept today. In theory, people are born with equal potential for healthy lives, yet the minute their lives begin, a confluence of factors render some people immensely more likely than others to have the capability to lead healthy lives. These disparities in individuals' capabilities to achieve good health raise important social justice questions--What obligation does society have to take measures to reduce health disparities based on race or ethnicity, socioeconomic status (SES), gender, sexual orientation, education, disability, and other factors, particularly where behavioral risk factors are a contributing factor to disease? Stated differently, how much “choice” do individuals *truly* possess regarding their health, and what can and should government do to address the societal influences that negatively impact health status?

Routinely, society looks at an individual health outcome and ascribes the result to modifiable lifestyle choices, good or bad, with the implicit assumption that people who are healthy deserve praise for their responsible choices and those who are not deserve at least partial blame for failing to act in ways that would improve their health. However, this personal responsibility framework fails at a population level. It is well-documented that there is a socioeconomic gradient to health, in which individuals are likely to be healthier as their socioeconomic status increases. But no serious scholar ascribes population level socioeconomic health disparities to the superior willpower of the wealthy in making healthy lifestyle choices. Similarly, there is a persistent racial and ethnic component to health that is not explained by other factors, pursuant to which certain racial and ethnic groups are more likely to have worse health outcomes than others. But no one argues that African-Americans have worse health outcomes on average than whites because African-Americans are not as motivated as whites to protect their health. There is no basis for making such population-wide generalities about motivation regarding health behavior. Yet in the face of these widespread and presumptively inequitable disparities, the law has done little. This paper argues that coercive legal mechanisms are an essential element of eliminating health disparities and achieving health equity. Moreover, the paper argues that Healthy People 2020 (HP 2020), which is the nation's “master blueprint for health” and explicitly seeks to achieve health equity, has not fully incorporated the principles of health equity in the formulation of its objectives and indicators because HP 2020 fails to recognize the varying distributive effects of policies that could achieve population health targets. To truly incorporate the principles of health equity, HP 2020 should advocate for those demonstrably effective coercive legal mechanisms that would both achieve its population health objectives and reduce health disparities.

The federal government has monitored health disparities in one form or another since at least 1985 and has advocated for the elimination of health disparities since at least 2000, with the release of the Healthy People 2010 goals. However, decisive action on the reduction of disparities has been lacking, and, on average, disparities have not improved over at least the past fifteen years. Although health equity is a mainstay of health law and policy discourse, the concept has not had a significant role in mainstream political discussions. As it is commonly understood, health equity exists when “all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health.” There are strong philosophical and social justice reasons that support government action to reduce disparities--among them are human rights principles of equality underlying the right to health; Nussbaum's theory of health as an essential human capability necessary to fully function in life; Amartya Sen's theory of the capability for health as an instrumental human freedom; and principles of equality and nondiscrimination among people based on characteristics such as SES, race or ethnicity, gender, sexual orientation, religion, disability, rural/urban geography, and other characteristics historically linked to discriminatory treatment.

The question, then, is, What means are both necessary and effective for reducing health disparities and achieving health equity? It is here that distributive consequences of policies become important, leading to the conclusion that coercive legal mechanisms such as direct regulation and taxation are essential to a serious strategy to reduce disparities. While coercive legal mechanisms are not suited to solve every problem and must always be balanced against concern for personal liberties and principles of autonomy, there are many instances in which coercive legal mechanisms are demonstrably *the most effective way of reducing health dispariti*es and improving population health. Unfortunately, when discussing these mechanisms, advocates are often cowed by advocates of “personal choice” into watering down interventions to the point that the likely result is--even with an improvement in population health--no change or a worsening in health disparities. This approach is problematic from a health equity standpoint, given that health equity by its nature requires the elimination of health disparities associated with social disadvantage.

The U.S. government has made the achievement of health equity and the elimination of health disparities a national priority in HP 2020, recognizing the importance of working toward the realization of health equity. Every ten years since 1979, the Department of Health and Human Services (HHS) issues new “Healthy People” nationwide health goals for the forthcoming decade, the most recent of which are HP 2020. The essential aim of the Healthy People project (the Project) is to establish national health priorities by setting targets for improvement of health across a broad spectrum of topics, ranging from access to health services to environmental health to more discrete diseases such as cancer and heart disease and, for the first time in HP 2020, including the social determinants of health. In some instances, HP 2020 advocates the adoption of specific coercive legal mechanisms that would both further a population health goal and reduce disparities--for example, passage of smoke-free legislation would both reduce overall population exposure to secondhand smoke and more strongly affect disadvantaged groups (who have higher rates of smoking and are more likely to work in places where smoking is permitted), thereby resulting in a reduction in the disparity in rates of exposure to secondhand smoke. This advocacy is laudable. However, in most instances, HP 2020 chooses to set broad, population-based targets for health measures without expressing a preference between means of achieving those targets, as in the case of access to health insurance coverage, where HP 2020 sets a target of 100% coverage without acknowledging the obvious--that there is no evidence that anything other than a coercive legal mechanism is a realistic way to achieve that goal.

The determination of which coercive legal mechanisms HP 2020 supports appears to be made not on the ground of epidemiological evidence of a policy's effectiveness; rather, HP 2020 seems to be willing to advocate for direct regulation only in areas that are relatively politically uncontroversial, such as helmet laws and certain tobacco control measures. This paper argues that a true internalization of the principles of health equity requires that HP 2020 acknowledge the predictably different distributive consequences of various policy interventions and urge the adoption of those coercive legal mechanisms that are demonstrably effective in reducing health disparities. Without such a framework under which to operate, the likely result is that, even if overall population health improves, health disparities will widen between the most vulnerable population groups and the already advantaged, or remain essentially stagnant, as they did under HP 2010.

More broadly, this paper argues that health equity demands the use of coercive legal mechanisms in certain circumstances given the existence of current disparities and the evidence of effectiveness of direct regulation as compared to its alternatives. This is true for a number of reasons, including that purely voluntary policy initiatives often result in little impact on the most vulnerable populations (e.g., in the case of trans fat initiatives, discussed infra Part III.B.3), and because market-based initiatives have failed to adequately account for the health needs of certain population groups (as in the case of access to health services, discussed infra Part III.B.1). Only with a candid assessment and acceptance of the critical role that coercive legal mechanisms play in furthering population health can progress be made toward the achievement of the HP 2020 goals and ultimately, health equity. Part II of this paper discusses health equity in the U.S. and how HP 2020 incorporates health equity into its goals. Part III discusses the importance of law in public health and health equity and uses specific HP 2020 goals and objectives as examples of the essential role of coercive legal mechanisms in achieving those goals while also furthering health equity. Part IV proposes certain additional legal mechanisms that could inform selection of strategies for achieving the HP 2020 goals and health equity, including the use of a “health in all policies” approach to government, the use of health impact assessments in policymaking, and the use of various indices to measure the effects of various policies and assess progress toward disparities reduction.

#### Medicine once exerted power over patients. Such concerns are increasingly dated – health is *now* a site to invert dyads of power.

Hudson ‘15

Dr. Janella Nicole Hudson is now with The Centers for American Indian and Alaska Native Health at The Colorado School of Public Health. Specifically, the author is a postdoctoral fellow in the department of Health Behavior and Outcomes at the Moffitt Cancer Center where Janella contributes to the study of doctor-patient communication with adolescent and young adult cancer patients. The author also serves as the Program Manager for Education and Research at The Academy of Communication in Healthcare. Janella’s research examines health communication processes with diverse medically underserved groups, including black patients, to produce culturally tailored educational interventions. Janella’s research features expertise in Qualitative Social Research, Communication and Media. The methodology for this paper studied a cohort consisting solely of those that identified as black patients. The cohort was predominately “low income” – which the authors define as having an annual income of less than $30,000.00 per year. The cohort was predominately those that identified as “black women”. The paper is a follow-up to a larger principal study by Dr. Louis Penner of Wayne State University. In that parent study, 98.5% of participants identified as black. This paper was written while the author held an MA and was the author’s dissertation paper for obtaining a PhD. "Agency And Resistance Strategies Among Black Primary Care Patients" (2015). Wayne State University Dissertations. Paper 1340. Submitted to the Graduate School of Wayne State University, Detroit, Michigan in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY - #CutWithRJ – One modification – that is not highlighted in the card and doesn’t alter the reading of this evidence – adds the word “century” because it appears to have been left out of editing - <http://digitalcommons.wayne.edu/cgi/viewcontent.cgi?article=2339&context=oa_dissertations>

Despite their benevolent intentions, Pauley (2011) asserts that providers are ultimately gatekeepers, with the power to influence the course of the interaction. As such, negotiations within clinical interactions are not always easy. Physicians may have expert power, but increasingly savvy patients (who increasingly access the Internet and other sources to secure information) complicate the negotiation for power. In addition, physicians should attempt to address the power disparity by improving the patient's bargaining position with efforts such as increased display of personal vulnerability (Pauley, 2011).

Indeed, clinical communication represents the struggle for dominance between the physician and patient. Roter and McNeilis (2003) assert:

The medical dialogue is the fundamental instrument through which the battle over paradigms is being waged; the patient problems will be anchored in either a biomedical and disease context or a broader and more integrated illness context that incorporates the patient perspective. In other words, the nature of the patient's problems will be established and the visit's agenda and therapeutic course will be determined by whatever wins out (p. 122).

Mishler (2003) further expands upon this idea and offers recommendations for a change in clinical communication. Referring to the discourse of medicine, which is most often characterized by a physician-dominated interview, Mishler urges practitioners to develop alternative practices that "interrupt the voice of medicine" and give priority to hearing patients' narratives and contextualized explanations of illness that use everyday language" (p.437). Such an approach centralizes the needs of the patient as opposed to allowing the physician to dominate the encounter with a biomedical approach to identifying and treating illness.

Mishler's assertion shows the importance of attending to surrounding context. While physicians may be primarily concerned with attending to the biomedical and technical aspects of the patient's illness, they must also allow room for the patient's "knowledge." All too often, the expert knowledge of practitioners and scholars is given the designation of trusted knowledge, while patient knowledge is given little credence (Airhihenbuwa, 2000). In order to centralize patient needs, physicians must allow for the emergence of the voice of the life world during clinical interactions. This approach promotes the enactment of patient agency, which might manifest in several ways. Such an "interruption" of the voice of medicine (Mishler, 2003) allows the patient and the physician to connect through collaborative discourse. This ultimately empowers the patients to take control of their health plans, actively supporting or resisting suggested treatment plans as they attempt to identify the best contextual fit.

Mishler's recommendation represents an ideal in contemporary healthcare that has resulted from a lengthy evolution in patient-physician literature. Whereas greater patient power is promoted in contemporary patient-physician literature, *previous literature* features an extensive history of a physician-dominated ideal.

The Patient Role

In keeping with the ever-evolving nature of the health care system, conceptualizations of the ideal roles for patients and physicians have evolved over time. For many years, the physicians were expected to exert professional dominance during the clinical interaction and patients were expected to take a submissive role (i.e., paternalism) (Roter & McNeiHs, 2003). In twenty-first (century) health care settings, however, patients are encouraged to assume a greater degree of participation during the clinical interaction (i.e., consumerism). The evolution of the patient and physician roles has provided a platform for a dyad shift in power, setting up a "battlefield" where wars over power and paradigms are waged (Rotter & McNeilis, 2003).

# 2AC

## ADV – synthetic bio

### 1nc 1

#### Evidence-based advocacy accesses the case by making political adoption more likely

--claims that the state won’t listen assume an overly simplified client-based model of policy analysis

--pessimist views systemically understate uptake

--true for even ‘unrealistic’ demands

Shulock 99 – Dr. Nancy Shulock, PhD in Political Science from the University of California, Davis, Associate Vice President for Academic Affairs and Assistant Professor of Public Policy and Administration at California State University, Sacramento, “ The Paradox of Policy Analysis: If It Is Not Used, Why Do We Produce So Much of It?”, Journal of Policy Analysis and Management, Volume 18, Number 2, Spring, p. 239-241

CONCLUSION: THE FUTURE OF POLICY ANALYSIS

This article posed a paradox: Why does our society continue to invest heavily in policy analysis amid consensus that analysis is not used? Through theoretical argument and empirical analysis I have suggested that a resolution lies in a new understanding of policy analysis. From a nontraditional, interpretive perspective, I conclude that analysis is, in fact, used extensively. My view belies the pessimism of many critics of the current state of the profession.

In "The End of Policy Analysis," David Kirp [1992] practically sounds the death knell for policy analysis but stops short of recommending any changes, placing the blame squarely on the shoulders of policymakers. Kirp laments "the retreat from analysis in public life." He attributes this retreat to "deep, structural, and permanent" changes in American politics and policy "that are abidingly hostile to the possibilities of analysis." We have, according to Kirp, witnessed the "triumph of the postmodern sensibility in the domain of policy," which favors anecdotes over policy substance, pessimism over the incrementalist's optimism, passion over reason, and media sound bites over reasoned political discourse. In Kirp's view, policy analysis, as traditionally conceived and practiced, has a "proper place in public decisionmaking," but sadly, one that is not now honored (p. 694).

Echoing this theme some four years later, Terry Davies [1996], director of Resources for the Future's Center for Risk Management, complains that "the value of objective policy analysis, especially in the U.S. Congress, is falling almost as fast as the exchange value of the U.S. dollar...." More defiant than Kirp, Davies seems intent that policymakers should be force-fed policy analysis in spite of their "know nothing approach to policy" (p. 1). In a "Message from the Director" in the Center's Winter 1996 Newsletter Davies asserts that:

[T]he Center for Risk Management is committed to the propositions that policymakers and citizens are better off knowing the facts and that the consequences of policy initiatives should be examined before the policies are enacted. Unlike some other institutions, we do not think that a catchy anecdote is a substitute for in-depth policy analysis. (p. 1)

Although Davies gives lip service to postmodernism with his acknowledgment that there is no such thing as purely objective research, he asserts that "within these constraints, we are committed to searching for the truth...." (p. 1). He concludes with the promise to forge ahead, regardless of the demand for the work products of his staff: The value others attach to our work will fluctuate, but we adhere to a faith that there will always be a place for knowledge and information, even in times of radical change. (p. 1) Another set of critiques of traditional policy analysis argues that new forms of policy analysis must be devised to remedy the deficiencies of the traditional form. This view sees the lack of demand for the product as an indication that the product needs to change. Two types of deficiencies of traditional policy analysis are usually presented- an overreliance on a positivist framework and an antidemocratic tendency. A certain consensus appears to be taking shape about some of the possible forms a new policy analysis would take-all generally prescribing greater participation by the analyst with those potentially affected by the policies under consideration. Dan Duming [1993] offers a four-part typology of "participatory policy analysis" calling for various degrees of shared responsibility between analysts and citizens (or "stakeholders") for generating information and turning it into advice. Each would involve a greater or lesser degree of transformation in the analyst's role.

White [1994] offers another typology, describing three revisionist views of policy analysis, each responding in its own way to the challenge posed by Thomas Kuhn's [1962] claim that all bodies of knowledge are "theory laden." All three emphasize the need for discourse in the analytical enterprise, as a means to interpret the plurality of values and arguments available to apply to any policy issue.

The critiques and accompanying prescriptions for a reinvented policy analysis place heavy new demands on the policy analyst as well as on our political institutions. Many of these demands are highly unrealistic and are acknowledged as such even by their proponents. These difficulties may explain the attitudes of Kirp [1992] and Davies [1996]- it is improbable that political "outsiders" can be become equal partners in political debate with experts and "insiders," and that social scientists can shed their value predispositions and become equally able to present competing worldviews. Perhaps it is more likely that attitudes valuing traditional analysis will simply resurface. In my view, none of these radical changes is necessary. As interesting as our politics might be with the kinds of changes outlined by proponents of participatory and critical policy analysis, we do not need these changes to justify our investment in policy analysis. Policy analysis already involves discourse, introduces ideas into politics, and affects policy outcomes. The problem is not that policymakers refuse to understand the value of traditional policy analysis or that policy analysts have not learned to be properly interactive with stakeholders and reflective of multiple and nontechnocratic perspectives. The problem, in my view, is only that policy analysts, policymakers, and observers alike do not recognize policy analysis for what it is. Policy analysis has changed, right along with the policy process, to become the provider of ideas and frames, to help sustain the discourse that shapes citizen preferences, and to provide the appearance of rationality in an increasingly complex political environment. Regardless of what the textbooks say, there does not need to be a client in order for ideas from policy analysis to resonate through the policy environment.'

Certainly there is room to make our politics more inclusive. But those critics who see policy analysis as a tool of the power elite might be less concerned if they understood that analysts are only adding to the debate-they are unlikely to be handing ready-made policy solutions to elite decisionmakers for implementation. Analysts themselves might be more contented if they started appreciating the appropriation of their ideas by the whole gamut of policy participants and stopped counting the number of times their clients acted upon their proposed solutions. And the cynics disdainful of the purported objectivism of analysis might relax if analysts themselves would acknowledge that they are seeking not truth, but to elevate the level of debate with a compelling, evidence-based presentation of their perspectives. Whereas critics call, unrealistically in my view, for analysts to present competing perspectives on an issue or to "design a discourse among multiple perspectives," I see no reason why an individual analyst must do this when multiple perspectives are already in abundance, brought by multiple analysts. If we would acknowledge that policy analysis does not occur under a private, contractual process whereby hired hands advise only their clients, we would not worry that clients get only one perspective.

Policy analysis *is* used, far more extensively than is commonly believed. Its use could be appreciated and expanded if policymakers, citizens, and analysts themselves began to present it more accurately, not as a comprehensive, problem-solving, scientific enterprise, but as a contributor to informed discourse. For years Lindblom [1965, 1968, 1979, 1986, 1990] has argued that we should understand policy analysis for the limited tool that it is-just one of several routes to social problem solving, and an inferior route at that. Although I have learned much from Lindblom on this odyssey from traditional to interpretive policy analysis, my point is different. Lindblom sees analysis as having a very limited impact on policy change due to its ill-conceived reliance on science and its deluded attempts to impose comprehensive rationality on an incremental policy process. I, with the benefit of recent insights of Baumgartner, Jones, and others into the dynamics of policy change, see that even with these limitations, policy analysis can have a major impact on policy. Ideas, aided by institutions and embraced by citizens, can reshape the policy landscape. Policy analysis can supply the ideas.

## Adv – nurse practioner

#### Here’s more ev establishing unique offense vs. the Alt.

Garrett ‘16

et al; A. Bowen Garrett is an economist and senior fellow in the Health Policy Center at the Urban Institute. His research focuses extensively on health reform and health policy topics, combining rigorous empirical methods and economic thinking with an understanding of the policy landscape to better inform policymaking. Previously, Garrett was chief economist of the Center for US Health System Reform and has taught quantitative methods and economic statistics at Georgetown University. “Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live? ACA Implementation—Monitoring and Tracking” - December 2016 #E&F – modified for language that may offend - https://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf

The Affordable Care Act (ACA) became law nearly seven years ago. Today the number of Americans lacking health insurance ~~stands~~ (is) at a historic low, and the ACA is credited with reducing the number of uninsured by about 20 million. In this brief, we take stock of who has gained coverage since 2010 and where they live. Using data from the American Community Survey, we examine health insurance coverage changes from 2010 to 2015 by demographic groups based on age, gender, race/ethnicity, education status, and state. Our main findings are as follows:

• An estimated 19.2 million nonelderly people gained health insurance coverage from 2010 to 2015, based on our analysis that accounts for population changes over the period.

• Coverage gains were broad-based; the number of uninsured fell substantially among all Americans under age 65, for both men and women, and across subgroups based on race/ethnicity, levels of educational attainment, and states.

• An estimated 2.8 million children from birth to age 18 gained coverage, suggesting that coverage expansions under the ACA and other policy changes for children’s coverage implemented from 2010 to 2015 reached children in families above the progress made by prior expansions targeting low-income children.

