# 1AC

### Advantage 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.

#### Limiting Parker is key – failing to account for interstate spillovers overstates the efficacy of status quo regulations

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 possible – but 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

#### Regulations are key - Synthetic-Bio viruses already sit in labs and accidents kill millions.

Wilson ‘13

(Grant Wilson has an extremely diverse academic and professional background is former Representative for several nations at the 2010 Climate Change Conference in Cancun. Mr. Wilson \*also\* holds a JD, as well as a Certificate in Environmental and Natural Resources Law, both from the Lewis & Clark Law School. He \*also\* has worked on issues related to the environment and human rights in Kenya, South Korea, Hungary, Mexico, Belgium, the United States. He \*also\* is currently the Deputy Director at the Global Catastrophic Risk Institute (GCRI), a nonprofit think tank that engages in research, education, and professional networking in areas related to global catastrophic risks. “MINIMIZING GLOBAL CATASTROPHIC AND EXISTENTIAL RISKS FROM EMERGING TECHNOLOGIES THROUGH INTERNATIONAL LAW” – Virginia Environmental Law Journal – 31 Va. Envtl. L.J. 307 – lexis; allrev)

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.

#### SynBio is neither “good” nor “bad” – only effective regulations solve the impact in either direction.

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.

#### Poor regulations prevent any upsides to SynBio

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."

#### Only SynBio itself can counter accidental releases

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)

#### Independently, the aff is an anti-racist approach to antitrust – 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.

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.

### Plan

#### Plan: The United States Federal Government should limit the state action immunity doctrine.

### Advantage Two

#### Adv Two is Practitioner Shortages:

#### 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.”

#### The FTC can challenge State-Level SOP restrictions on Nurse Practitioners – they lose now due to Parker immunity – cements the “physician-only” model

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

#### Solvency is *empirical* and the *impact is significant*. Studies and empirics confirm this has saved many lives *per day* *per State*.

Chung ‘20

Bobby W. Chung is a labor economist. He receives his Ph.D.in Economics at Clemson University. He is now a postdoctoral research associate at the School of Labor and Employment Relations in the University of Illinois (Urbana-Champaign). He is also a network member of the Human Capital and Economic Opportunity Global Working Group. His recent work includes social network, occupational licensing, and kidney-exchange network. “The Impact of Relaxing Nurse Practitioner Licensing to Reduce COVID Mortality: Evidence from the Midwest” - #E&F - http://publish.illinois.edu/projectformiddleclassrenewal/files/2020/06/The-Impact-of-Relaxing-Nurse-Practioner-Licensing8413.pdf

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.

#### Prefer malleability – health access is distinct from other modes of power and the state is key to prevent our impacts and 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.

#### Status quo defaults to an untouched market and ACA rollback. Loss of access places *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.

#### 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.

#### 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

Professor Emily Whelan Parento is as Associate Professor and the Gordon D. Schaber Health Law Scholar at McGeorge School of Law at the University of the Pacific. Her primary scholarly focus is the intersection of domestic health law and policy with the human rights framework for the right to health and health equity. The author holds a JD and LLM, from The Georgetown University Law Center and a BBA, from the University of Notre Dame. Earlier in her career she served as a federal judicial clerk and practiced litigation at Davis Polk & Wardwell in New York and California. From the article: “Health Equity, Healthy People 2020, and Coercive Legal Mechanisms as Necessary for the Achievement of Both” - 58 Loyola Law Review 655 - Fall, 2012 - #CutWithRJ – Modified for potentially offensive language – This Loyola Law Review article was re-published at Racism.org – http://www.racism.org/index.php?option=com\_content&view=article&id=1424:racisthealthcare&catid=88&Itemid=274&showall=1&limitstart=

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 individualstruly 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 disparities 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.

#### Access and a broader set of health options are good: 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).

#### There’s no one cause of health disparities – malleability, not root causes should frame the impact

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.”

#### The aff better accounts for social determinants – incremental reforms are meaningful

Heath 20 [Sara Heath, health care journalist for PatientEngagementHIT 7-20-2020 https://patientengagementhit.com/news/why-nurse-practitioners-are-pivotal-in-health-equity-work]

When COVID-19 first came ashore in the United States, it quickly became apparent that the virus would bring to light racial health disparities that have long pervaded the healthcare industry.

It didn’t take long for the virus, which can become more harmful when an individual has comorbidities, to show itself more harshly among certain populations. Across the country, more Black patients have suffered from COVID-19 and in worse forms, according to Centers for Disease Control & Prevention (CDC) data.

In the agency’s weekly report ending on July 11, 2020, CDC said there were 227.1 COVID-19 hospitalizations per 100,000 non-Hispanic Black patients, compared to only 49 COVID-19 hospitalizations per 100,000 white patients.

For non-Hispanic American Indian or Alaska Native patients, that rate came in at 273 hospitalizations per 100,000 patients, and 224.2 hospitalizations per 100,000 Latinx patients.

Across the industry, leaders were largely unanimous in saying that these health disparities are not new in the age of coronavirus; instead, coronavirus has shown an unflattering spotlight on health disparities that were already there.

“Sadly, the health disparities that are making the news today aren't new and they're not specific to COVID-19,” said Sophia Thomas, DNP, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP, the president of the American Association of Nurse Practitioners (AANP).

For Thomas, health inequity has been a long-standing issue. Nurse practitioners and those working within the AANP specifically have been sounding the alarm on healthcare disparities for years, she said. The current climate with COVID-19 has provided a tangible example of how health inequities ultimately manifest.