• The number of uninsured adults ages 19 to 34 declined by 8.7 million (42 percent), and the number of uninsured adults ages 35 to 54 declined by 5.6 million (33 percent). More than 2 million adults ages 55 to 64, who are at or approaching typical retirement ages, gained coverage from 2010 to 2015.

• Approximately 5 million women of childbearing age (19 to 44 years old) gained coverage from 2010 to 2015.

• Among those gaining coverage from 2010 to 2015, 8.2 million (43 percent) were non-Hispanic white, 2.8 million (15 percent) were non-Hispanic black, 6.2 million (32 percent) were Hispanic, and 2.0 million (10 percent) were other non-Hispanics.

• The large majority (87 percent) of adults gaining coverage from 2010 to 2015 did not have a college degree. Among them, 6.2 million were non-Hispanic white and 7.9 million were nonwhite or Hispanic.

• Americans in every state gained health insurance coverage. States that expanded Medicaid under the ACA saw larger percentage reductions in their number of uninsured residents than did states that chose to not expand Medicaid (45 percent compared with 29 percent). Nonetheless, 6.9 million people living in states that did not expand Medicaid gained health insurance.

• California’s uninsured rate fell 53.4 percent, translating into 3.8 million people gaining coverage. More than 2.3 million people gaining coverage from 2010 to 2015 lived in the Midwestern states of Illinois, Michigan, Ohio, and Wisconsin, with uninsured rates declining between 38 and 49 percent. Florida and Texas, two non-expansion states in the South, saw about 3.3 million people gain coverage as statewide uninsured rates fell 36 percent and 27 percent, respectively.

Congress is now considering options to repeal and replace the ACA. Repeal of the ACA without new policies capable of maintaining the coverage gains achieved since 2010 would result in millions of Americans, of all ages and backgrounds and in all states, losing health insurance along with the access to health care and financial protections it affords.

#### *For health*, pessimism, root cause, and ontology claims are wrong. This frames a *racial materiality disad* to the Neg’s Alt and framework.

Gaffney ‘16

Adam Gaffney, Instructor in Medicine at Harvard Medical School and a Pulmonary/critical care doctor. The author holds an MD from New York University and expressly identifies as an “advocate for Single-Payer” as the lead on the author’s Twitter handle. Internally quoting Damon Tweedy – the author of the book Black Man in a White Coat. Tweedy identifies as black and is a graduate of Duke University School of Medicine. He is an associate professor of psychiatry at Duke University School of Medicine and staff physician at the Durham Veteran Affairs Health System. Also internally quoting Dayna Bowen Matthew, a leader in public health who focuses on racial disparities in health care. Matthew identifies as a black female. Matthew joined the faculty at the University of Virginia in 2017. She is the author of the book Just Medicine: A Cure for Racial Inequality in American Health Care. Matthew previously served on the University of Colorado law faculty as a professor, vice dean and associate dean of academic affairs. “Is the Path to Racial Health Equity Paved with “Reparations”? The Politics of Health, Part II” – LA Review of Books - 3-7-2016 – #CutWithRJ - [https://lareviewofbooks.org/article/is-the-path-to-racial-health-equity-paved-with-reparations-the-politics-of-health-part-ii/#](https://lareviewofbooks.org/article/is-the-path-to-racial-health-equity-paved-with-reparations-the-politics-of-health-part-ii/)!

Only through the combined force of the civil rights movement, the Civil Rights Act of 1964, a number of key legal challenges, and the passage of Medicare in 1965 could the rollback of American apartheid medicine begin, as will be discussed in more detail below. For now, it’s worth noting that the impact of the civil rights movement on black health was not insignificant, as demonstrated in a revealing 2013 study by epidemiologist Nancy Krieger and colleagues. In the early 1960s, these investigators found that black infant death rates were significantly higher in “Jim Crow” states (the 21 states, plus the District of Columbia, with racial discrimination on the law books) than in non-Jim Crow states. This is hardly surprising. Yet, during the late 1960s, the death rate of the former group did improve, and by the 1970s the difference had evaporated. This can be touted as evidence that political change can yield real improvements *in health* over time. But two additional facts complicate this interpretation. First, after 2000, the gap again opened up, albeit to a lesser extent. And, second, regardless of the impact of the Civil Rights movement on disparities among blacks, throughout this period black infant death rates were still twice that of whites.[10]

Meanwhile, in terms of life expectancy, recent years have seen the reduction — but not the elimination — of black-white inequalities. As the Centers for Disease Control reported last November, the difference in life expectancy between the two groups fell from 5.9 years (in 1999) to 3.6 years (in 2013). However, even this may not be entirely goods news. A widely covered study published last fall found a unique and disturbing rise in mortality among middle-aged whites (of lower socioeconomic status) between 1999 and 2013, leading the investigators to conclude that falling white-black mortality disparities in this age group “was largely driven by increased white mortality.”[11]

Moreover, during this same period and on into the present, a series of events have functioned as starkly visible and undeniable examples of ongoing structural health racism. Following the death last year of Freddie Gray while in polic[e] custody, many made note of the enormous chasm in health and mortality between black neighborhoods like his and adjacent wealthier and whiter ones. Other commentators have highlighted “environmental racism,” or inequities in exposure to environmental hazards by race, emblematic of embedded structural inequality. Revealing reporting by the Washington Post, for instance, described Gray’s history of childhood lead poisoning, an exposure that is in part racially patterned. More recently, mass poisoning by lead in Flint, Michigan — the disastrous consequence of dimwitted austerity and structural marginalization — has provided yet more evidence of the downstream health consequences of political exclusion.

Inequalities in criminal justice itself — specifically mass incarceration and police violence — are now being explicitly contextualized within a framework of health.[12] In protest of such inequalities (made starkly visible by the killings of men like Eric Garner and the ensuing “Black Lives Matter” protests), medical students throughout the country have begun to advocate for change — for instance, with a solidarity “die-in” action on December 10, 2014, which in turn led to the formation of a new racial health justice organization (“White Coats for Black Lives”) on Martin Luther King Day in 2015.[13]

Finally, two new books are tackling head-on the problem of racial health inequality, albeit from very different “expert” perspectives — one from within medicine and the other from a legal perspective. Damon Tweedy’s Black Man in a White Coat, released last year, is a thoughtful memoir that explores the nexus of race and medicine through the eyes of a black physician. Law professor Dayna Bowen Matthew’s Just Medicine: A Cure for Racial Inequality in American Health Care, on the other hand, is an integration of legal analysis and social science that culminates in an overarching policy recommendation.

In what follows, I’ll first examine the issue of racism within the medical profession, turning to Tweedy’s experiences and reflections as described in his book. Next, I’ll focus on Matthew’s book, and examine the problem of explicit and implicit medical discrimination historically and in the present — and how civil rights law might be used to combat it. From there, I’ll discuss the place of the health system in the perpetuation of inequalities, and the largely neglected role that health care universalism plays in “health equality.”

Lastly — but most importantly — I’ll explore how health inequities by race and by class intersect. To phrase the question plainly: Does confronting the problem of racial health inequality mean that we must embrace the cause of economic redistribution, as discussed in the first part of this essay? If so, should this economic redistribution proceed within the context of social democracy (or democratic socialism?), or should it — must it — proceed along explicitly racial lines? Is the path to racial health equity paved with “reparations”?

2. Black doctors: Discrimination within the profession

The plotline of Steven Soderbergh’s unnerving and beautifully shot series The Knick tackles racism within the medical profession by making it viscerally visible in another era. Set in a downtown Manhattan hospital at the turn of the 19th century, the black, eminently qualified physician, Algernon Edwards (Andrew Holland), is treated with derision and disdain by many of the hospital’s white staff and administrators. At the same time, the hospital turns away black patients from its outpatient clinic; Edwards surreptitiously begins treating them — under rather suboptimal operative conditions — in the hospital’s basement.[14]

But what about after the time period depicted in this series? Into the mid-20th century, blacks were excluded from many medical schools, and those who graduated faced intense discrimination in the course of practice. For instance, even decades after the events depicted in the Knick, black physicians were unable to provide care for their hospitalized patients in the South. This was because physicians needed to gain entry into county medical societies as a prerequisite to hospital-admitting privileges; and, in the South, these societies entirely or almost entirely denied blacks membership. The AMA virtuously professed that it opposed discrimination, and yet excused itself from doing anything, claiming it was impotent to compel integration. It took decades of political pressure to force change. In 1968, the Medical Committee for Human Rights, a health-oriented civil rights group, took matters into its own hands, invading the AMA’s convention at the extravagant Fairmont Hotel in San Francisco. Such actions — in conjunction with the Civil Rights Act and the passage of Medicare — ultimately contributed to the AMA’s vote later that year to expel county societies that excluded black members, at long last forcing their disgracefully delayed integration.[15]

This is, of course, not to say that blacks subsequently gained equal footing within the medical profession. Black representation in US medical schools has remained proportionally low over the decades, especially for men. Indeed, a report from the Association of American Medical Colleges last year showed that the number of black male matriculants in medical school is lower now — in absolute terms — than it was in the late 1970s. Tweedy, now an assistant professor of psychiatry at Duke University Medical Center, was one of these matriculants. In his book, he describes some of the challenges he faced.

In addition to being one of only “a handful of black students” in his class at Duke Medical School, Tweedy came from a working class family, in stark contrast to the majority of his classmates. On the one hand, Tweedy highlights the importance of affirmative action: “So there it was: Not only was I admitted to Duke, when in a color-blind world I might not have been, but I had arrived with a full-tuition scholarship in hand.” On the other hand, his first exchange as a first year student with a medical school professor was markedly inauspicious: the professor approached him to ask if he was there to fix the lights. While he was a medical student, patients routinely queried him about his presumed basketball skills. Far worse was his interaction as a resident with a racist patient and his confederate-flag adorned family (“I don’t want no nigger doctor,” the patient told a nurse). Tweedy’s diligence and persistence ultimately, however, won them over. On another occasion, a black patient rejected him, presuming his medical skills to be inferior and seeing the assignment as evidence of racist mistreatment of him as a patient. Given the insecurities that afflict medical students and trainees in general, we can only imagine the additional strain created by such presumptions and prejudices.

Tweedy’s book is also very much about the experience of black patients. He bears witness to the second-class care they too frequently experience when, for instance, as a medical student he spends time in a makeshift rural clinic, “nestled within a group of dingy trailers and makeshift houses.” The clinic serves poor black patients who cannot afford prescribed treatments. They are likely to see a different doctor at every visit and receive grossly insufficient preventive care. In another chapter, he describes how one black patient, who quite reasonably declines one of his team’s medical recommendations, is dispatched with a punitive psychiatric diagnosis.

Toward the conclusion of his book, Tweedy briefly explores the larger and looming question: what is the cause of racial health inequalities? Early in his medical career, he had assumed — like many others — that genetic differences were the primary factor. And indeed, for years, a huge amount of resources have gone into uncovering the genetic sources of health disparities. However, as Jason Silverstein explains in a revealing article in The Atlantic (“Genes Don’t Cause Racial-Health Disparities, Society Does”), this money may have been better spent elsewhere. He describes a 2015 paper that systematically reviewed the collective evidence thus far for the proposition that genetic factors explain racial cardiovascular disparities. It’s worth quoting from the study’s conclusion:

The results reveal a striking absence of evidence to support the assertion that any important component of observed disparities in these diseases arises from main-effect genetic mechanisms as we currently understand them … Despite the enormous social investment in genomic studies, this research program has not yet provided valuable population-relevant insights into disparities in the most common cause of morbidity and mortality.[16]

Why then, Silverstein asks the study’s lead author, do genomics still get so much attention? The author responds with a sentiment I’ve long suspected: if inequalities are built into the very base pairs of our genetic code, what can we really do to alleviate them? More research? In effect, as the investigator tells Silverstein, the fact is that racism and inequities are let off the hook if our genes are the culprits. Tweedy notes that he came to reject this genetic explanation: even if genetic factors play some role with respect to specific diseases, they explain little of the overall differences in health between races.

In contrast, there are reams of evidence that point to social and economic inequalities as drivers of racial inequalities. In the first part of this essay, I focused on the impact of economic injustices on health: a large body of literature has demonstrated that poverty, for instance, is associated with a panoply of poor health outcomes, and some researchers argue that inequality itself causes worse health for everyone in society (perhaps via increased psychosocial strain as well as other factors).[17] No doubt such socioeconomic factors are a major factor in racial health inequalities, given the tight association between economic status and race.[18] Similarly, differences in health care access associated with race (like being uninsured) are no doubt factors as well.

But what might be said about the role of racially discriminatory treatment itself? This issue has received increased attention since the 2002 publication of an Institute of Medicine evidence report, Unequal Treatment: Confronting Racial Disparities in Health Care. Tweedy quotes from the report’s conclusion: “Although myriad sources contribute to [health] disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of the healthcare providers may contribute to differences in care.” Or, as he puts it, the “doctor-patient relationship itself serves as a catalyst for differing outcomes,” which is in part the result of the fact that “some doctors are prone to hold negative views about the ability of black patients to manage their health and therefore might recommend different, and possibly substandard, treatments to them.”

This issue — namely, the problem of racially disparate treatment — is the central focus of Dayna Bowen Matthew’s book. She explores how “implicit bias,” as she terms it, deforms physician behavior; in her view, it constitutes the most neglected determinant of inferior health among blacks.

3. Jim Crow medicine: Past and present

Matthew is a law professor with appointments at both the University of Colorado Law School and the Colorado School of Public Health. Matthew is also one of the founders of the Colorado Health Equity Project, a multidisciplinary organization that works to “remove legal barriers to equal health access and health outcomes for Colorado’s vulnerable populations,” as its website puts it. Her ambitious book lays out a case for a legal remedy for racial health inequality.

Key to her argument is the historical context of civil rights law, which she sees as a swinging pendulum. Hill-Burton, as we’ve seen, legally enshrined the “separate-but-equal” standard — established in the Supreme Court case Plessy v. Ferguson — within the health care system. Legal challenges to this standard were unsuccessful, until Simkins v. Moses H. Cone Memorial Hospital, the “watershed case,” as Matthew puts it, initiated its unraveling. As she recounts it, the case was brought by black practitioners and patients against a discriminatory hospital in North Carolina that received Hill-Burton funds. The Fourth Circuit Court of Appeals decided in favor of the plaintiffs, declaring, as quoted by Matthew, that “Racial discrimination by hospitals visits severe consequences upon Negro physicians and their patients.”

She describes two consequences that flowed from this decision. First, the case helped catalyze subsequent *successful* health-care related civil rights litigation throughout the country. Second, the decision — which the Supreme Court importantly declined to reconsider — helped lead the way to Title VI of the Civil Rights Act of 1964. According to Matthew, Congress took the Supreme Court’s decision not to accept the case as a signal that it saw hospital segregation as unconstitutional (and, indeed, several legislators explicitly cited the Simkins decision during debate over the bill). Much good came from this: “From 1963 through the early 1990s,” Matthew writes, “Title VI proved an effective weapon against the segregation and discrimination that minority patients and physicians had experienced in American health care since the colonial era.” For instance, the Johnson administration required hospitals to comply with Title VI in order to be eligible for Medicare payment. Few could afford not to, and so the age of explicit hospital segregation finally came to a close.

Yet Matthew asserts that, to an extent, this more auspicious era ended abruptly in 2001, when a more conservative Supreme Court ruled in Alexander v. Sandoval, in a decision written by Justice Antonin Scalia, that Title VI was applicable only in cases of deliberate discrimination; disparate impact was not enough.[19] This new standard precluded a great deal of civil rights litigation because it required that plaintiffs produce tangible evidence that racist health care was intentional, which is made difficult when, as she notes, “few Americans are careless enough to create an evidentiary record of outright bigotry.” Thus, according to Matthew, with respect to health care discrimination, this decision effectively rendered Title VI “a dead letter.” This decision, she argues, must be undone if progress against racial health inequalities is to proceed. In short, unconscious racism in health care must, according to her, be made illegal through an act of Congress and an expansion of Title VI.

This may sound Orwellian to some. Is it meaningful, after all, to talk about outlawing sentiments or attitudes that lie deep within the dark depths of our unconscious? Can we root out biases if we are, by definition, unaware of their very existence? Matthew marshals a body of literature from various disciplines to answer *in the affirmative*. Conscious racism, she argues, is slowly being replaced by the unconscious variety: “But while overt racism is subject to nearly universal derision, unconscious racism due to implicit bias is hidden, is tolerated, and even excused despite its destructiveness.” She persuasively explores various literatures demonstrating that physicians harbor unconscious negative perceptions of blacks. She cites studies that show that patient race affects which treatments doctors recommend, how much time they spend with patients, “the level of verbal exchange and shared decision-making in which they engage” with patients, and even the manner of their nonverbal engagement. She concludes that there is a sufficient base of evidence to conclude that these implicit biases contribute to disparities, that there is reason to believe that such biases, even though they are implicit, are remediable, and that health care providers — both on the individual and institutional level — can therefore be held legally responsible for the results of their implicit biases.

The “evidence of malleability” is strong, according to Matthew. In other words, she thinks specific interventions can mitigate implicit biases and, as a result, disparate outcomes. The sorts of interventions she envisions, however, seem of mixed applicability and utility. Nonetheless, overall, she makes a strong case that clinicians make racially biased decisions, whether or not they intend to, and that this issue must be directly addressed. People like me — that is to say, white physicians who believe they are immune from racially biased thought and action — have a great deal to gain from reading this book.

That said, it is also important to examine the larger picture. There is no question that more needs to be done to address physician bias. Yet we also have to keep in mind that, in the pre-Alexander v. Sandoval era (when Title VI was, according to Matthew, more robust), there were still large racial inequalities. Litigation may be a useful tool, but it’s a limited, post-facto modality.

More broadly, the recommendations of both Tweedy and Matthew ultimately seem inadequate. Neither gives much credence to the notion that further increasing the universalism of the health system might play an important role in reducing inequalities. Moreover, Tweedy says nothing, and Matthew only a little,[20] about the notion of economic redistribution as a tool against racial health inequalities. In fairness, these concerns are not the focus of their books. However, to my mind, they are crucial considerations in the larger discussion of racial health care justice.

4. Health equity and health system universalism

Martin Luther Kings Jr.’s statement on the evils of health inequality is frequently quoted, but not usually in its full form. In his 1966 speech at the annual meeting of the aforementioned Medical Committee for Human Rights, he said, “Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”[21] Indeed, studies have shown a statistical association between lack of insurance and mortality. Removing the boundaries between individuals and the health care system is a critical step in the movement toward health care equality.

Tweedy, for instance, sees firsthand the harm inflicted on the uninsured when he works at the rural health clinic described earlier. But, even so, like Matthew, he gives insufficient attention in his book to the fact that, even with the reforms of the Affordable Care Act, we will continue to lack universal health care.[22] For instance, under current reforms, 27 million are expected to remain uninsured 10 years from now, according to an approximation of the Congressional Budget Office. We know that ~~Hispanics~~ (LatinX) and blacks are disproportionately represented among the uninsured.[23] Covering these excluded millions seems critical. Moreover, neither author discusses the fact that the US health care system imposes substantial financial burdens at the “point of use,” in the form of copayments, deductibles, and co-insurance for medical care, which may deter care for those who need it. Some have legitimately suggested that these forms of cost-sharing disproportionately harm minorities, who have lower median income and net wealth.[24] In other words, the potential harm of, say, a $2,000 medical deductible is dependent on your income and assets: those with fewer resources may lose out on important health care. And finally, though Tweedy refers to the shortcomings of Medicaid, neither he nor Matthew emphasizes that a health care system with a separate tier of access for the poor may be inherently unequal.

But would “true” universal health care do much to combat racial health inequalities, if it were, say, a single-payer system that eliminated out-of-pocket expenses and was equally accessible by all, without tiers or walls?[25] Or would it replicate current biases and inequalities? To some extent, the answer is yes to both questions. But even so, a body of research has suggested that, even if these biases persist, a fully universal system might nonetheless be a powerful tool in reducing racial health care inequalities. That evidence comes from what is arguably a quasi-single-payer system located in the US: the Veterans’ Administration (VA). Notwithstanding recent scandals that are indeed of great concern, the modern-era VA has justifiably earned praise for delivering a high — indeed, comparatively superior — quality of health care.[26] There is also evidence that it may indeed effectively reduce, even potentially eliminate, some racial health inequalities.

Last fall, a study published in Circulation, the premier journal of the American Heart Association, received wide coverage in the media for some provocative findings. “The US Veterans Health Administration (VHA),” as the study notes in its introductory section, “is a healthcare system that does not impose the typical access barriers of the US healthcare system that may disproportionately impede enrollment of blacks.” The investigators therefore hypothesized that racial inequalities in cardiovascular outcomes and mortality found in the general population might be reduced in the VA, a “healthcare system that allows enrollment independent of race or socioeconomic status.”[27] Consistent with previous studies, in their analysis of data from the general (non-VA) population, they found racial inequalities much as they expected to find them: blacks had a much higher mortality (after adjusting for various other factors) as compared to whites (indeed, approximately 40 percent to 50 percent higher).[28]

In striking contrast, in the VA population, even though the risk of stroke was either higher or similar among blacks as compared to whites depending on which statistical adjustments were used, the risk of coronary heart disease as well as overall death was actually lower among blacks. This is, of course, only a single study, albeit a rather large one with more than three million subjects. An accompanying editorial concedes that a number of factors may be at play. Nonetheless, the fact is that, as described by the investigators, these findings build on an existing literature consisting of multiple studies that together point to a reduction of racial health inequalities within the VA for critically important outcomes like mortality.[29]

No doubt, there are still discriminatory practices in some or all of these facilities, and we can assume that there are conscious or unconscious biases at work in the minds of some of its clinicians, as there are elsewhere. Indeed, other studies clearly show that, even after the significant reorganization and reform of the VA in the late 1990s, there are still racial disparities in the VA.[30] If we moved to a single-payer system on a national level, such biases would still need to be addressed along the lines Matthew argues. But the point is that a more egalitarian structure of the health care system itself might go even further in reducing them. Indeed, in light of this research, it seems fair to say that health care universalism could be a very powerful tool in combatting ubiquitous racial health inequities. Attaining health care equality, in other words, *requires* true *equality of access*. And *yet this* simple notion *is* all too *often ignored* entirely *in* any *discussion* of health “disparities.”

#### Here’s proof that – regardless of the variables – access is key. It’s a materiality add-on and disad to the Alt. Failure to do the Aff means unique modes of violence towards black populations.

LDI ‘20

Internally quoting Dr. Margo Brooks Carthon - LDI Senior Fellow, a Nurse Practitioner, PhD, RN, FAAN, and is also an Associate Professor at Penn’s School of Nursing. The LDI is the Leonard Davis Institute of Health Economics at the University of Pennsylvania (Penn). Six expert panelists are quoted and we are quoting the section from Margo Brooks Carthon – “Scope of Practice Restrictions and Vulnerable Populations: LDI Virtual Conference Explores The Issue's Changing Dynamics” - November 21, 2020 - #E&F - https://ldi.upenn.edu/our-work/research-updates/scope-of-practice-restrictions-and-vulnerable-populations/

Historically marginalized individuals

“For historically marginalized individuals, including black and brown communities, low income communities, and residents living in medically underserved areas, a lack of access to primary care, preventive services, and mental health services is really at the core of many of the poor physical and health status disparities we see today,” she continued. “And the concern is that scope of practice restrictions contribute to that by impacting NPs’ ability to evaluate, diagnose or prescribe, or to work in the places they’re needed most.”

“We now know from a growing number of studies and reports that residents living in states with more restrictive nurse practitioner SOP regulations have, on average, less access to health care, and longer wait times. The supply of nurse practitioners in those states is also actually lower.”

“The best way to utilize NPs,” Carthon told the audience, “is let them work to the top of their license, let them do what they’re trained to do. We have to reduce this national patchwork of different scope of practice restrictions that leads to such variations. From an equity perspective, we need to work more in coalition building with one another. As someone who’s been an NP for 20 years, I think we’ve been having these turf wars for far too long, and patients get no benefit from that.”

#### And, empirics prove that the quality of care *is malleable* – it’s *access* that need a boost.

Clancy ‘13

et al; Dr. Carolyn Clancy, MD is the Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks. Prior to her current position, she served as the VHA Executive in Charge. Dr. Clancy also served as the Deputy Under Secretary for Health for Organizational Excellence overseeing VHA’s performance, quality, safety, risk management, systems engineering, auditing, oversight, ethics and accreditation programs, as well as ten years as the Director, Agency for Healthcare Research and Quality – “2012 NATIONAL HEALTHCARE QUALITY REPORT” - AHRQ Publication No. 13-0002 - May 2013 - #E&F - https://www.ahrq.gov/sites/default/files/publications/files/2012nhqr.pdf

Disparities in access are also common, especially among AI/ANs, Hispanics, and poor people:

Blacks had worse access to care than Whites for one-third of measures, and AI/ANs had worse access to care than Whites for about 40% of access measures (Figure H.2).

Asians had worse access to care than Whites for about 20% of access measures but better access to care than Whites for a similar proportion of access measures.

Hispanics had worse access to care than non-Hispanic Whites for about 70% of measures.

Poor people had worse access to care than high-income people for all measures; low-income people had worse access to care for more than 80% of measures, and middle-income people had worse access to care for about 70% of measures.

Suboptimal health care is undesirable, but we may be less concerned if we observe evidence of vigorous improvement. Hence, the second key function of these reports is to examine change over time. New this year, we assess changes in average performance through 2009 across a fixed panel of quality of care process measures and access to care measures.

Problems with quality of care are decreasing while problems with access to care are increasing:

In 2005, Americans failed to receive about 34% of health care services they should have received; by 2009, this had fallen to 30% of services (Figure H.3).

In 2002, 24% of Americans encountered difficulties accessing health care; by 2009, this had increased to 26% of Americans.

## K

#### Prefer ballot roles where Affs access their impacts. Anything else means “impact calc is disguise”. Neg impact can’t be the lone criteria – it’s not ethical unless we consider the externalities of the Neg’s failing Alt. This contextualizes bc 1AC accesses social injustice.

Chandler ‘14

(David Chandler is Professor of International Relations at the Department of Politics and International Relations, University of Westminster – “Beyond good and evil: Ethics in a world of complexity” – International Politics, Vol. 51, No. 4 (2014), pp.441-457 Available at: http://www.davidchandler.org/wp-content/uploads/2014/10/International-Politics-Evil-PUBLISHED-2.pdf)

Self-reflexive ethics redistribute responsibility and emphasize the indirect, unintended and relational networks of complex causation. Collective problems are reconceived ontologically: as constitutive of communities and of political purpose. This is why many radical and critical voices in the West are drawn to the problems of 'side effects', of 'second-order' consequences - of a lack of knowledge of the emergent causality at play in the complex interconnections of the global world. The more these interconnections are revealed, though the work of self-reflexivity and self-reflection, the more ethical authority can be regained by governments and other agents of governance. We learn and learn again that we are responsible for the world, not because of our conscious choices or because our actions lacked the right ethical intention, but because the world's complexity is beyond our capacity to know and understand in advance. The unknowability of the outcomes of our action does not remove our ethical responsibility for our actions, it, in fact, heightens our responsibility for these second-order consequences or side effects. In a complex and interconnected world, few events or problems evade appropriation within this framing, providing an opportunity for recasting responsibility in these ways. The new ethics of indirect responsibility for market consequences can be ~~seen~~ (observed) clearly in the idea of environmental taxation, both state-enforced through interventions in the market and as taken up by both firms and individuals. The idea that we should pay a carbon tax on air travel is a leading example of this, in terms of governmental intervention, passing the burden of such problems on to 'unethical' consumers who are not reflexive enough to consider the impact of package holidays on the environment. At a broader level, the personalized ethico-political understanding that individuals should be responsible for and measure their own 'carbon footprint' shifts the emphasis from an understanding of broader inter-relations between modernity, the market and the environment to a much narrower understanding of personal indirect responsibility, linking all aspects of everyday decision making to the problems of global warming (see, for example, Marres, 2012). The shared responsibility for the Breivik murders is not different -ontologically - from the societally shared responsibility for global warming or other problematic appearances in the world. Through our actions and inactions we collectively constitute the frameworks in which others act and make decisions -failing to raise our voice against 'borderline racism' or extremism in a bar makes us indirectly responsible for acts of racism or extremism in the same way that failing to save water or minimize air travel makes us indirectly responsible for the melting polar ice caps.

#### Alt fails and policy framework’s is valuable to learn *even if fiat’s not real.*

Bryant ‘12

(Levi Bryant is currently a Professor of Philosophy at Collin College. In addition to working as a professor, Bryant has also served as a Lacanian psychoanalyst. He received his Ph.D. from Loyola University in Chicago, Illinois, where he originally studied 'disclosedness' with the Heidegger scholar Thomas Sheehan. Bryant later changed his dissertation topic to the transcendental empiricism of Gilles Deleuze, “Critique of the Academic Left”, http://larvalsubjects.wordpress.com/2012/11/11/underpants-gnomes-a-critique-of-the-academic-left/)

Unfortunately, the academic left falls prey to its own form of abstraction. It’s good at carrying out critiques that denounce various social formations, yet very poor at proposing any sort of realistic constructions of alternatives. This because it thinks abstractly in its own way, ignoring how networks, assemblages, structures, or regimes of attraction would have to be remade to create a workable alternative. Here I’m reminded by the “underpants gnomes” depicted in South Park:¶ The underpants gnomes have a plan for achieving profit that goes like this:¶ Phase 1: Collect Underpants¶ Phase 2: ?¶ Phase 3: Profit!¶ They even have a catchy song to go with their work:¶ Well this is sadly how it often is with the academic left. Our plan seems to be as follows:¶ Phase 1: Ultra-Radical Critique¶ Phase 2: ?¶ Phase 3: Revolution and complete social transformation!¶ Our problem is that we seem perpetually stuck at phase 1 without ever explaining what is to be done at phase 2. Often the critiques articulated at phase 1 are right, but there are nonetheless all sorts of problems with those critiques nonetheless. In order to reach phase 3, we have to produce new collectives. In order for new collectives to be produced, people need to be able to hear and understand the critiques developed at phase 1. Yet this is where everything begins to fall apart. Even though these critiques are often right, we express them in ways that only an academic with a PhD in critical theory and post-structural theory can understand. How exactly is Adorno to produce an effect in the world if only PhD’s in the humanities can understand him? Who are these things for? We seem to always ignore these things and then look down our noses with disdain at the Naomi Kleins and David Graebers of the world. To make matters worse, we publish our work in expensive academic journals that only universities can afford, with presses that don’t have a wide distribution, and give our talks at expensive hotels at academic conferences attended only by other academics. Again, who are these things for? Is it an accident that so many activists look away from these things with contempt, thinking their more about an academic industry and tenure, than producing change in the world? If a tree falls in a forest and no one is there to hear it, it doesn’t make a sound! Seriously dudes and dudettes, what are you doing?¶ But finally, and worst of all, us Marxists and anarchists all too often act like assholes. We denounce others, we condemn them, we berate them for not engaging with the questions we want to engage with, and we vilify them when they don’t embrace every bit of the doxa that we endorse. We are every bit as off-putting and unpleasant as the fundamentalist minister or the priest of the inquisition (have people yet understood that Deleuze and Guattari’s Anti-Oedipus was a critique of the French communist party system and the Stalinist party system, and the horrific passions that arise out of parties and identifications in general?). This type of “revolutionary” is the greatest friend of the reactionary and capitalist because they do more to drive people into the embrace of reigning ideology than to undermine reigning ideology. These are the people that keep Rush Limbaugh in business. Well done!¶ But this isn’t where our most serious shortcomings lie. Our most serious shortcomings are to be found at phase 2. We almost never make concrete proposals for how things ought to be restructured, for what new material infrastructures and semiotic fields need to be produced, *and when we do*, our critique-intoxicated cynics and skeptics immediately jump in with an analysis of all the ways in which these things contain dirty secrets, ugly motives, and are doomed to fail. How, I wonder, are we to do anything at all when we have no concrete proposals? We live on a planet of 6 billion people. These 6 billion people are dependent on a certain network of production and distribution to meet the needs of their consumption. That network of production and distribution does involve the extraction of resources, the production of food, the maintenance of paths of transit and communication, the disposal of waste, the building of shelters, the distribution of medicines, etc., etc., etc.¶ What are your proposals? How will you meet these problems? How will you navigate the existing mediations or semiotic and material features of infrastructure? Marx and Lenin had proposals. Do you? Have you even explored the cartography of the problem? Today we are so intellectually bankrupt on these points that we even have theorists speaking of events and acts and talking about a return to the old socialist party systems, ignoring the horror they generated, their failures, and not even proposing ways of avoiding the repetition of these horrors in a new system of organization. Who among our critical theorists is thinking seriously about how to build a distribution and production system that is responsive to the needs of global consumption, avoiding the problems of planned economy, ie., who is doing this in a way that gets notice in our circles? Who is addressing the problems of micro-fascism that arise with party systems (there’s a reason that it was the Negri & Hardt contingent, not the Badiou contingent that has been the heart of the occupy movement). At least the ecologists are thinking about these things in these terms because, well, they think ecologically. Sadly we need something more, a melding of the ecologists, the Marxists, and the anarchists. We’re not getting it yet though, as far as I can tell. Indeed, folks seem attracted to yet another critical paradigm, Laruelle.¶ I would love, just for a moment, to hear a radical environmentalist talk about his ideal high school that would be academically sound. How would he provide for the energy needs of that school? How would he meet building codes in an environmentally sound way? How would she provide food for the students? What would be her plan for waste disposal? And most importantly, how would she navigate the school board, the state legislature, the federal government, and all the families of these students? What is your plan? What is your alternative? I think there are alternatives. I saw one that approached an alternative in Rotterdam. If you want to make a truly revolutionary contribution, this is where you should start. Why should anyone even bother listening to you if you aren’t proposing real plans? But we haven’t even gotten to that point. Instead we’re like underpants gnomes, saying “revolution is the answer!” without addressing any of the infrastructural questions of just how revolution is to be produced, what alternatives it would offer, and how we would concretely go about building those alternatives. Masturbation.¶ “Underpants gnome” deserves to be a category in critical theory; a sort of synonym for self-congratulatory masturbation. We need less critique not because critique isn’t important or necessary– it is –but because we know the critiques, we know the problems. We’re intoxicated with critique because it’s easy and safe. We best every opponent with critique. We occupy a position of moral superiority with critique. But do we really do anything with critique? What we need today, more than ever, is composition or carpentry. Everyone knows something is wrong. Everyone knows this system is destructive and stacked against them. Even the Tea Party knows something is wrong with the economic system, despite having the wrong economic theory. None of us, however, are proposing alternatives. Instead we prefer to shout and denounce. Good luck with that.

#### Perm---do plan and all non-competitive parts of the alt – the aff is antiracist antitrust – the squo and overregulation are the equivalent of voter id laws - Parker immunity blocks enforcement of anticompetitive practices sanctioned by state licensing boards. These boards entrench incumbent interests and exclude communities that lack socio-economic privilege

Weissmann ‘21

Shoshana Weissmann, Senior Manager, Digital Media, Communications; Fellow, 3-11-2021 – modified for language that may offend - https://www.rstreet.org/2021/03/11/we-need-antitrust-reform-for-the-little-guy/

Overhauling antitrust is in vogue. Just last month the House Judiciary Committee launched a new series of hearings to flesh out potential changes to America’s current approach to antitrust enforcement. On Thursday, the Senate Judiciary Committee’s Subcommittee on Competition Policy, Antitrust, and Consumer Rights is having a hearing on antitrust reform. And, in a sign of the times, left-of-center advocates want to ensure antitrust enforcers adopt an “anti-racist” agenda that places marginalized communities at the front of the discussion.

So often when we ~~hear~~ (consider) about antitrust, we think about the government seeking to break up large corporate monopolies. Before Google and Facebook, it was Microsoft. Before that, Ma Bell. But there is plenty of anti-competitive behavior that takes place outside of the realm of big business, and there is a way to reform such behavior that also places an emphasis on protecting disadvantaged communities: Congress can overturn the “state action doctrine” as applied to occupational licensing boards. This doctrine has long allowed semi-governmental occupational licensing boards to act in a blatantly anti-competitive manner—one that has a stark and disproportionate impact on ~~minorities~~ (those lacking socio-economic and-or racial privilege), the poor, and small-business entrepreneurs.

The overwhelming burden these occupational licensing requirements place on these groups is staggering, keeping people from earning an honest living, providing for their families, and contributing to society in the profession of their choice. These requirements include expensive schooling to certify practical skills that can be learned in other ways, or policies that limit participation in fields in the name of “safety,” when those safety issues are overblown.

In the 1950s, 1 out of every 20 people in the United States needed a license to do his or her job. Today, it’s 1 out of every 4. From the Obama administration to President Donald Trump to President Joe Biden, virtually everyone recognizes that something is horribly amiss. Even the Federal Trade Commission (FTC) released a detailed report in 2018 highlighting the dangers of overly burdensome occupational licensing and its disproportionate negative effects.

Bad board behavior is rampant. In recent years, Arizona’s cosmetology board cracked down on a student helping his community by cutting hair for people experiencing homelessness. Had Republican Gov. Doug Ducey not stepped in to help, the student’s career could have been ruined. African hair braider Isis Brantley was once arrested for braiding hair without a cosmetology license—a license that wouldn’t have even taught her to braid hair. In Louisiana, elderly widow Sandy Meadows was prevented by the board from earning a living arranging flowers because Louisiana requires a license to do so and she couldn’t pass an exam with a lower pass rate than the state’s bar exam. When she died, she was living in poverty.

The dirty open secret of occupational licensing boards is that they are often composed almost exclusively of people in the industry who have a direct stake in keeping others out. Cosmetology boards are often stocked with salon owners, for example. This kind of collusive, anticompetitive behavior aimed at entrenching incumbents to the detriment of workers, consumers, and society more broadly is exactly why we have antitrust laws in the first place.

The problem isn’t that enforcers don’t want to act—it’s that they can’t because of the “Parker” or “state immunity” doctrine. For nearly 80 years, there have been severe limits on how federal agencies and private plaintiffs could enforce America’s antitrust laws against a state-sanctioned entity, like an occupational licensing board. Under this doctrine, states are overwhelmingly protected from any kind of antitrust scrutiny, minus a few narrow exceptions.

Thankfully, courts have somewhat pulled back on this doctrine in recent years. In 2015, in a case involving non-dentists who were offering inexpensive teeth-whitening services, the Supreme Court refused to extend this immunity to North Carolina’s state dental licensing board because it was not actively supervised by the government and was composed of self-interested market participants. This decision was a step in the right direction, although its holding was narrow and the Parker doctrine was left largely intact.

Excluding competitors and keeping new entrants out of the market without reason is anticompetitive and should be punished, even when given a state’s stamp of approval. With its laser focus on antitrust, Congress is well-suited to take up the mantle on this issue.

Congress should empower antitrust enforcers like the FTC and DOJ to bring suits against these collusive bodies for their blatantly anticompetitive conduct. It can do this by overturning the state action doctrine’s application to licensing boards and allowing courts to look behind the veil of these “governmental” boards to gauge meaningfully whether they are engaging in intentionally anticompetitive conduct.

#### Contingency’s true. Ontological anti-blackness is too sweeping, ignores history, and argues from premise-to-conclusion.

Thomas ‘18

Dr. Greg Thomas is an Associate Professor and teaches global Black Studies texts out of the English Department at Tufts University. The author holds a Ph.D. in Rhetoric from The University of California, Berkeley – Thomas is the author of three published books – including The Sexual Demon of Colonial Power: Pan-African Embodiment and Erotic Schemes of Empire; Hip-Hop Revolution in the Flesh: Power, Knowledge & Pleasure in Lil' Kim's Lyricism; and Word Hustle: Critical Essays and Reflections on the Work of Donald Goines, a collection co-edited with L.H. Stallings. From the Article: “Afro-Blue Notes: The Death of Afro-pessimism (2.0) ?” – From the Journal: Theory & Event, Volume 21, Number 1, January 2018 – p. 282-317 - Published by Johns Hopkins University Press- obtained via the Project MUSE - #CutWithRJ - Premium Collection Database.

There is here a general critical erasure of the massive tradition of Black anti-colonialism —or anti-colonial Black resistance to “anti-Black-ness” and anti-Black colonialism , which transcends nationalization. Wilderson’s “Afro-pessimist” rejects the anti-colonialist paradigms of supposedly “other” peoples, and yet in a manner that reinstates US or Western coloniality nonetheless—a white colonialism that oppresses “the Black” inside and outside the United States’s official geopolitical limits. This position can thus make a virtue out of automatic and abso-lute anti-alliance postures with no further, actual political action then required for Black people, “the Black critic,” or any Black liberation struggle on this view. Such chauvinism without political commitment or engagement beyond critique is logically consistent, for pessimism, where mere resentment or ressentiment can masquerade as resistance or “pro-Black” “radicalism.” After all, Afro-pessimism ( 2.0 ) begins with a proud suspicion of Black liberation or Black liberation move- ment, itself, no less than of its potentially “anti-racist” or “anti-Black” political alliances. This provincial “American” pessimism reveals more affinities with Créolite in the Caribbean than Césaire’s anti-colonialist eruption of Pan-African Négritude , in reality, its narrowly and nega- tively delimited rhetoric of the “Blackness” of “the Black” (as “Slave,” of course) notwithstanding. As if this too is a virtue, pessimism is not just suspicious of power but possibility—while, upholding dystopia, it is casually dismissive of all historical actuality that does not support a pessimist paradigm, orientation or sensibility. Analytically, moreover, there is somehow no white colonialism for Blacks to fight in Africa or Black countries of Black people anywhere and no terrible landlessness that afflicts the African diasporas of Blackness captive within white settler and/or imperial state formations, for Wilderson and Afro- pessimism ( 2.0 )

The pessimist rejection of anti-colonialism goes particularly awry with Fanon. The institution of academia came to Fanon late with great selectivity. It isolates him from the whole tradition of Black anti-colonialism (or anti-colonialist Blackness) so that he becomes a cipher, a sort of color-blinding Rorschach test even. In fact, Fanon is isolated from himself. The Fanon taken up like a weapon by the Black liberation movement of the 1960s and '70s with the "African Revolution" at large was a militant practitioner and is the author of an extant four-volume body of work recently even collected in the form of a hefty oeuvre complète by French as well as Arabic world publishers(i.e., La Découverte and Al Hibr). The Fanon examined in academia got reduced to a very few pages of Black Skin, White Masks, which was written when Fanon still thought he could be "French" and faithful to French colonial empire while opposing physiognomic but not cultural or "civilizational" racism. That text of the middle-class assimilé is of two minds—ambivalent with its currents of brilliance. Yet this [End Page 295] Fanon becomes "post-colonialist" for US academia when truthfully he becomes "anti-colonialist" and only later both in battle and in the related texts likewise disregarded by Afro-pessimism (2.0): Wilderson privileges the colonized Fanon rather than A Dying Colonialism and Toward the African Revolution as well as The Wretched of the Earth.

The standard suppression of The Wretched of the Earth cannot succeed in Red, White & Black. Wilderson tries to dichotomize Fanon so that Black Skin, White Masks (1952) is cast as a text about "race" and "slavery," and thereby "Blackness": The Wretched of the Earth is by contrast cast as a "post-colonial's" text primarily about "land restoration," or "settler colonialism," as if they can be cast apart from "Blackness" and Black struggles.32 This is a false dichotomy. Fanon's corpus does not yield this schism. It should go without saying that Black Skin, White Masks is itself a text of colonialism. It is often and falsely read as an exclusively "Caribbean" text, inapplicable to Afro-North America or even non-French colonies in the Caribbean, despite its central references to Chester Himes and Richard Wright as well as "Brer Rabbit" folklore; and even though this Fanon had written, "I come back to one fact: Wherever he goes, the Negro remains a Negro."33 The Wretched of the Earth is often and falsely read as an exclusively "Algerian" text, inapplicable to North America, despite its numerous references to "niggers" as well as Négritude or "Negro-African" culture—Blackness, especially for the Second Congress of Black Writers and Artists in Rome; despite its global "Third World" politics; and despite Fanon's aggressively militant Pan-Africanism. It remains easy for some to ignore Fanon's insistent categorization of the Algerian revolution as an African revolution as well as how "anti-Black racism" along with anti-Black slavery has lived on the African continent, not exclusively in Africa's Black diaspora. Curiously, Wilderson's Incognegro would expose the counter-insurgent canonization of Black Skin, White Masks in certain quarters, thanks to his youthful contact with the Black Panther Party, which did not dichotomize Blackness or anti-Blackness and colonialism or anti-colonialism in its own revolutionary Fanonism. It trafficked mostly in Les damnés de la terre: "…my father had caught me with it last night and beat the living daylights out of me—so I knew it must be good. That had never happened with Invisible Man. Then, using one of my old cocktail party gimmicks, I quoted a passage of Fanon from memory: 'From birth, I began,' it is clear to him that this narrow world, strewn with prohibition, can only be called into question by absolute violence.' I told Darnell that for some strange reason that had made me think about Kenwood, but why, I didn't know; nor did I know why my father had beaten me when Fanon's other book, Black Skin, White Masks, was nestled on his bookshelf beside the works of Sigmund Freud" (Wilderson 2008, 247).34 While Sexton counts the sum total of references to "Fanon" in Red, White & Black, as if this datum [End Page 296] alone should impress critical audiences, his tabulation begs the question of which Fanon is referenced and how in a manner all too faithful to the white academic management of Fanon and Fanonism as a crisis to be contained by whatever means:35 Red, White & Black seeks to quarantine The Wretched of the Earth from Kenwood or Minnesota, and all settler sites of US colonialism, conceding it away from "Blackness" in an ongoing quarrel with Native American, post-colonialist, and sometimes Palestinian "analogy," even though Wilderson needs to mine its rhetoric at key moments—to speak of putting the enemy "out of the picture" and bringing about "the end of the world" via "absolute violence," for example, when narratively these words then become the words of "Fanon" rather than those of The Wretched of the Earth specifically, given Wilderson's conventional academic preference for a colonially decontextualized Black Skin, White Masks.

No antithesis of "slavery," colonialism becomes unrecognizable as colonialism in Wilderson in ways sacrificial of the Blacks and Blackness subject to it—on and off official plantations. Firstly, colonialism cannot be granted as an object of study to "postcolonial" theory in US or Western academia. It can only appropriate the matter or study of colonialism—from the long history of anti-colonialist theory and praxes preceding it and persisting in spite of it—as a colonizing political act itself, an arrogant critical appropriation that Wilderson routinely accepts without question. What's more, slavery in "Plantation America" is colonial slavery, just as colonialism is a slaveocratic mode of colonialism in the Western Hemisphere. Walter Rodney was sure to note as much explicitly in articles such as "Slavery and Underdevelopment" (1979) as well as "Plantation Society in Guyana" (1981). There is no system of slavery in any part of these Americas that is not still settler colonial slavery; no settler colonialism without chattel slavery or racial slavery and their neo-slaveries. Finally in this regard, colonialism is not reducible to a simple matter of cartography—or "the postcolonial's capacity for cartographic restoration."36 The likes of C.A. Diop and Césaire aside, this is why Amilcar Cabral could write Our People Are Our Mountains (1972); and why Sylvia Wynter would engage Anibal Quijano's "coloniality of power" framework with "Unsettling the Coloniality of Being/Power/Truth/Freedom" (2003); and why one apparently disappeared Black radical tradition would theorize "internal colonialism" or "domestic colonialism" along with "eternal colonialism" and "neo-colonialism," from within the US imperial colony, long before the commercialization of "postcolonialism" or "postcolonial theory" in Western academia. This is further why Fanon himself would write in A Dying Colonialism: "It is not the soil that is occupied. It is not the ports or the airdromes. French colonialism has settled itself in the very center of the Algerian individual and has undertaken a sustained work of cleanup, of expulsion of self, of rationally pursued mutilation" (Fanon 1965, 65).37 This [End Page 297] is why Fanon himself would write for an El Moujahid article now in Toward the African Revolution: "True liberation is not that pseudo-independence in which ministers having a limited responsibility hobnob with an economy dominated by the colonial pact. Liberation is the total destruction of the colonial system, from the pre-eminence of the language of the oppressor and 'departmentalization,' to the customs union that in reality maintains the former colonized in the meshes of the culture, of the fashion, and of the images of the colonialist."38 This is also why it is important to recall that it was never a strictly cartographic colonialism bereft of slavery and Blackness that led Fanon to promulgate his vision of "new humanity" so fully and graphically in The Wretched of the Earth after A Dying Colonialism beyond Black Skin, White Masks.

Fanon's "Worlds," Revisited

Thus there is the serious problem of elliptical truncation in Wilderson's repeated quotation of the "end of the world" line taken from Fanon's Black Skin, White Masks. The "world" is never so generic and singular as pessimism would have it, whether in or outside this or that Fanon—whether it is the critical but "French" colonial Fanon or the radically decolonizing Fanon who wages pan-African revolt against the French and all colonialism. The younger Fanon wrote, "The Martinican is a man crucified. …[M]y friend had fulfilled in a dream his wish to become white—that is, to be man. …I will tell him, 'The environment, society are responsible for your delusion.' Once that has been said, the rest will follow of itself, and what that is we know. The end of the world."39 The "world" in question is quite a specific one. It is not the only world that is, or ever was, before another must be created into being out of necessity. It is the white world that represents itself "as if" (to borrow a turn of phrase from Wynter here) it were the only world in truth.

#### Antiblackness is incomplete and open to resistance. Political closure is impossible and unknowable and reversed by institutional engagement.

Gordon 17 – Dr. Lewis R. Gordon, Professor of Philosophy and African American Studies at the University of Connecticut, PhD in Philosophy from Yale University, MPhil and MA in Philosophy from Yale University, MA from Brown University, Visiting Europhilosophy Professor at Toulouse University, France, and Nelson Mandela Visiting Professor in Political and International Studies at Rhodes University, “Thoughts on Afropessimism” in the Critical Exchange on Afropessimism, Contemporary Political Theory, Volume 17, Number 1, p. 105-111

I begin with this tale of philosophical abstraction to contextualize Afropessimism. Its main exemplars, such as Jared Sexton and Frank Wilderson III, emerged from academic literary theory, an area dominated by poststructuralism even in many cases that avow ‘‘Marxism.’’ Sexton (2010) and Wilderson (2007) divert from a reductive poststructuralism, however, through examining important existential moves inaugurated, as Daniel McNeil (2011, 2012) observed, by Fanon and his intellectual heirs. The critical question that Afropessimism addresses in this fusion is the viability of posed strategies of Black liberation. (I’m using the capital ‘‘B’’ here to point not only to the racial designation ‘‘black’’ but also to the nationalist one ‘‘Black.’’ Afropessimists often mean both, since blacks and Blacks have a central and centered role in their thought.) The world that produced blacks and in consequence Blacks is, for Afropessimists, a crushing, historical one whose Manichaean divide is sustained contraries best kept segregated. Worse, any effort of mediation leads to confirmed black subordination. Overcoming this requires purging the world of antiblackness. Where cleansing the world is unachievable, an alternative is to disarm the force of antiblack racism. Where whites lack power over blacks, they lose relevance – at least politically and at levels of cultural and racial capital or hegemony. Wilderson (2008), for instance, explores my concept of ‘‘an antiblack world’’ to build similar arguments. Sexton (2011) makes similar moves in his discussions of ‘‘social death.’’ As this forum doesn’t afford space for a long critique, I’ll offer several, non-exhaustive criticisms.

The first is that ‘‘*an* antiblack world’’ is not identical with ‘‘*the world is antiblack*.’’ My argument is that such a world is an antiblack racist project. It is not the historical achievement. Its limitations emerge from a basic fact: Black people and other[s] opponents of such a project fought, and continue to fight, as we see today in the #BlackLivesMatter movement and many others, against it. The same argument applies to the argument about social death. Such an achievement would have rendered even these reflections stillborn. The basic premises of the Afropessimistic argument are, then, locked in performative contradictions. Yet, they have rhetorical force. This is evident through the continued growth of its proponents and forums (such as this one) devoted to it.

In *Bad Faith and Antiblack Racism*, I argued that there are forms of antiblack racism offered under the guise of love, though I was writing about whites who exoticize blacks while offering themselves as white sources of black value. Analyzed in terms of bad faith, where one lies to oneself in an attempt to flee displeasing truths for pleasing falsehoods, exoticists romanticize blacks while affirming white normativity, and thus themselves, as principals of reality. These ironic, performative contradictions are features of all forms of racism, where one group is elevated to godlike status and another is pushed below that of human despite both claiming to be human.

Antiblack racism offers whites self-other relations (necessary for ethics) with each other but not so for groups forced in a ‘‘zone of nonbeing’’ below them. There is asymmetry where whites stand as others who look downward to those who are not their others or their analogues. Antiblack racism is thus not a problem of blacks being ‘‘others.’’ It’s a problem of their not-being-analogical-selves-and-not-evenbeing-others. Fanon, in Black Skin, White Masks (1952), reminds us that Blacks among each other live in a world of selves and others. It is in attempted relations with whites that these problems occur. Reason in such contexts has a bad habit of walking out when Blacks enter. What are Blacks to do? As reason cannot be forced, because that would be ‘‘violence,’’ they must ironically reason reasonably with forms of unreasonable reason. Contradictions loom. Racism is, given these arguments, a project of imposing non-relations as the model of dealing with people designated ‘‘black.’’

In Les Damne´ de la terre (‘‘Damned of the Earth’’), Fanon goes further and argues that colonialism is an attempt to impose a Manichean structure of contraries instead of a dialectical one of ongoing, human negotiation of contradictions. The former segregates the groups; the latter emerges from interaction. The police, he observes, are the mediator in such a situation, as their role is force/violence instead of the human, discursive one of politics and civility (Fanon, 1991). Such societies draw legitimacy from Black non-existence or invisibility. Black appearance, in other words, would be a violation of those systems. Think of the continued blight of police, extra-judicial killings of Blacks in those countries.

An immediate observation of many postcolonies is that antiblack attitudes, practices, and institutions aren’t exclusively white. Black antiblack dispositions make this clear. Black antiblackness entails Black exoticism. Where this exists, Blacks simultaneously receive Black love alongside Black rejection of agency. Many problems follow. The absence of agency bars maturation, which would reinforce the racial logic of Blacks as in effect wards of whites. Without agency, ethics, liberation, maturation, politics, and responsibility could not be possible.

Afropessimism faces the problem of a hidden premise of white agency versus Black incapacity. Proponents of Afropessimism would no doubt respond that the theory itself is a form of agency reminiscent of Fanon’s famous remark that though whites created le Ne`gre it was les Ne`gres who created Ne´gritude. Whites clearly did not create Afropessimism, which Black liberationists should celebrate. We should avoid the fallacy, however, of confusing source with outcome. History is not short of bad ideas from good people. If intrinsically good, however, each person of African descent would become ethically and epistemologically a switching of the Manichean contraries, which means only changing players instead of the game. We come, then, to the crux of the matter. If the goal of Afropessimism is Afropessimism, its achievement would be attitudinal and, in the language of old, stoic – in short, a symptom of antiblack society. At this point, there are several observations that follow. The first is a diagnosis of the implications of Afropessimism as symptom. The second examines the epistemological implications of Afropessimism. The third is whether a disposition counts as a political act and, if so, is it sufficient for its avowed aims. There are more, but for the sake of brevity, I’ll simply focus on these.

An ironic dimension of pessimism is that it is the other side of optimism. Oddly enough, both are connected to nihilism, which is, as Nietzsche (1968) showed, a decline of values during periods of social decay. It emerges when people no longer want to be responsible for their actions. Optimists expect intervention from beyond. Pessimists declare relief is not forthcoming. Neither takes responsibility for what is valued. The valuing, however, is what leads to the second, epistemic point. The presumption that what is at stake is what can be known to determine what can be done is the problem. If such knowledge were possible, the debate would be about who is reading the evidence correctly. Such judgment would be a priori – that is, prior to events actually unfolding. The future, unlike transcendental conditions such as language, signs, and reality, is, however, ex post facto: It is yet to come. Facing the future, the question isn’t what will be or how do we know what will be but instead the realization that whatever is done will be that on which the future will depend. Rejecting optimism and pessimism, there is a supervening alternative: political commitment.

The appeal to political commitment is not only in stream with what French existentialists call l’intellectuel engage´ (committed intellectual) but also reaches back through the history and existential situation of enslaved, racialized ancestors. Many were, in truth, an existential paradox: commitment to action without guarantees. The slave revolts, micro and macro acts of resistance, escapes, and returns help others do the same; the cultivated instability of plantations and other forms of enslavement, and countless other actions, were waged against a gauntlet of forces designed to eliminate any hope of success. The claim of colonialists and enslavers was that the future belonged to them, not to the enslaved and the indigenous. A result of more than 500 years of conquest and 300 years of enslavement was also a (white) rewriting of history in which African and First Nations’ agency was, at least at the level of scholarship, nearly erased. Yet there was resistance even in that realm, as Africana and First Nation intellectual history and scholarship attest. Such actions set the course for different kinds of struggle today.

Such reflections occasion meditations on the concept of failure. Afropessimism, the existential critique suggests, suffers from a failure to understand failure. Consider Fanon’s notion of constructive failure, where what doesn’t initially work transforms conditions for something new to emerge. To understand this argument, one must rethink the philosophical anthropology at the heart of a specific line of Euromodern thought on what it means to be human. Atomistic and individual substance-based, this model, articulated by Hobbes, Locke, and many others, is of a non-relational being that thinks, acts, and moves along a course in which continued movement depends on not colliding with others. Under that model, the human being is a thing that enters a system that facilitates or obstructs its movement. An alternative model, shared by many groups across southern Africa, is a relational version of the human being as part of a larger system of meaning. Actions, from that perspective, are not about whether ‘‘I’’ succeed but instead about ‘‘our’’ story across time. As relational, it means that each human being is a constant negotiation of ongoing efforts to build relationships with others, which means no one actually enters a situation without establishing new situations of action and meaning. Instead of entering a game, their participation requires a different kind of project – especially where the ‘‘game’’ was premised on their exclusion. Thus, where the system or game repels initial participation, such repulsion is a shift in the grammar of how the system functions, especially its dependence on obsequious subjects. Shifted energy affords emergence of alternatives. Kinds cannot be known before the actions that birthed them.

Abstract as this sounds, it has much historical support. Evelyn Simien (2016), in her insightful political study Historic Firsts, examines the new set of relations established by Shirley Chisholm’s and Jesse Jackson’s presidential campaigns. There could be no Barack Obama without such important predecessors affecting the demographics of voter participation. Simien intentionally focused on the most mainstream example of political life to illustrate this point. Although no exemplar of radicalism, Obama’s ‘‘success’’ emerged from Chisholm and Jackson’s (and many others’) so-called ‘‘failure.’’ Beyond presidential electoral politics, there are numerous examples of how prior, radical so-called ‘‘failures’’ transformed relationships that facilitated other kinds of outcome. The trail goes back to the Haitian Revolution and back to every act of resistance from Nat Turner’s Rebellion in the USA, Sharpe’s in Jamaica, or Tula’s in Curac¸ao and so many other efforts for social transformation to come.

In existential terms, then, many ancestors of the African diaspora embodied what Søren Kierkegaard (1983) calls an existential paradox. All the evidence around them suggested failure and the futility of hope. They first had to make a movement of infinite resignation – that is, resigning themselves to their situation. Yet they must simultaneously act against that situation. Kierkegaard called this seemingly contradictory phenomenon ‘‘faith,’’ but that concept relates more to a relationship with a transcendent, absolute being, which could only be established by a ‘‘leap,’’ as there are no mediations or bridge. Ironically, if Afropessimism appeals to transcendent intervention, it would collapse into faith. If, however, the argument rejects transcendent intervention and focuses on committed political action, of taking responsibility for a future that offers no guarantees, then the movement from infinite resignation becomes existential political action.

At this point, the crucial meditation would be on politics and political action. An attitude of infinite resignation to the world without the leap of committed action would simply be pessimistic or nihilistic. Similarly, an attitude of hope or optimism about the future would lack infinite resignation. We see here the underlying failure of the two approaches. Yet ironically, there is a form of failure at failing in the pessimistic turn versus the optimistic one, since if focused exclusively on resignation as the goal, then the ‘‘act’’ of resignation would have been achieved, which, paradoxically, would be a success; it would be a successful failing of failure. For politics to emerge, however, there are two missing elements in inward pessimistic resignation.

The first is that politics is a social phenomenon, which means it requires the expanding options of a social world. Turning away from the social world, though a statement about politics, is not, however, in and of itself political. The ancients from whom much western political theory or philosophy claimed affinity had a disparaging term for individuals who resigned themselves from political life: idio¯te¯s, a private person, one not concerned with public affairs, in a word – an idiot. I mention western political theory because that is the hegemonic intellectual context of Afropessimism. We don’t, however, have to end our etymological journey in ancient Greek. Extending our linguistic archaeology back a few thousand years, we could examine the Middle Kingdom Egyptian word idi (deaf). The presumption, later taken on by the ancient Athenians and Macedonians, was that a lack of hearing entailed isolation, at least in terms of audio speech. The contemporary inward resignation of seeking a form of purity from the loathsome historical reality of racial oppression, in this reading, collapses ultimately into a form of moralism (private, normative satisfaction) instead of public responsibility born of and borne by action.

The second is the importance of power. Politics makes no sense without it. But what is power? Eurocentric etymology points to the Latin word potis as its source, from which came the word ‘‘potent’’ as in an omnipotent god. If we again look back further, we will notice the Middle Kingdom (2000 BCE–1700 BCE) KMT/ Egyptian word pHty, which refers to godlike strength. Yet for those ancient Northeast Africans, even the gods’ abilities came from a source: In the Coffin Texts, HqAw or heka activates the ka (sometimes translated as soul, spirit, or, in a word, ‘‘magic’’), which makes reality. All this amounts to a straightforward thesis on power as the ability with the means to make things happen.

There is an alchemical quality to power. The human world, premised on symbolic communication, brings many forms of meaning into being, and those new meanings afford relationships that build institutions through a world of culture, a phenomenon that Freud (1989) rightly described as ‘‘a prosthetic god.’’ It is godlike because it addresses what humanity historically sought from the gods: protection from the elements, physical maledictions, and social forms of misery. Such power clearly can be abused. It is where those enabling capacities (empowerment) are pushed to the wayside in the hording of social resources into propping up some people as gods that the legitimating practices of cultural cum political institutions decline and stimulate pessimism and nihilism. That institutions in the Americas very rarely attempt establishing positive relations to Blacks is the subtext of Afropessimism and this entire meditation.

The discussion points, however, to a demand for political commitment. Politics itself emerges under different names throughout the history of our species, but the one occasioning the word ‘‘politics’’ is from the Greek po´lis, which refers to ancient Hellenic city-states. It identifies specific kinds of activities conducted inside the city-state, where order necessitated the resolution of conflicts through rules of discourse the violation of which could lead to (civil) war, a breaking down of relations appropriate for ‘‘outsiders.’’ Returning to the Fanonian observation of selves and others, it is clear that imposed limitations on certain groups amounts to impeding or blocking the option of politics. Yet, as a problem occurring within the polity, the problem short of war becomes a political one.

Returning to Afropessimistic challenges, the question becomes this: If the problem of antiblack racism is conceded as political, where antiblack institutions of power have, as their project, the impeding of Black power, which in effect requires barring Black access to political institutions, then antiblack societies are ultimately threats also to politics defined as the human negotiation of the expansion of human capabilities or more to the point: freedom.

Anti-politics is one of the reasons why societies in which antiblack racism is hegemonic are also those in which racial moralizing dominates: moralizing stops at individuals at the expense of addressing institutions the transformation of which would make immoral individuals irrelevant. As a political problem, it demands a political solution. It is not accidental that Blacks continue to be the continued exemplars of unrealized freedom. As so many from Ida B. Wells-Barnett to Angela Davis (2003) and Michelle Alexander (2010) have shown, the expansion of privatization and incarceration is squarely placed in a structure of states and civil societies premised on the limitations of freedom (Blacks) – ironically, as seen in countries such as South Africa and the United States, in the name of freedom.

#### The lens of ontology and social death flattens Black life and writes out meaningful pragmatic resistance to racism

Kline 17 – David Kline, Ph.D. Candidate in the Department of Religion at Rice University, MA in Religious Studies from Rice University, Master of Divinity from Duke University, Master of Letters in Bible and Contemporary World from St. Andrews University, BA in Music from the University of Texas, Austin, “The Pragmatics of Resistance: Framing Anti-Blackness and the Limits of Political Ontology”, Critical Philosophy of Race, Volume 5, Issue 1, Project Muse [grammar edit]

Political Ontology and the Limitation of Social Analysis and Legitimate Praxis

Wilderson’s critique of Agamben is certainly correct within the specific framework of a political ontology of racial positioning. His description of anti-Black antagonism shows a powerful macropolitical sedimentation of [End Page 56] Black suffering in which Black bodies are ontologically frozen into (non-) beings that stand in absolute political distinction from those “who do not magnetize bullets” (Wilderson 2010, 80). In the same framework, Jared Sexton, whose work is very close to Wilderson’s, is also right when he shows how biopolitical thought—specifically the Agambenian form centered on questions of sovereignty—and its variant of “necropolitics” found in Mbembe has so often run aground on the figure of the slave (see Sexton 2010).5 Locating the reality of anti-Blackness wholly within this account of political ontology does provide an undeniably effective analysis of its violence and sedimentation over the modern world as a whole. However, in terms of a general structure, I understand Wilderson’s (and Sexton’s) political ontology to remain tied in form to Agamben’s even as it seemingly discounts it and therefore remains bound to some of the problems and limitations that beset such a formal structure, as I’ll discuss in a moment. Despite the critique of Agamben’s ontological blind spots regarding the extent to which Black suffering is non-analogous to non-black suffering, as I’ve tried to show, Wilderson keeps the basic contours of Agamben’s ontological structure in place, maintaining a formal political ontology that expands the bottom end of the binary structure so as to locate an absolute zero-point of political abjection within Black social death. To be clear, this is not to say that the difference between the content and historicity of Wilderson’s social death and Agamben’s bare life does not have profound implications for how political ontology is conceived or how questions of suffering and freedom are posed. Nor is it to say that a congruence of formal structure linking Agamben and Wilderson should mean that their respective projects are not radically differentiated and perhaps even opposed in terms of their broader implications and revelations. Rather, what I want to focus on is how the absolute prioritization of a formal ontological framework of autonomous and irreconcilable spheres of positionality—however descriptively or epistemologically accurate in terms of a regime of ontology and its corresponding macropolitics of anti-Blackness—ends up limiting a whole range of possible avenues of analysis that have their proper site within what Deleuze and Guattari describe as the micropolitical. The issue here is the distinction between the macropolitical (molar) and the micropolitical (molecular) fields of organization and becoming. Wilderson and Afro-pessimism in general privilege the macropolitical field in which Blackness is always already sedimented and rigidified into a political onto-logical position that prohibits movement and the possibility of what Fred Moten calls “fugitivity.” The absolute privileging of the macropolitical as [End Page 57] the frame of analysis tends to bracket or overshadow the fact that “every politics is simultaneously a macropolitics and a micropolitics (Deleuze and Guattari 1987, 213). Where the macropolitical is structured around a politics of molarisation that immunizes itself from the threat of contingency and disruption, the micropolitical names the field in which local and singular points of connection produce the conditions for “lines of flight, which are molecular” (ibid., 216). The micropolitical field is where movement and resistance happens against or in excess of the macropolitical in ways not reducible to the kind of formal binary organization that Agamben and Wilderson’s political ontology prioritizes. Such resistance is not necessarily positive or emancipatory, as lines of flight name a contingency that always poses the risk that whatever develops can become “capable of the worst” (ibid., 205). However, within this contingency is also the possibility of creative lines and deterritorializations that provide possible means of positive escape from macropolitical molarisations.

Focusing on Wilderson, his absolute prioritization of a political onto-logical structure in which the law relegates Black being into the singular position of social death happens, I contend, at the expense of two significant things that I am hesitant to bracket for the sake of prioritizing political ontology as the sole frame of reference for both analyzing anti-Black racism and thinking resistance within the racialized world. First, it short-circuits an analysis of power that might reveal not only how the practices, forms, and apparatuses of anti-Black racism have historically developed, changed, and reassembled/reterritorialized in relation to state power, national identity, philosophical discourse, biological discourse, political discourse, and so on—changes that, despite Wilderson’s claim that focusing on these things only “mystify” the question of ontology (Wilderson 2010, 10), surely have [implicate] implications for how racial positioning is both thought and resisted in differing historical and socio-political contexts. To the extent that Blackness equals a singular ontological position within a macropolitical structure of antagonism, there is almost no room to bring in the spectrum and flow of social difference and contingency that no doubt spans across Black identity as a legitimate issue of analysis and as a site/sight for the possibility of a range of resisting practices. This bracketing of difference leads him to make some rather sweeping and opaquely abstract claims. For example, discussing a main character’s abortion in a prison cell in the 1976 film Bush Mama, Wilderson says, “Dorothy will abort her baby at the clinic or on the floor of her prison cell, not because she fights for—and either wins [End Page 58] or loses—the right to do so, but because she is one of 35 million accumulated and fungible (owned and exchangeable) objects living among 230 million subjects—which is to say, her will is always already subsumed by the will of civil society” (Wilderson 2010, 128, italics mine). What I want to press here is how Wilderson’s statement, made in the sole frame of a totalizing political ontology overshadowing all other levels of sociality, flattens out the social difference within, and even the possibility of, a micropolitical social field of 35 million Black people living in the United States. Such a flattening reduces the optic of anti-Black racism as well as Black sociality to the frame of political ontology where Blackness remains stuck in a singular position of abjection. The result is a severe analytical limitation in terms of the way Blackness (as well as other racial positions) exists across an extremely wide field of sociality that is comprised of differing intensities of forces and relational modes between various institutional, political, socio-economic, religious, sexual, and other social conjunctures. Within Wilderson’s political ontological frame, it seems that these conjunctures are excluded—or at least bracketed—as having any bearing at all on how anti-Black power functions and is resisted across highly differentiated contexts. There is only the binary ontological distinction of Black and Human being; only a macropolitics of sedimented abjection.

Furthermore, arriving at the second analytical expense of Wilderson’s prioritization of political ontology, I suggest that such a flattening of the social field of Blackness rigidly delimits what counts as legitimate political resistance. If the framework for thinking resistance and the possibility of creating another world is reduced to rigid ontological positions defined by the absolute power of the law, and if Black existence is understood only as ontologically fixed at the extreme zero point of social death without recourse to anything within its own position qua Blackness, then there is not much room for strategizing or even imagining resistance to anti-Blackness that is not wholly limited to expressions and events of radically apocalyptic political violence: the law is either destroyed entirely, or there is no freedom. This is not to say that I am necessarily against radical political violence or its use as an effective tactic. Nor is to say that I think the law should be left unchallenged in its total operation, but rather that there might be other and more pragmatically oriented practices of resistance that do not necessarily have the absolute destruction of the law as their immediate aim that should count as genuine resistance to anti-Blackness. For Wilderson, like Agamben, anything less than an absolute overturning [End Page 59] of the order of things, the violent destruction and annihilation of the full structure of antagonisms, is deemed as “[having nothing] to do with Black liberation” (quoted in Zug 2010). Of course, the desire for the absolute overturning of the currently existing world, the decisive end of the existing world and the arrival of a new world in which “Blacks do not magnetize bullets” should be absolutely affirmed. Further, the severity and gratuitous nature of the macropolitics of anti-Blackness in relation to the possibility of a movement towards freedom should not be bracketed or displaced for the sake of appealing to any non-Black grammar of exploitation or alienation (Wilderson 2010, 142). The question I want to pose, however, is how the insistence on the absolute priority of framing this world within a rigid structure of formal ontological positions can only revert to what amounts to a kind of negative theological and eschatological blank horizon in which actually existing social sites and modes of resisting praxis are displaced and devalued by notions of whatever it is that might arrive from beyond.

#### This is offense---reading history through the lens of ‘ontological blackness’ denies agency and is an act of bad faith that allows anti-black racists to persist

Tunstall 13 – Dr. Dwayne A. Tunstall, Ph.D. in Philosophy from Southern Illinois University Carbondale, Associate Professor of Philosophy at Grand Valley State University, Doing Philosophy Personally: Thinking about Metaphysics, Theism, and Antiblack Racism, p. 81-88

As part of their critique of antiblack racism, these genealogies document the ways in which Africana persons were defined as being less-than-persons in Western societies, even after the end of the transatlantic slave trade, due to modern scientific racism in the late nineteenth and early twentieth centuries and the continued prevalence of white aesthetic and socio-cultural norms.5 The genealogies also seek to trace how the residue of modern scientific racism and white normativity remain a part of the contemporary landscape, especially in many social science studies on African American communities where African Americans are studies as a "problem people" rather than as persons who have problems.6 Although the conceptual category of blackness usually applies to Africana persons, one could also construct a genealogy of antiblack racism that includes groups of persons who are not identified as Africans or descendents of Africans, for example, Australian Aborigines7 and the dark-skinned, untouchable caste in India.8

Seen phenomenologically, however, antiblack racism is a countless series of self-deceptive choices, individual and societal, where Europeans and persons of European descent act as though their race "is the only race qualified to be considered human or . . . is superior to other races."9 Antiblack racism, then, is simultaneously (a) the consequence of intergenerational choices and practices of depersonalizing targeted groups of persons, specifically Africana persons, due to their racial classification and (b) the originating source of intergenerational acts of depersonalizing targeted groups of persons due to their racial classification. This does not mean that genealogical accounts of anti-black racism are incompatible with an existential phenomenological account of antiblack racism. Indeed, genealogical accounts of anti-black racism can contain many valuable existential phenomenological insights. Yet, an existential phenomenological account of antiblack racism not only focuses on the contingent nature of antiblack racism and its socio-historical and material conditions, but also examines how antiblack racism depersonalizes entire groups of persons and the existential conditions for such depersonalization.

In Gordon's case, his existential phenomenological account of antiblack racism is shaped by his commitment to Africana phenomenology. Africana phenomenology is a type of phenomenology in which phenomenologists investigate those phenomena that constitute Africana existence, particularly the lived experience of antiblack racism by Africana persons and their liberatory efforts to overcome it. 10 Phenomenologists in the Africana phenomenological tradition per- form a phenomenological reduction that they consider to be compatible with, if somewhat different from, Husserlian phenomenology. Rather than suspending their existential judgments about the world to clear a space for investigating the invariant meaning-structures of phenomena we experience, practitioners of Africana phenomenology envision the phenomenological epoché as a means of bracketing the reality of racial categories. Once the mundane existence of these racial categories is put in abeyance, one can then investigate how these racial categories are constituted by examining the lived experiences of Africana persons.

As an Africana phenomenologist, Gordon thinks that any phenomenological method should subject all methods to "ontological suspension (that is, the rejection of their presumed legitimacy). Accordingly, "even phenomenology’s history must be engaged with the cautious eye of ontological suspension. What that means is that its history, whether in its European, Asian, or Africana form, must be seen as factual instances but not as what legitimates phenomenological work."12 Gordon holds this position because he conceives of phenomenology as a radical approach to philosophizing and a post-colonial form of thinking, one which is birthed and nourished by ' 'the spirit of resistance to epistemic colonization."13 This is the spirit in which Gordon constructs his existential phenomenological account of antiblack racism. I am now ready to return to my explication of his account of antiblack racism.

Phenomenologically speaking, what enables persons of European descent and even many Africana persons to perpetuate antiblack racism? Gordon thinks that it is due to bad faith. In fact, Gordon thinks that bad faith is the leading clue for how antiblack racism is constituted and remains active on both the individual and societal levels. To approach antiblack racism through an examination of bad faith, we have to accept the following assumptions:

That human beings are aware, no matter how fugitive that awareness may be, of their freedom in their various situations, that they are free choosers of various aspects of their situations, that they are consequently responsible for their condition on some level, that they have the power to change at least themselves through coming to grips with their situations, and that there exist features of their condition which provide rich areas of interpretive investigation for the analysts or interpreter.14

Once we accept these assumptions, or at least see how these assumptions are plausible ones, we can appreciate Gordon's existential phenomenological account of antiblack racism and explicate it adequately. To facilitate our explication of Gordon's account of antiblack racism, let us regard Gordon's assumptions as plausible ones.

According to Gordon, bad faith is an effort by human persons to absolve themselves from their responsibility in coconstituting their own lives and their social institutions. The former is individual bad faith, and the latter is institutional bad faith.15 In more Sartrean terms, individual bad faith occurs whenever we deny our role in constituting the meaningfulness of the phenomena we experience. Institutional bad faith, on the other hand, occurs whenever we neglect to recognize how we continually coconstitute with other persons the social institutions in which we live and simply regard these institutions as ready-made entities. In the case of antiblack racism, living in bad faith means that we presuppose that the racial categorical schema from the Western modern era simply exist, and necessarily so. Consequently, in an antiblack society, once persons are classified as black they cannot do anything to transcend their "ontological blackness."16

Even those black persons who apparently transcend their race—for example, Oprah Winfrey, Michael Jordon, and Colin Powell—do so only in circumstances where white persons are willing to grant them the status of "honorary white person." If these "honorary white persons" step outside the circle of white persons who have granted them this status, then they will be treated like any other black person. This was the case with Oprah Winfrey when she was allegedly stopped from entering Hermes, a high-end luxury Paris boutique, on June 14, 2005.17 Her blackness remained invisible until she entered into a situation in which she was no longer identified as an honorary white person. In that situation her blackness became hypervisible, almost blindingly radiant. Nevertheless, Oprah Winfrey the person was concealed underneath the veil of blackness.

To be black in an antiblack world, for Gordon, means more than being hypervisible as the embodiment of an abstraction yet invisible as a person, however. It also means that one is burdened with justifying one's personhood to racist white persons, and to justify one's personhood is to be present to oneself ' 'as a given existent,' '18 that is, an object. He describes how black persons often have to justify their very existence to white persons this way:

The racist, . . . in making the demand [for the black persons to justify their existence], positions himself as self-justified while asking another human [person] to justify his right to exist. Symmetry is already broken down in a situation that demands symmetry. The racist thus elevates himself . . . above the human to the level of God and the Other below humanity. In effect, he says to the Other, "The problem with you is that you are not I. Show me that you have a quality that has an equivalence relation with me.

The black Other is not a Levinasian Other (l'autrui) whom antiblack white racists recognize as a fellow person. For the white antiblack racist, the black Other is less than a person while the antiblack white racist occupies the peculiar position of regarding himself or herself as a self-sufficient and self-justifying being, precisely the characteristics traditionally possessed by the divine in the neo-Platonic and Aristotelian tradition and in many forms of Western monotheism. Nevertheless, white antiblack racists know that they are neither self-sufficient nor self-justifying beings. Yet, they are comfortable in asking entire groups of persons to do something they themselves cannot do. This position can be maintained only by ' 'a misanthropic consciousness" in which the humanity of black persons is eliminated by situating them below the threshold of personhood while white racists elevate them-selves above the threshold of personhood.20

Fanon articulates this phenomenon concisely in The Wretched of the Earth: "Because it is a systematic negation of the other, an unreasonable decision to refuse to the other all the attributes of humanity, colonialism forces the people it dominates to ask the question constantly, 'In reality, who am I?' "21 Fanon's description of colonialism in general is equally applicable to antiblack racism, because antiblack racism demands that black persons ask themselves the same ques- tion.22 Moreover, in an antiblack society, black persons often find themselves asking questions related to Fanon's question, questions such as, Did my employer hire me because I'm qualified or because my employer sought to satisfy EEOC requirements? Did I get into graduate school because I'm qualified or because of their efforts to recruit minority students to their university? These questions haunt many black persons, because antiblack racism has a way of lessening the dignity of black persons, even those persons who have stellar qualifications and experience, by having them second-guess their qualifications and expertise while white mediocrity is excused and tolerated.

Unfortunately, black persons in an antiblack world are not only required to justify their existence, but also to justify their existence given that they are a "problem people." William Bennett's infamous thought experiment in 2005 is a paradigmatic example of portraying African Americans as a problem people. In his thought experiment, Bennett proposed, for the sake of argument, that "if you wanted to reduce crime, you could—if that were your sole purpose—you could abort every black baby in this country, and your crime rate would go down."23 To his credit, he immediately said that doing so would be impossible, ridiculous and morally reprehensible."24 Hence, we can agree with columnist Eugene Robison that Bennett did not intentionally advocate the genocidal extermination of African American children in the womb.25

But what led Bennett to propose such a thought experiment in the first place? Bennett explained that he was responding to Steven D. Levitt's Freakonomics where Levitt ' 'argues that the steep drop in crime in the United States over the past 15 years resulted in part from the Roe v. Wade decision legalizing abortion."26 Eugene Robinson summarizes Levitt's position on this issue in these words: "Levitt's thesis is essentially that unwanted children who grow up poor in single-parent households are more likely than other children to become criminals, and that Roe v. Wade resulted in fewer of these children being born. What he doesn't do in the book is single out black children. "27 However, this does not explain why Bennett associated criminality with African Americans. Given our examination of Gordon's account of antiblack racism thus far, we can explain why Bennett associated criminality with African Americans in his argument against Levitt's position this way: Bennett has uncritically accepted the racist stereotype that African Americans are inherently criminals to such an extent that he did not realize that one of the central premises in his argument presupposed the criminality of African Americans.

The perception of black people as a "problem people" extends beyond unintentional white antiblack racists, however. This perception is held by other black persons toward blacks of lower socioeconomic statuses. Indeed, there are many black persons who interpret the behavior of other black persons through the lens of preconceived racist stereotypes, for example, black men are criminals, and black women are sexually promiscuous and welfare queens.28 The view that black persons are a problem people even affects much of the US national media coverage of African Americans. One of the more recent, high-profile examples of this phenomenon is the coverage of Hurricane Katrina and its aftermath in New Orleans. During the aftermath of Hurricane Katrina, when many of those left behind went into abandoned grocery stores in search of food, many photographs were taken of them. There were two photographs taken that, if juxtaposed, show how African Americans are depicted as problem people. The first photograph, "circulated by the Associated Press, showed an African American man, wading through the flood, toting a bag and a case of cola. 'A young man,' read the caption, 'walks through chest deep flood water after looting a grocery store.' "29 The second photo- graph, "taken for Getty Images, showed a white couple, also wading through water, and toting a bag and backpacks. 'Two residents,' the caption read, 'wade through chest-deep water after finding bread and soda from a local grocery store.' "30 The caption for the African American photograph makes sense given the common assumption in American society that African Americans, especially young African American men, are criminals. This, in turn, reinforces the view of African Americans as a problem people. This is especially true when we compare the African American photograph to the Euro-American couple. Unlike the young African American man, the couple was not seen through the prism of the racial stereotype, "African Americans are criminals." Instead, their act of theft was deemed acceptable due to emergency circumstances.

This phenomenon of black-persons-seen-as-problem-people can be articulated along these lines:

To view black people as a "problem people" is to view them as undifferentiated blob, a homogeneous bloc on a monolithic conglomerate. Each black person is interchangeable, indistinguishable or substitutable, since all black people are believed to have the same views and values, sentiments and sensibilities. Hence one set of negative stereotypes holds for all of them, no matter how high certain blacks may ascend in the white world…

This problematizing of black humanity deprives black people of individuality, diversity, and heterogeneity. It reduces black folk to abstractions and objects born of white fantasies and insecurities—as exotic or transgressive entities, as hypersexual or criminal animals.31

#### Their frame is wrong, crushes agency, and cynicism wrecks the alt.

McCarthy 15 – Jesse McCarthy, PhD Candidate in English at Princeton, BA from Amhearst College, Writer for Dissent, The Point, and The Nation, now Professor of English at Harvard University, “Why Does Ta-Nehisi Coates Say Less Than He Knows?”, The Nation, 11-15, https://www.thenation.com/article/why-does-ta-nehisi-coates-say-less-than-he-knows/

Consider, for example, his use of “the Dream” or “Dreamers” as shorthand for the white suburban pastoral of “perfect houses with nice lawns.” For Coates, “the Dream” is an ideal maintained at the expense of black lives, insofar as those who live in it refuse to acknowledge the institutional racism that has been instrumental in the creation of such ideals and the maintenance of their exclusiv­ity. It’s easy to understand what Coates means by “the Dream,” especially since for a long time it has been transmitted, as he acknowledges, through daytime television. But why indulge this fiction in the first place? The neoliberal financialization of the economy that began with the Reagan Revolution, and that has devastated black neighborhoods and gutted the organized working class across the nation, certainly didn’t spare people of other races and cultures. Why not admit that there are vast stretches of entrenched white poverty (representing nearly 40 percent of all welfare “handouts,” incidentally)? Why not remind people that the dark side of “the Dream” is the ongoing heroin epidemic ravaging predominantly white middle-class families, or the spread of meth across rural lower-class white communities, where lives are being destroyed as well? Why not attack outright the myth of an ideal white community—­which exists nowhere—­instead of using it as a rhetorical crutch?

Why not attack outright the myth of an ideal white community—­which exists nowhere—­instead of using it as a rhetorical crutch?

Another crutch is Coates’s evocation of environmental disaster toward the end of the book: “It is the flight from us that sent them sprawling into the subdivided woods. And the methods of transport through these new subdivisions, across the sprawl, is the automobile, the noose around the neck of the earth, and ultimately, the Dreamers themselves.” Using an image of lynching to describe something as abstract as climate change strikes me as contrived, if not inappropriate (and I share Coates’s opinion about the environment and the car). It’s hard to believe this language is addressed to his son; perhaps it’s meant to appeal to readers familiar with Elizabeth Kolbert’s writings on climate change and human extinction. At times, hyperbole leads Coates to throw down bolts that sting where they should, but elsewhere it results in an exhaustion of metaphor.

What gets obscured by Coates’s metaphoric handles is class; yet there’s no story about race in America that can afford to ignore the realities of class interest. Voting blacks, many of them staunchly middle class, supported Clinton’s “tough on crime” measures in the 1990s. Maryland’s Prince George’s County—which, as Coates points out, has a reputation for police corruption and brutality—is also one of the richest majority-black counties in the nation. That doesn’t make racism a less important factor in the killing of Prince Jones. But is the larger pattern attributed to the PG County police force also in each case a matter of black-on-black racism—or is there a class bias at work as well, with the county’s well-to-do inhabitants sending a message that certain blacks don’t belong in the enclave they’ve carved out for themselves? Coates tells his son that some “theories” of law and order came up “even in the mouths of black people,” but he drops the matter without further explanation. It’s a false choice to pit color against class in determining racial inequality; both are essential to understanding social relations. But by skating over the realities of class politics instead of endeavoring to explain their complexity, one can end up undermining the case for structural racism instead of demonstrating it.

One of the frustrations of Between the World and Me is that Coates says less than he knows. In his reparations essay, incisive prose demolishes myths and displays the material and moral consequences of political crimes that are hiding in plain sight. I simply do not believe that his readers, black or white, require the cloudy metaphor of “the Dreamers” to grasp his argument, or can’t confront head-on the realities of class antagonism or the pernicious violence of colorism and sexism. If people really are “dreaming,” the way to wake them up can’t be to feed them clichés and narratives in which they have no agency, in which history is largely a catastrophe that has already happened, and all they can do now is watch the ship go down.

I also take issue with Coates’s repeated suggestion that black folks are at the mercy of forces they will never be able to shape. “The fact of history is that black people have not—probably no people have ever—liberated themselves strictly through their own efforts,” he writes. There’s no question that historical forces are compacted and impossible to disentangle, but this statement is surely uncharitable to Toussaint L’Ouverture and the Haitian Revolution; to the Jamaican Maroons; to the Quilombos in Brazil; to the ANC in South Africa; to Amílcar Cabral in Guinea-Bissau; to Madison Washington’s commandeering of the Creole; to Harriet Tubman, who freed herself and her family and went back for countless others; and to all the individuals and organizations, secular, religious, and militant, that banded together and broke Jim Crow in the American South. But despite this air of dismissal, Coates isn’t a quietist; he’s a pessimist. He believes in struggle while maintaining a paradoxical skepticism about its effectiveness. He tells his son, Samori—named for a military hero who resisted French colonial expansion in West Africa—that he must struggle, “not because it assures you victory, but because it assures you an honorable and sane life.” This is wonderfully put, but I would observe that most black people are already struggling. This summer, concerned parents undertook a hunger strike just to protect a local high school in Chicago. The question is how to empower that struggle, against whom to direct it, with what allies, by what means, and with what vision of society before us?

There is a real need today for writing that shatters people’s cynicism and perceived impotence, for the grain of truth that brings them back to politics, where so much ground has been ceded. The American prison archipelago is a nimble and ruthless adversary with enormous power. It is an instrument of profit, and the Corrections Corporation of America intends to keep it that way. Taser International, the company that promises to put body cameras on cops, also makes a handsome profit selling the devices to “light up” noncompliant traffic offenders. Coates says in this book that these forces “are the product of democratic will,” what he calls “majoritarian bandits.” This strikes me as implausible. They are the product of complacency and demagoguery and the hollowing out of democratic institutions and our political culture, not its malicious expression. The gutting of the Voting Rights Act was carried out through right-wing judicial activism, subverting the will of both the Senate and the House. The Ku Klux Klan, which originated in the post–Civil War struggle to overthrow the biracial governments of Reconstruction and restore white supremacy in the South, has never been an expression of democratic will, but rather a weapon for suppressing and intimidating democratic power at the ballot. The forces of white supremacy, in league with great wealth, have always feared true democracy, because they know they are outnumbered.

Coates writes at one point that “‘White America’ is a syndicate arrayed to protect its exclusive power to dominate and control our bodies.” But doesn’t this mistake the symptom for the cause? It would be more true to say that “White America” is a syndicate arrayed to protect powerful oligarchic profit, and that it has always been able and eager to do so by exploiting anti-black racism to harvest the enormous benefits of a labor force stripped of human rights and dignity. If you believe that “White America” really is dedicated to white power for its own sake, that it seeks the domination of black bodies almost as a blood sport, then how can you even begin to dismantle such a massive structure of evil? If this vision is true, then Coates’s pessimism is indeed justified. But what if it is instead the case that white supremacy is merely a servant—as well as the original grease of laissez-faire capitalism, an arrangement of political economy in which everything is up for sale, including human beings, and which at the inception of the modern European world provided the mercantilists with the international market’s original “liquidity”? If you recognize this—that we are still bound to the illusion that it’s reasonable to live as if everything can be bought and sold, with the profits producing their own justification and all human and environmental costs relegated, at best, to an afterthought—then you can also identify an all-too-human structure of interest that can be actively fought and denounced for its abuses, greed, and fraudulent promises.

#### Best studies are aff

McMichael 20 [Benjamin J. McMichael, Assistant Professor of Law, University of Alabama School of Law, December, 2020, “Occupational Licensing and the Opioid Crisis” 54 U.C. Davis L. Rev. 887]

Perhaps the most contentious point in the debate over NP SOP laws concerns the ability of NPs to deliver high-quality care without physician oversight. Opponents of NP independence generally argue that, without physician supervision, NPs cannot safely care for patients. For example, the California Medical Association has stated that it "opposes any attempts to remove physician oversight over [NPs] and believes that doing so would put the health and safety of patients at risk." 54 Some groups frame their arguments about quality of care in [\*900] terms of the different levels of education completed by NPs and physicians. 55 These arguments require the additional inferential step that more education is required to provide the type of care delivered by NPs, but they are effectively equivalent to statements that unsupervised NPs cannot safely care for patients. 56

Advocates of greater NP autonomy respond to these arguments by pointing to the available evidence that demonstrates NPs generally deliver care of comparable quality to that delivered by physicians. 57 Multiple studies have investigated the ability of NPs to deliver high-quality care, often comparing NP-supplied care to physician-supplied care. 58 A recent comprehensive analysis compared the quality of care delivered to Medicare beneficiaries by NPs and physicians and found that physicians perform better on certain quality measures and NPs perform better on other measures. 59 Related work has found no meaningful differences between NPs and physicians in caring for HIV [\*901] patients, 60 managing diabetes, 61 providing primary care, 62 prescribing medications, 63 or providing critical care. 64 Reviewing the evidence, the National Academy of Medicine concluded "that access to quality care can be greatly expanded by increasing the use of ... [NPs] in primary, chronic, and transitional care." 65

Opponents of broader NP SOP laws have criticized this evidence as irrelevant because these studies are often "performed in a setting of physician oversight and collaboration." 66 They argue that "using data from studies of nurse practitioners working under physician supervision to demand independent practice is a flawed practice, as there is no proof that nurse practitioner care without physician oversight is either safe or effective." 67 However, studies that have explicitly examined the role of relaxing NP SOP laws - as opposed to the role of NPs generally - in promoting the delivery of high-quality care have concluded that NP independence either improves or has little effect on the quality of care delivered.

A 2017 study found that NP "independence had no statistically significant effect on any of the three [clinically verified indicators of [\*902] healthcare quality] studied." 68 In contrast to claims that NP SOP laws are necessary for the protection of patients, 69 this study "did not substantiate the use of [SOP] restrictions for the sole purpose of consumer protection." 70 A separate study "cast[] further doubt on the theory that state regulations limiting NPs practice are associated with quality of care." 71 Examining patient-reported quality across many years of a nationally representative dataset, a recent study found that NP independence increases the probability that patients report being in excellent health. 72 Another study found that NP independence had no effect on infant mortality rates, an important indicator of healthcare quality. 73

Overall, existing evidence does not support the contention that unsupervised NPs provide unsafe or low-quality care. To be sure, physician groups are correct in their assertion that NPs are not trained to provide the same range of services as physicians - NPs do not perform surgery, for example. Within the scope of their training, however, the evidence demonstrates that NPs perform similarly to physicians.

#### Our Heuristic breaks-down racist power structures. If they win debate’s racist – we still best teach how to re-assign that power.

Inoue ‘5 Asao B. Inoue – at the time of this writing, Asao held an MA in Rhetoric and Communication from Oregon State. He is currently an Associate Professor of Rhetoric and Composition at Fresno State, focusing on writing assessment and race studies. This dissertation was approved by Dissertation Chair: Victor Villanueva. Dr. Victor Villanueva received his PhD in English from the University of Washington in 1986. Since then, he has worked not only as a professor of rhetoric and writing, but as an Equal Opportunity Program Director, Writing Project Director, a Director of Composition, twice as Department Chair (at Washington State University and at Auburn University), and Interim Associate Dean – “The Epistemology of Racism and Community-Based Assessment Practice” –submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy Washington State University Department of English May 2005 – https://research.wsulibs.wsu.edu/xmlui/.../2376/.../a\_inoue\_012205.pdf?

Gutherie’s definition of nomos helps us also see the nomos-physis debate as one not solely about the nature of knowledge, or whether laws and ideals of truth were “natural” or derived from social customs. Using the epistemology of racism as a lens to see this debate, structural reasons and implications of power surface.82 The nomos-physis debate is less about absolute or relative knowledge and more about where power comes from and how it’s assigned. If the teaching of rhetoric was a key to reproducing productive citizens, ones who would participate in the polis by making laws and societal decisions, then understanding knowledge and laws as beliefs derived in community through decisions and debate (rhetoric), backed by the authority of the state (a set of institutions that minister the authenticity and value of the rhetoric of the polis), meant that other laws not on the books could be equally valid – other bodies could make political decisions, maybe better ones. The implications to this conclusion are grand: there would be other ways to define a citizen; one’s “right” to power is unstable; and other laws could be deemed “just.” At the epistemological level, accepting nomos means a society’s common sense about things is structured by those in power, those making decisions. Laws and political decisions are no longer about finding justice and truth, but about maintaining, consolidating, and restricting power. A nomos-centered rhetoric would mean that the power residing in the body of the Greek citizen is not inherent, nor is his virtue to know what is just a natural quality. A citizen is structured politically as powerful and virtuous. In fact, power and virtue would be, to use Vico’s commonsensical notions, verum-factum (established through rhetoric and laws) and verum-certum (solidified through decisions and acts done and celebrated). Protagoras had one of the earliest most coherent sophistic philosophies of nomos over physis, or structured power relationships over inherent power relationships. This affected the debate over the teachability of arête (discussed later in this chapter). The nomos-physis controversy and Protagoras’ position in it is seen in his man-measure doctrine,83 but it can also be seen in his philosophies on the teaching of rhetoric. Gutherie explains Protagorean teachings, saying they were practical and based “largely on the art of persuasive speaking, training his pupils to argue both sides of a case.” This practice of “taking either side in an argument . . . was founded on theories of knowledge and being which constituted an extreme reaction from the Eleatic antithesis of knowledge and opinion [episteme and doxa], the one true the other false” (Gutherie 267). The practice of antilogic (“taking either side in an argument”) was a heuristic that Protagoras perfected and taught his pupils because it helped them find success in various contexts and with a variety of audiences. Rhetorical success, thus, wasn’t about finding truth but finding successful and persuasive arguments. While Protagoras advocates a protreptic function for rhetoric,84 he’s less certain that one could know any kind of absolute truth or justice (for the polis), instead he’s more confident in the articulation of persuasive doxa (opinion), supported by observable nomos; thus, antilogic emphasizes the best that language can offer us in the way of socially sanctioned knowledge. It’s an agnostic view towards truth, but not a hopeless one, or one that leads to inaction. It is, in a way, a reaction to the need many politicians and statesmen had in Athens at the time. One could haggle philosophically with others indefinitely about what’s true or right, but for a state to run effectively and efficiently, decisions need to be made quickly and actions taken from them. In a nomos-centered world, the appeals that justified “the right” decisions needed more backing since rhetoric is more about power relationships and not the articulation of absolute and divine “truth,” which could not be questioned. In short, a sophist like Protagoras would be dangerous to the Greek state and the power relationships it nurtured.

#### Alt fails - locks in racist violence

Haider 18 – Asad Haider, PhD Candidate in the History of Consciousness at UC Santa Cruz, Mellon Postdoctoral Fellow in the Department of Philosophy at Pennsylvania State University, Founding Editor of Viewpoint Magazine, Mistaken Identity: Race and Class in the Age of Trump, p. 36-41

The assumption that only black-led organizations could organize around “their” issues, despite the deep political divergences among these organizations—some of which represented the elite interests of a black bourgeoisie and explicitly sought to suppress grassroots militancy—would come to have a deeply damaging effect. Among intellectuals, the most reactionary separatist tendencies were granted the status of a pseudo-philosophy with the ascendance of Frank Wilderson’s so-called Afropessimism. A fundamental symptom of this trend was the proliferation of the term antiblackness in the place of racism. The latter, more quotidian term implies an antiracist struggle that unites oppressed groups. The “antiblackness” problematic radicalizes and ontologizes a separatist, black exceptionalist perspective, rejecting even the minimal gesture toward coalitions implied by the term people of color. It claims, on the basis of dubious interpretations of Gramsci and the historiography of slavery, that “blackness” is founded on “social death,” the loss of identity and total domination imposed upon slaves at birth—despite the fact that the source of this term, sociologist Orlando Patterson, used it to define all forms of slavery, including nonracialized ones.7 It follows from Wilderson’s reasoning that the whole of “white” civil society is founded on this absolute violence, the entire history of which is reduced to an effect of a purported white enjoyment of black suffering —“as though the chief business of slavery,” in the inimitable words of historian Barbara Fields, “were the production of white supremacy rather than the production of cotton, sugar, rice and tobacco.”8

With ideologies of racial unity functioning as a clear block to the development of mass antagonistic politics, it is no wonder that the seemingly extremist languages of blackness and antiblackness seduced intellectuals into reconciliation with the status quo. Of course, when Afropessimist discourse occasionally did discuss the black political class, its tone was one of severe criticism. But this criticism reproduced the political dynamics that led to its rise in the first place: black leaders were castigated for their coalitionism, thus reinforcing the ideology of racial unity that obscured their class positions; their reformist program of bringing black people greater citizenship rights was rejected in language reminiscent of earlier critiques of integration, obscuring the political incorporation of the black elite that has been taking place since the end of segregation.9 The ideology of blackness in Wilderson’s Afro-pessimism functions as a disavowal of the real integration of black elites into “civil society,” now hardly a “white” thing. When the lethal effects of white supremacy are exerted by a racially integrated ruling class, blackness as an antipolitical void becomes a convenient subject position for the performance of marginality.

Separatist ideology prevents the construction of unity among the marginalized, the kind of unity that could actually overcome their marginalization. In a 2014 radio interview, Wilderson attacked the view that the experience of black people in Ferguson was in any way comparable to that of Palestinians. Attributing this view to “right reactionary white civil society and so-called progressive colored civil society,” he proclaimed: “That’s just bullshit. First, there’s no time period in which black policing and slave domination have ever ended. Second, the Arabs and the Jews are as much a part of the black slave trade—the creation of blackness as social death—as anyone else … Antiblackness is as important and necessary to the formation of Arab psychic life as it is to the formation of Jewish psychic life.”10

Listening to Wilderson’s bewildering repetitions of neoconservative Orientalist tropes, you wouldn’t know that activists in Ferguson had been in close contact with Palestinians, who pointed out that the same tear-gas canisters were being fired at them and shared street-fighting tactics learned from bitter experience. A solidarity statement signed by a range of Palestinian activists and organizations declared: “With a Black Power fist in the air, we salute the people of Ferguson and join in your demands for justice.” This solidarity was returned in January when a group of movement activists visited Palestine.

During the peak of the Black Lives Matter movement, Afro-pessimist language spread rapidly on Twitter and Tumblr, encouraging a wide range of activists to describe police violence in terms of the suffering imposed upon “black bodies” and to try to monopolize the very category of death. It was a somewhat stupefying [ridiculous] choice of words at a time when black people in Ferguson were constituting part of a global struggle to refuse to accept suffering, to refuse to die. As Robin D. G. Kelley has pointed out,

reading black experience through trauma can easily slip into thinking of ourselves as victims and objects rather than agents, subjected to centuries of gratuitous violence that have structured and overdetermined our very being. In the argot of our day, “bodies”—vulnerable and threatening bodies—increasingly stand in for actual people with names, experiences, dreams, and desires.

But in fact, Kelley points out, “what sustained enslaved African people was a memory of freedom, dreams of seizing it, and conspiracies to enact it”—a heritage of resistance that is erased by the rhetoric of “black bodies.” Furthermore, Kelley argues,

if we argue that state violence is merely a manifestation of antiblackness because that is what we see and feel, we are left with no theory of the state and have no way of understanding racialized police violence in places such as Atlanta and Detroit, where most cops are black, unless we turn to some metaphysical explanation.11

Here we get to the crux of the problem. The “metaphysical explanation”—the classic mode of ideological superstition—obscures not only the social relations of the state, but also the contradiction between mass insurgency and the rising black elite that claimed to represent it. Wilderson claims that Afro-pessimism seeks to “destroy the world” rather than build a better one, since the world is irredeemably founded on “antiblackness.” In reality, Afro-pessimism has served as an ideological ballast for the emergent bureaucracies in Ferguson and beyond, since the supposedly radical rhetoric of separatism and the reformism of the elite leadership have converged to foreclose the possibilities of building a mass movement. The “representatives” of the Black Lives Matter movement who got the most media play included the executive director of Saint Louis Teach for America, an organization that has played a driving role in the privatization of education and the assault on teachers’ unions. In fact, a group of these “representatives” enthusiastically met with the aggressively pro-charter and pro-testing secretary of education Arne Duncan during his visit to Ferguson—white civil society or not. If such tendencies continue unchecked, the only world that will be destroyed is the one in which poor black students can attend public school or expect to get a job with benefits.

In Santa Cruz, the ideology of identity took us further and further away from a genuinely emancipatory project. Its consequences were not only the demobilization of the movement but also a degrading political parcelization. In the absence of a credible identitarian claim, anti-neoliberal struggles, like the movement against tuition hikes, were artificially separated from “race” issues. “POC” activists would focus on police brutality, ethnic studies, and postcolonial theory; the increasing cost of living, the privatization of education, and job insecurity became “white” issues. I began to realize what a drastic mistake it was when anxious white commentators represented identity politics as an extremist form of opposition to the status quo. This experience showed me that identity politics is, on the contrary, an integral part of the dominant ideology; it makes opposition impossible. We are susceptible to it when we fail to recognize that the racial integration of the ruling class and political elites has irrevocably changed the field of political action.

During a weekend of political discussion among the most dedicated activists, we collectively read and discussed the interview “Black Editor,” with John Watson, who explains the organizing function of the League of Revolutionary Black Workers’ newspaper. While printing and selling newspapers is no longer an up-to-date tactic, the problem it set out to address seemed quite contemporary:

As far back as 1960 or 1959 there were people involved in various organizations that were single issue oriented, they had some particular object such as a sit-in campaign, police brutality, war, the peace movement, etc. These organizations had a life of their own—internal organizational activity, with lots of people doing concrete work against the system. But they could not sustain themselves, they would fall apart. Then there would be a new upsurge, a new organization. There was a wave-like character of the movement, it had its ebb and flow, and because it had single issues it had no clear ideology. 12

#### Their activity passivity is violent toward non-dominant identities that *want*change..

Manalansan ’15 Martin F. Manalansan IV - Associate Professor of all of the following at The University of Illinois: Gender and Women's Studies, Asian American Studies, Anthropology, Latin American and Caribbean Studies, LAS Global Studies, Center for East Asian and Pacific Studies, and Center for Global Studies. The author holds a Ph.D. in Social Anthropology from The University of Rochester and studied philosophy, Asian Studies and anthropology at the University of the Philippines. As part of claims about futurity, the author references lived excahnges with queer trans women of color. The author also references concurring professional exchanges with David L. Eng, Professor of English at the University of Pennsylvania; Gayatri Gopinath, who is an associate professor of Social and Cultural Analysis and director of Asian/Pacific/American Studies at New York University.; Roderick Ferguson, who is a professor of African American and Gender and Women's Studies in the African American Studies Department at the University of Illinois, Chicago; Chandan Reddy, who is an Associate Professor of Gender, Women & Sexuality Studies at the University of Washington; and the late José Esteban Muñoz, was an American academic in the fields of performance studies, visual culture, queer theory, cultural studies, and critical theory; “A Question from Bruno Latour” This article is part of the series Queer Futures. Fieldsights - Theorizing the Contemporary, Cultural Anthropology Online, July 21, 2015 - https://www.culanth.org/fieldsights/703-a-question-from-bruno-latour

My response to the question of “no future” comes from my encounters, engagements, and conversations with colleagues under the aegis of queer-of-color critique, scholars like David Eng, Gayatri Gopinath, Roderick Ferguson, Chandan Reddy, and the late José Esteban Muñoz, among others. We appreciate the renegade antireproductive stance of the “no future” camp, which states that we should not subscribe to a future that is entrenched in heteropatriarchal dreams of marriage and procreation. However, there was a general sense among us that the issue of “no future” comes from a vantage point and a comfortable perch of privilege. As a scholar invested and immersed in the plight of queers of color, futurity is not just a possibility but a necessity. To paraphrase my queer-of-color critique colleagues, we cannot not think of a future—it is the very fuel of existence, the pivot that animates and propels energies, performances, feelings, and other bodily capacities. The promise and peril of queer, both as a stance and as a field of study, is precisely in its anticipatory and hopeful dimensions. Queer is constituted by a yearning and a longing for something better than what is here right now. It is, as Muñoz would say, a horizon that we are drawn to and which is not yet here. Consider the group of undocumented immigrant queers of color in New York City whose lives I have been following for years. Dwelling in cramped domiciles and working in contingent jobs, there is very little to witness in their lives that suggests a kind of gay/lesbian triumphalism or the bright markers of the new normal. In fact, they live in precarious conditions but—a very important caveat—they live in moments that showcase fleeting gestures and images of fabulosity set amidst the squalor and mess of their lives. These moments, while fleeting, provide some way for them to think of another day, giving them a brief glimpse of a time and a place where there are sequined gowns, plush salons, and many sparkling things. While this might be called naïve *hope*fulness, thinking of a future that is an alternative to the present is a potent way to think beyond and against the status quo—to plant the seed for social transformation. In other words, there is a political potential to queer futurity. Or, to put it another way, we need to complicate and unravel the negativity inherent in the “no future” stance and to be open to the various alternative ways a future or futures can be imagined, particularly by those in the margins. Otherwise, we can all just pack our bags, go back home, put on some makeup, close the door, and hide under the bedcovers.

#### Their K’s denies *the option* of health access. That hurts agency and advances the violently essentialized trope of the passive black patient.

Hudson ‘15

Dr. Janella Nicole Hudson is now with The Centers for American Indian and Alaska Native Health at The Colorado School of Public Health. Specifically, the author is a postdoctoral fellow in the department of Health Behavior and Outcomes at the Moffitt Cancer Center where Janella contributes to the study of doctor-patient communication with adolescent and young adult cancer patients. The author also serves as the Program Manager for Education and Research at The Academy of Communication in Healthcare. Janella’s research examines health communication processes with diverse medically underserved groups, including black patients, to produce culturally tailored educational interventions. Janella’s research features expertise in Qualitative Social Research, Communication and Media. The methodology for this paper studied a cohort consisting solely of those that identified as black patients. The cohort was predominately “low income” – which the authors define as having an annual income of less than $30,000.00 per year. The cohort was predominately those that identified as “black women”. The paper is a follow-up to a larger principal study by Dr. Louis Penner of Wayne State University. In that parent study, 98.5% of participants identified as black. This paper was written while the author held an MA and was the author’s dissertation paper for obtaining a PhD. "Agency And Resistance Strategies Among Black Primary Care Patients" (2015). Wayne State University Dissertations. Paper 1340. Submitted to the Graduate School of Wayne State University, Detroit, Michigan in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY - #CutWithRJ - <http://digitalcommons.wayne.edu/cgi/viewcontent.cgi?article=2339&context=oa_dissertations>

Discussion of Goal and Agenda Setting/Management. Participants' demonstrations of patient agency throughout the diagnosis and treatment sequences of the interaction signal a clear intent to participate and partner with the physician. *Previous* literature has examined how the process of setting the agenda during the medical visit often disadvantages the patient, as the physician often chooses a patient problem to discuss without fully exploring the patient's full spectrum of concerns (Marvel, 1999). Manny and Ray (2002) for example, describe a pattern of agenda setting that often consists of the physician initiating the opening sequence with a name exchange/check, brief pleasantry and a first topic initiator. As the interaction continues, the authors note that the inherent power imbalance within the dyad becomes evident as the physician assumes his prerogative to speak first and then manages the agenda for the duration of the interaction. Our findings, however, demonstrate that participants were comfortable exerting their agency in order to influence the unfolding of the interaction and shepherd the physician back to their previously identified topics of interest as needed. This vigilance and focus is understandable when interpreted within the larger context of the interactions. Several participants reported not having received medical care for an extended period of time, and as a result, several health issues that required treatment had accumulated. Participants were aware of the time constraints of the medical visit and therefore worked strategically to ensure that all of their needs could be addressed during the interaction.

In addition to setting the agenda, participants demonstrated a clear desire for partnership with their physician when reviewing treatment plans and determining their suitability. While literature shows that not all patients want to participate in decision making (Levinson, Kao, Kuby, & Thisted, 2005) and that physicians often underestimate black patients' desire for partnership during the interaction (Street & Haidet, 2011), our findings clearly show that some patients desire partnership from their physicians when reviewing, discussing and deciding upon diagnosis and treatment.

Participants in our study consistently pressed physicians for additional information and details concerning their decision-making during clinical interactions, and these findings mirror some findings in existing literature. Cooper-Patrick et al. (1999) reported that black patients rated their medical visits as less participatory when compared with white patients. However, participants in our study assumed a more active role when discussing diagnoses and treatments, often in response to a minimal education and explanation on the part of the physician. The vigilance that participants demonstrated during these interactions is justified as participants identified instances of misinformation and inadequate understanding of patients' health concerns. Our findings show that black primary care patients can actively participate and partner with the physician during the clinical action, and perhaps are more motivated to do so when the attempting to optimize the visit's outcomes.

It should be noted that all of our participants, who consist of low-income, black patients with a history of discrimination, demonstrated agency during interactions with physicians. The nature of these interactions, coupled with participants' explanations of how information, services and resources were often badly needed, show that these patients were proficient in demonstrating "active" or agentive behaviors in order to obtain health resources. In fact, it is safe to assume that these patients were already active, or already equipped to exercise their agency when interacting with the physician. This is compelling, given that much of patient-centered literature does not reflect this population in this way. These findings show that these marginalized patients are capable (without prior prompting) of demonstrating active behaviors, and as a result of having to endure constraints in access to healthcare and health services, they may become more proficient or likely to exercise their agency.

RQ 3a: What are the resistance strategies used among marginalized patients with a history of previous discrimination?

Resistance strategies consisted of participants' efforts to challenge and reject the physician's recommended diagnosis or the recommended treatment plan. We reviewed previously identified instances of patient agency in order to identify the instances in which patients' enactments of agency simultaneously functioned as resistance. As Koenig (2011) discusses, resistance is a manifestation of patient agency. Building upon this conceptual understanding, we identified the instances of agency in which patients used both active and passive tactics for enacting resistance to the physician's treatment and/or diagnosis. Using context and Stivers' (2005) definition as a guide, we identified instances of passive resistance (behavior that didn't align with the physician's treatment plan), and several instances of active resistance (behavior that challenged or queried the diagnosis as well as the effectiveness of medication of alternate treatments, p.950).

#### Hope’s blocked even-greater success in anti-black campaigns. Ending hope means their K poses a unique black existential threat

Evans ’14 Peter “Mahsea” Evans received his Masters of Divinity degree from the Pacific School of Religion and is completing his MA in Ethics and Social Theory from the Graduate Theological Union – which is an affiliate of The University of California-Berkeley. The author is an educator and poet who has dynamically engaged the topics of spirituality, religious pluralism, and social transformation through writings, lectures, and workshops over the last 10 years. Before pursuing degree work, the author taught creative writing workshops and performed as a spoken word artist in venues on the East Coast. Evans’ work combines a passion for poetry and theology with a commitment to social change. Evans has taught courses at the Pacific School of Religion entitled “Unleashing the Within: Spoken Word Poetry as Creative Arts Ministry”. From the article: “Hope Matters: Black Nihilism in the Post-Ferguson Moment” - From the Website - Reflecting Black: African-American Cultural Criticism – coordinated by The Graduate Theological Union, affiliated with UC-Berkeley. This evidence internally quotes Ta-Nehisi Coates - who is a National Correspondent for The Atlantic, where he writes about cultural, social and political issues, particularly as regards African-Americans. Coates most well-known piece is “The Case for Reparations”. Coates was the 2012–14 MLK visiting professor for writing at the Massachusetts Institute of Technology and joined the City University of New York as its journalist-in-residence in the fall of 2014 - December 7th - #CutWithKirby - <https://reflectblack.wordpress.com/2014/12/07/hope-matters-black-nihilism-in-the-post-ferguson-moment/>

Cornel West is a larger than life character; an impressive man paradoxically enrobed in the simplicity of his all black three piece suits. He is a whirlwind of wisdom whipping through vectors of verbosity leaving listeners both charmed and challenged by the appearance of his wide smile, and wild hair. Admittedly, I find his presentation of prophetic earnestness in the Obama era a “little much” at times. He aspires to be that lone wolf archetype; righteously crying out in midst of a meadow of the fawning uncritical masses. Still, despite my reservations on his present public persona, there is not much I can argue with substantively and his brilliance is undeniable. With that, I did not know what to expect when reading his book, Race Matters. Surprisingly, the short essay format and his elegant yet accessible language made the text very approachable and his concepts clear. Though written stahldecades ago, it still seems particularly relevant for today. West argues that the usual approaches to confront the issues of racism from traditionally liberal or conservative perspectives are not enough. These paradigms of action inevitably fail because they do not adequately address the “murky waters of despair” that lead to nihilism. West defines nihilism as the “profound sense of psychological depression, personal worthlessness and social despair so widespread in black America.” He also associates it with the “lived experience of coping with a life of horrifying meaninglessness, hopelessness, and (most important) lovelessness.” This destructive feeling is baked into the makeup of a white supremacist society that originally regarded black bodies not as humans, but as commodities to be exploited and later as masses to be regulated or incarcerated. However, West points out that throughout history, blacks combated racist systems by implementing multiple modes of resistance including the creative and cultural ways that sought to protect the spirit of the people; a project of soul survival. Today, there remains an insistent need to sustain and create new “powerful buffers” that counter the racist cultural narratives of black worthlessness in order to affirm that black lives do in fact matter. Events like the unrest in Ferguson and the non-indictment of the police officer who killed Eric Garner in Staten Island can lead one to become seduced by a insidious cynicism; a disposition of the soul that causes one to give up and give in to despair. Hopelessness is equivalent to a type of death, therefore life-affirming efforts to combat nihilism is vital. Scriptures says that “where there is no vision, the people perish.” In like manner, where there is no hope, there is no sense of meaning or motivation to continue the struggle for a more just world. Author and cultural critic Ta-Nehisi Coates talks about the existential threat of nihilism especially within the Ferguson moment. He discusses the presence of fatalism and the rage that can sometimes stem from the feelings of hopelessness and helplessness. The thrust of his argument is that, despite its justification, “fatalism is not an option” because it saps the energy to fight on to make life better for future generations. He argues that our own presence today is the evidencing or manifestation of the hope of our ancestors. As such, we are obligated to struggle on and resist the urge to give up. Coates discussed these ideas while being interviewed by Chris Hayes on MSNBC. The whole segment is worth the watch! West ends his first chapter by exploring an idea which he terms a “politics of conversion.” It is an approach to making change rooted self love and in restoring a “hope for the future and a meaning to struggle.” Maybe the task for today’s leaders, and especially spiritual leaders within the black community, is to not only support political efforts to effect change, but to creatively re-imagine new ways to equip our communities against the existential and spiritual threat of nihilism. I wonder what new creative expressions and methods could emerge if we allow our spiritual imaginations to be unfettered and free? Still, no matter what strategies of resistance and self-affirmation develop as we navigate through this Ferguson moment, one thing that will always remain true is that hope matters. I conclude with a song by Mos Def, as he reminds us that “there is always a way, no matter what they say.”

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My response to the question of “no future” comes from my encounters, engagements, and conversations with colleagues under the aegis of queer-of-color critique, scholars like David Eng, Gayatri Gopinath, Roderick Ferguson, Chandan Reddy, and the late José Esteban Muñoz, among others. We appreciate the renegade antireproductive stance of the “no future” camp, which states that we should not subscribe to a future that is entrenched in heteropatriarchal dreams of marriage and procreation. However, there was a general sense among us that the issue of “no future” comes from a vantage point and a comfortable perch of privilege. As a scholar invested and immersed in the plight of queers of color, futurity is not just a possibility but a necessity. To paraphrase my queer-of-color critique colleagues, we cannot not think of a future—it is the very fuel of existence, the pivot that animates and propels energies, performances, feelings, and other bodily capacities. The promise and peril of queer, both as a stance and as a field of study, is precisely in its anticipatory and hopeful dimensions. Queer is constituted by a yearning and a longing for something better than what is here right now. It is, as Muñoz would say, a horizon that we are drawn to and which is not yet here. Consider the group of undocumented immigrant queers of color in New York City whose lives I have been following for years. Dwelling in cramped domiciles and working in contingent jobs, there is very little to witness in their lives that suggests a kind of gay/lesbian triumphalism or the bright markers of the new normal. In fact, they live in precarious conditions but—a very important caveat—they live in moments that showcase fleeting gestures and images of fabulosity set amidst the squalor and mess of their lives. These moments, while fleeting, provide some way for them to think of another day, giving them a brief glimpse of a time and a place where there are sequined gowns, plush salons, and many sparkling things. While this might be called naïve *hope*fulness, thinking of a future that is an alternative to the present is a potent way to think beyond and against the status quo—to plant the seed for social transformation. In other words, there is a political potential to queer futurity. Or, to put it another way, we need to complicate and unravel the negativity inherent in the “no future” stance and to be open to the various alternative ways a future or futures can be imagined, particularly by those in the margins. Otherwise, we can all just pack our bags, go back home, put on some makeup, close the door, and hide under the bedcovers.

# 1AR

## K

#### There’s either no link because we’re Negative Action, or the Alt could never solve.

Dempsey ‘9

Michelle, Professor of Law, Villanova University School of Law, <http://www.academia.edu/352923/Sex_Trafficking_and_Criminalization_In_Defense_of_Feminist_Abolitionism>

42 The unintended consequences of criminalizing the purchase of sex include the harms that may be suffered disproportionately by men who are already socially disem-powered. Given the negative uses of criminal law throughout history and still today, such as racist law-enforcement policies, there is reason to resist using the criminal law as a tool for positive social change. See generally M ICHAEL T ONRY , M ALIGN N EGLECT —R ACE , C RIME , AND P UNISHMENT IN A MERICA (1995) (discussing the disparate impact crime-control policies can have on disadvantaged communities); Angela J. Davis, Be- nign Neglect of Racism in the Criminal Justice System , 94 M ICH . L. R EV . 1660, 1663 (1996)(reviewing T ONRY , supra ) (discussing racial discrimination within the criminal justice system). Since racism is fundamentally inconsistent with feminist commitments to ab-olish all wrongful structural inequalities, feminists should resist any reforms that will tend to exacerbate racism. See D EMPSEY , supra note 9, at 129-35. This risk of unin-tended consequences poses a serious objection to feminist abolitionism. Yet, it is im-portant to bear in mind that feminist-abolitionist reforms like the Swedish model, if adopted in the United States, would not expand the criminal law’s power; it would re-duce it. At present, in most jurisdictions throughout the United States, both sellers and buyers are criminalized. Feminist abolitionist reforms would therefore restrict the power of the criminal law by decriminalizing people who sell sex. Thus, to the extent that current criminal laws are being used in racist and other problematic ways (e.g., by targeting disempowered women of color who sell sex, while allowing relatively power-ful middle-class white men to go free), the proposed reforms would improve the crim-inal justice system by limiting its scope.

#### Pessimism K doesn’t apply to Negative State Action. Their K assumes a squo that WE LIFT.

Bouie ‘13

Jamelle Bouie, Staff Writer at *The American Prospect*, “Making (and Dismantling) Racism,” *The American Prospect*, March 11th, Internally referencing Ta-Nehisi Coates = National Correspondent at The Atlantic - Available Online at http://prospect.org/article/making-and-dismantling-racism, Accessed 04-04-2014)

Over at The Atlantic, Ta-Nehisi Coates has been exploring the intersection of race and public policy, with a focus on white supremacy as a driving force in political decisions at all levels of government. This has led him to two conclusions: First, that anti-black racism as we understand it is a creation of explicit policy choices—the decision to exclude, marginalize, and stigmatize Africans and their descendants has as much to do with racial prejudice as does any intrinsic tribalism. And second, that it's possible to dismantle this prejudice using public policy. Here is Coates in his own words: Last night I had the luxury of sitting and talking with the brilliant historian Barbara Fields. One point she makes that very few Americans understand is that racism is a creation. You read Edmund Morgan’s work and actually see racism being inscribed in the law and the country changing as a result. If we accept that racism is a creation, then we must then accept that it can be destroyed. And if we accept that it can be destroyed, we must then accept that it can be destroyed by us and that it likely must be destroyed by methods kin to creation. Racism was created by policy. It will likely only be ultimately destroyed by policy. Over at his blog, Andrew Sullivan offers a reply: I don’t believe the law created racism any more than it can create lust or greed or envy or hatred. It can encourage or mitigate these profound aspects of human psychology – it can create racist structures as in the Jim Crow South or Greater Israel. But it can no more end these things that it can create them. A complementary strategy is finding ways for the targets of such hatred to become inured to them, to let the slurs sting less until they sting not at all. Not easy. But a more manageable goal than TNC’s utopianism. I can appreciate the point Sullivan is making, but I'm not sure it's relevant to Coates' argument. It is absolutely true that "Group loyalty is deep in our DNA," as Sullivan writes. And if you define racism as an overly aggressive form of group loyalty—basically just prejudice—then Sullivan is right to throw water on the idea that the law can "create racism any more than it can create lust or greed or envy or hatred." But Coates is making a more precise claim: That there's nothing natural about the black/white divide that has defined American history. White Europeans had contact with black Africans well before the trans-Atlantic slave trade without the emergence of an anti-black racism. It took particular choices made by particular people—in this case, plantation owners in colonial Virginia—to make black skin a stigma, to make the "one drop rule" a defining feature of American life for more than a hundred years. By enslaving African indentured servants and allowing their white counterparts a chance for upward mobility, colonial landowners began the process that would make white supremacy the ideology of America. The position of slavery generated a stigma that then justified continued enslavement—blacks are lowly, therefore we must keep them as slaves. Slavery (and later, Jim Crow) wasn't built to reflect racism as much as it was built in tandem with it. And later policy, in the late 19th and 20th centuries, further entrenched white supremacist attitudes. Block black people from owning homes, and they're forced to reside in crowded slums. Onlookers then use the reality of slums to deny homeownership to blacks, under the view that they're unfit for suburbs. In other words, create a prohibition preventing a marginalized group from engaging in socially sanctioned behavior—owning a home, getting married—and then blame them for the adverse consequences. Indeed, in arguing for gay marriage and responding to conservative critics, Sullivan has taken note of this exact dynamic. Here he is twelve years ago, in a column for The New Republic that builds on earlier ideas: Gay men—not because they're gay but because they are men in an all-male subculture—are almost certainly more sexually active with more partners than most straight men. (Straight men would be far more promiscuous, I think, if they could get away with it the way gay guys can.) Many gay men value this sexual freedom more than the stresses and strains of monogamous marriage (and I don't blame them). But this is not true of all gay men. Many actually yearn for social stability, for anchors for their relationships, for the family support and financial security that come with marriage. To deny this is surely to engage in the "soft bigotry of low expectations." They may be a minority at the moment. But with legal marriage, their numbers would surely grow. And they would function as emblems in gay culture of a sexual life linked to stability and love. [Emphasis added] What else is this but a variation on Coates' core argument, that society can create stigmas by using law to force particular kinds of behavior? Insofar as gay men were viewed as unusually promiscuous, it almost certainly had something to do with the fact that society refused to recognize their humanity and sanction their relationships. The absence of any institution to mediate love and desire encouraged behavior that led this same culture to say "these people are too degenerate to participate in this institution." If the prohibition against gay marriage helped create an anti-gay stigma, then lifting it—as we've seen over the last decade—has helped destroy it. There's no reason racism can't work the same way.

#### We’re “State-as-heuristic”, not “State-as-descriptor”. That distinction matters for T and Links: Heuristics mean we’ll learn contingent toolkit items AND avoid over-valuing idealism.

Zanotti 14 – Laura, Associate Professor of Political Science at Virginia Tech. “Governmentality, Ontology, Methodology: Re-thinking Political Agency in the Global World” – Alternatives: Global, Local, Political – vol 38(4):p. 288-304,. A little unclear if this is late 2013 or early 2014 – The Stated “Version of Record” is Feb 20, 2014, but was originally published online on December 30th, 2013. Obtained via Sage Database.

While there are important variations in the way international relations scholars use governmentality theory, for the purpose of my argument I identify two broad trajectories.2 One body of scholarship uses governmentality as a heuristic tool to explore modalities of local and international government and to assess their effects in the contexts where they are deployed; the other adopts this notion as a descriptive tool to theorize the globally oppressive features of international liberalism. Scholars who use governmentality as a heuristic tool tend to conduct inquiries based upon analyses of practices of government and resistance. These scholars rely on ethnographic inquiries, emphasizes the multifarious ways government works in practice (to include its oppressive trajectories) and the ways uneven interactions of governmental strategies and resistance are contingently enacted. As examples, Didier Bigo, building upon Pierre Bourdieu, has encouraged a research methodology that privileges a relational approach and focuses on practice;3 William Walters has advocated considering governmentality as a research program rather than as a ‘‘depiction of discrete systems of power;’’4 and Michael Merlingen has criticized the downplaying of resistance and the use of ‘‘governmentality’’ as interchangeable with liberalism.5 Many other scholars have engaged in contextualized analyses of governmental tactics and resistance. Oded Lowenheim has shown how ‘‘responsibilization’’ has become an instrument for governing individual travelers through ‘‘travel warnings’’ as well as for ‘‘developing states’’ through performance indicators;6 Wendy Larner and William Walters have questioned accounts of globalization as an ontological dimension of the present and advocated less substantialized accounts that focus on studying the discourses, processes and practices through which globalization is made as a space and a political economy;7 Ronnie D. Lipschutz and James K. Rowe have looked at how localized practices of resistance may engage and transform power relations;8 and in my own work, I have studied the deployment of disciplinary and governmental tools for reforming governments in peacekeeping operations and how these practices were hijacked and resisted and by their targets. Scholars who use governmentality as a descriptive tool focus instead on one particular trajectory of global liberalism, that is on the convergence of knowledge and scrutiny of life processes (or biopolitics) and violence and theorize global liberalism as an extremely effective formation, a coherent and powerful Leviathan, where biopolitical tools and violence come together to serve dominant classes or states’ political agendas. As I will show, Giorgio Agamben, Michael Hardt and Antonio Negri, and Sergei Prozorov tend to embrace this position.10 The distinction between governmentality as a heuristic and governmentality as a descriptive tool is central for debating political agency. I argue that, notwithstanding their critique of liberalism, scholars who use governmentality as a descriptive tool rely on the same ontological assumptions as the liberal order they criticize and do move away from Foucault’s focus on historical practices in order to privilege abstract theorizations. By using governmentality as a description of ‘‘liberalism’’ or ‘‘capitalism’’ instead of as a methodology of inquiry on power’s contingent modalities and technologies, these scholars tend to reify a substantialist ontology that ultimately reinforces a liberal conceptualization of subjects and power as standing in a relation of externality and stifles the possibility of reimagining political agency on different grounds. ‘‘Descriptive governmentality’’ constructs a critique of the liberal international order based upon an ontological framework that presupposes that power and subjects are entities possessing qualities that preexist relations. Power is imagined as a ‘‘mighty totality,’’ and subjects as monads endowed with potentia. As a result, the problematique of political agency is portrayed as a quest for the ‘‘liberation’’ of a subject ontologically gifted with a freedom that power inevitably oppresses. In this way, the conceptualization of political agency remains confined within the liberal struggle of ‘‘freedom’’ and ‘‘oppression.’’ Even researchers who adopt a Foucauldian vocabulary end up falling into what Bigo has identified as ‘‘traps’’ of political science and international relations theorizing, specifically essentialization and ahistoricism. I argue here that in order to reimagine political agency an ontological and epistemological turn is necessary, one that relies upon a relational ontology. Relational ontological positions question adopting abstract stable entities, such as ‘‘structures,’’ ‘‘power,’’ or ‘‘subjects,’’ as explanations for what happens. Instead, they explore how these pillar concepts of the Western political thought came to being, what kind of practices they facilitate, consolidate and result from, what ambiguities and aporias they contain, and how they are transformed.12 Relational ontologies nurture ‘‘modest’’ conceptualizations of political agency and also question the overwhelming stability of ‘‘mighty totalities,’’ such as for instance the international liberal order or the state. In this framework, political action has more to do with playing with the cards that are dealt to us to produce practical effects in specific contexts than with building idealized ‘‘new totalities’’ where perfect conditions might exist. The political ethics that results from non-substantialist ontological positions is one that privileges ‘‘modest’’ engagements and weights political choices with regard to the consequences and distributive effects they may produce in the context where they are made rather than based upon their universal normative aspirations.13

#### Perm solves. Exclusivity’s wrong and reifies. The net benefit’s agency.

Hooker ‘17

Internally quoting Neil Roberts – an Associate Professor of Africana Studies and Faculty Affiliate in Political Science at Williams College - Juliet Hooker is Associate Professor of Government and African Diaspora Studies at the University of Texas at Austin and is the author of Race and the Politics of Solidarity (Oxford, 2009). From the Article: “Theorizing Slave Agency: Neil Roberts’s Freedom as Marronage “ - Theory & Event, Volume 20, Number 1, January 2017 – #CutWithRJ - via Project Muse

What does it mean to theorize freedom from the perspective of the enslaved? Roberts argues that the key concept on which such an account should be based is marronage, the experience of flight or escape from slavery. Roberts has an expansive understanding of marronage that goes beyond accepted usage of the term as referring to communities created by fugitive slaves outside of (but co-existing with) colonial and post-colonial (since slavery persisted past independence in the US and Brazil, for example) slave societies in the Americas. Marronage becomes Roberts’ central analytical concept for investigating how [End Page 188] the enslaved enacted freedom. It encapsulates the principal intervention he wishes to make into the way freedom has been conceived in Western political thought. Pointing to Isaiah Berlin’s influential categorization of Western notions of freedom into positive or negative liberty (e.g., those that emphasize self-mastery and collective political participation versus those that conceive freedom as non-interference and non-domination), Roberts persuasively argues that both of these conceptions assume that freedom is a static condition, which subjects either do or do not possess. Moving beyond this polarized, static conception of slavery and freedom, Roberts suggests instead that freedom is the process of flight. Roberts thus turns to marronage because he is interested in “the liminal and transitional social space between slavery and freedom.” Political theory, he argues, “must pay attention to *the process* by which people emerge from slavery to freedom.”3

In addition to reframing the terms of the debate about freedom in Western political thought, and introducing a third, relational understanding of freedom, Roberts’s formulation of freedom as the *process* of flight or fugitivity from enslavement also destabilizes an important debate in African Diaspora Studies and black political thought about the contemporary relevance of slavery. In recent years, following the publication of Saidiya Hartman’s influential intervention in Scenes of Subjection, scholars of African Diaspora studies have begun to engage with the question of slavery’s afterlife, of how practices pioneered during enslavement have continued to shape post-emancipation polities and black self-making in particular. Much of this scholarship, under the rubric of Afro-pessimism, has focused on continued forms of black subjection. Afro-pessimism theorizes blackness as a condition of ontological death or fungibility; for afro-pessimists the conditions of post-emancipation societies are contiguous to those of slavery, such that the plantation may have been replaced by the prison but the relation of a fundamental structural antagonism between blackness and (what is seen as) the human remains the same. Within this schema the enslaved cannot serve as rich sources for thinking about freedom, because to do so would be to offer facile solutions to an irreconcilable opposition. When Roberts argues that: “during marronage, agents struggle psychologically, socially, metaphysically, and politically to exit slavery, maintain freedom, and assert a lived social space while existing within a liminal position” he is rejecting the notion of slavery as “social death” in Orlando Patterson’s famous formulation, which is foundational to Afro-pessimism.4 Roberts’s theorizing about marronage reframes the debate between Afro-pessimists and Afro-optimists in African Diaspora Studies by focusing on slave agency and refuting the idea that the slave had no capacity for action. Freedom as Marronage is instead precisely focused on the capacity for action of the enslaved, or more precisely on the potentiality for such action (the moment when [End Page 189] the enslaved realize that they can resist and begin to contemplate doing so). It is the entire span of such actions, not just the physical act of escape, which Roberts seeks to capture by arguing that we should conceive of freedom as marronage, as a process of flight and movement.

One of the principal achievements of Freedom as Marronage is thus how it seamlessly brings together these two strands of contemporary thinking about slavery and freedom, and makes a powerful intervention into both by introducing the generative idea that it is philosophically productive to focus on the liminal space between freedom and slavery, thereby centering the agency of the enslaved, which is under-emphasized in both Afro-pessimism and Western political thought. Roberts destabilizes the dichotomy between freedom and un-freedom that is central to conceptions of negative and positive liberty in Western political thought, and shows how the impulse to flight has been a central feature of the politics of the enslaved, thereby reorienting us to the figure of the fugitive.

#### Their theoretical framework is wrong – alternative views prevent solidarity, sweepingly dismiss political struggle, and mystify racism

Stephens 17 ---- R.L., labor organizer in Chicago, founding editor of Orchestrated Pulse, “The Birthmark of Damnation: Ta-Nehisi Coates and the Black Body,” *Viewpoint Magazine*, 5/17, https://www.viewpointmag.com/2017/05/17/the-birthmark-of-damnation-ta-nehisi-coates-and-the-black-body/

Though Coates has never explicitly cited it as his theoretical framework, the dour outlook of his work evokes the themes of Afro-Pessimism. The pivot to the ontological that is apparent in Coates’s rhetoric is a hallmark of Afro-Pessimism. “Ontology by definition is the study of being, and to speak of Blackness as an ontological condition means analyzing the state of Black bodies through the lens of slavery,” Afro-Pessimist scholar Michael Barlow Jr. writes in the academic journal Inquiries. However, for Barlow, the relation of slavery that ontologically defines blackness is not a matter of political economy, but rather a “libidinal economy.” In this ontological pivot, labor and ownership — that is, political economy — are merely incidental to racial slavery. Instead, it’s the white imagination and its depraved “metaphysical desires for Black flesh” that both predated and catalyzed racialized chattel slavery. Racism is reduced to the spiritual, more a matter of a sinful nature than a political struggle. Coates has echoed this retreat to interiority, to the spiritual, to consciousness.

It’s the ontological pivot that leads Frank Wilderson, perhaps the world’s foremost Afro-Pessimist, to declare in his foundational text “Gramsci’s Black Marx: Whither the Slave in Civil Society?” that Black people are no more than cows in a slaughterhouse. Wilderson posits that “death of the black body is foundational to the life of American civil society,” just as a cow’s death is essential to the slaughterhouse. Flippantly, Wilderson asks, “how would the cows fare under a dictatorship of the proletariat?” Coates adopts a similar impotence. He characterizes struggle as aimless toil — an apolitical end to itself. “The struggle is really all I have for you,” he tells his son, “because it is the only portion of this world under your control.” Yet, how are we to struggle against earthquakes and physical laws? How can we fight gravity?

Both Coates and Wilderson speak of power in terms of dreams. Coates writes of monolithic white “Dreamers,” those whose investment in the American Dream requires a faith in their own whiteness. Similarly, Wilderson sees America as enacting two distinct dreams. For Wilderson, “the dream of black accumulation and death” is separate from “the dream of worker exploitation.” Ultimately, in both Coates’s and Wilderson’s respective frameworks, solidarity is unimaginable and class struggle is rendered futile. Though Coates does not go to the lengths Wilderson does to position himself in opposition to materialist politics, the result is effectively equivalent: a separation of race and class combined with a deep skepticism of class-based solidarity, reforms, or even revolution. This is a deviation from the Freedom Tradition embodied by Fannie Lou Hamer. For her, the problem of racism wasn’t cosmology or ontology, it was an expression of politics implicated in class antagonism. Fannie Lou Hamer stood “with the masses,” both white and black. Solidarity through struggle from below — class struggle — formed her path to victory.