Health inequities start with the social determinants of health, Thomas explained, and how those social risk factors limit an individual’s ability to achieve wellness. Because traditionally underserved populations, like Black, Hispanic, and Indigenous populations, must contend with structural and cultural limitations to care and other resources, they adversely experience social determinants of health.

“When you think about long-term health outcomes and assisting in staving off short-term health complications, providers need to consider things such as poverty, economic stability, safe and accessible housing, and food security,” Thomas, a practicing nurse practitioner herself, told PatientEngagementHIT.

“We talk about food deserts, dependable transportation, and then probably most importantly from our aspect, training and education that provides a pathway for all patients to have greater access to primary care.”

Again, this isn’t a new trend, Thomas acknowledged. Decades of institutional inequities have set the stage for a health equity crisis to come to bear like it has during the COVID-19 pandemic.

“Really, the CDC's recent racial and ethnicity data are proof positive that health systems, policy makers, healthcare providers all need to work together now more than ever to stop the COVID-19 impact on communities of color,” Thomas explained.

And it’s nurse practitioners who can play a pivotal role in that, she asserted.

“What makes us unique is that we have a foundation in nursing and with that we also have a holistic approach to patient care,” Thomas stated.

“So when we, for example, tell a patient she has diabetes and give her a prescription for her medication, we're not just prescribing medication and saying ‘follow up with us in three months.’ We're making sure that she can afford that medication. We're discussing with her at that time some diet and lifestyle changes.”

And it’s that very discussion that Thomas said truly makes a different in self-management for a chronic illness and can ultimately tame those comorbidities that have manifested themselves during the COVID-19 outbreak.

Delivering that care management across every community, especially traditionally underserved ones disproportionately experiencing social determinants of health, will be the first step to addressing health equity, at least on a micro scale.

“The most important thing is listening. But with that, before we start the office visit or discussing the reason why patients are there, we may just do a little bit of small talk to get to know them to hear about their life,” Thomas advised, outlining what an encounter that addressing social determinants of health with a nurse practitioner can look like.

“In hearing the stories, they key us into possible issues that may happen,” Thomas said.

During the coronavirus pandemic specifically, Thomas has been taking advantage of the widespread use of telemedicine to understand the social circumstances in which her patients live. Telemedicine lets Thomas see her patients’ housing situations, or during a conversation about nutrition Thomas can prompt her patients to show her their pantries, if they are interested and engaged.

And perhaps most important, nurse practitioners are poised to establish trust with their patients, something that is essential for discussing sensitive topics like social needs and is important when working with traditionally marginalized communities.

“We call on our nursing foundation of compassion and empathy to build a relationship with patients and their family members,” Thomas explained. “Surveys year after year show that nurses are listed as one of the most trusted professions.”

Patients will tell Thomas things they have never felt comfortable admitting to their doctors, she shared, underscoring the important role nurses play in being a trusted confidante for underserved patients.

But nurse practitioners can’t accomplish these goals without some support. Importantly, Thomas said nurse practitioners need expanded scope of practice regulations in order to fulfill their potential while treating patients.

“There are 77 million Americans that live in communities that don't have adequate access to primary health care, and about 80 percent of rural America is actually designated as medically underserved,” Thomas said.

At the same time, the 10 states with the best health outcomes also have the most flexible scope of practice laws for nurse practitioners, Thomas said, citing the US News and World Reports rankings. In the 10 states with the worst health outcomes, nurse practitioners face the strictest scope of practice laws.

When access to quality care is at the crux of health inequities, Thomas said this is a huge issue.

# 2AC

### case

#### 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.

## K

### Top

#### Perm do both - Perm’s consistent with their Black Panther Party warrants – it creates an equivocal relationship between the government and community health centers served by nurse practitioners that causes reverse cooption

Nelson, 11—President of the Social Science Research Council, professor of sociology at Columbia University in the City of New York (Alondra, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*, pg 55-64, dml)

It was also at this antipoverty center that the Party’s guiding principles were developed. Seale and Newton had in mind a **two-pronged approach** to social transformation— a practical program undergirded with an ideological one. Accordingly, Seale recalls,

Huey divided [the ten- point platform and program] into [two sections] “**What We Want**” and “**What We Believe**.” “What We Want” are the **practical**, **specific things** that **we need** and that **should exist**. At the same time we expressed **philosophically**, but **concretely**, **what we believe**. . . . [The platform] puts together concisely all the physical needs and all the philosophical principles. 26

Newton and Seale sought to construct an organization whose commitments were **more evenly divided between theory** and **practice**, in contradistinction to cultural nationalism and, that distinct from federal antipoverty programs, would truly reflect the priorities of local communities. 27 The Party’s platform and program was in point of fact a demand for full economic citizenship (“We Want Full Employment for Our People”) and related social rights— those benefits guaranteed in principle by citizenship status (e.g., “We Want Land, Bread, Housing, Education, Clothing, Justice And Peace”). 28

Well after the Party officially came into being, Newton and Seale continued to **instrumentally** “**use** the poverty **programs**” **for their own ends**. 29 They recruited members at the center: Robert (Li’l Bobby) Hutton, the Party’s first member, was recruited by Seale, with whom he had worked in a summer program at the center in 1966. (Hutton, who was the group’s first minister of finance, was killed during a fatal shoot- out with Oakland police in 1968. He was eighteen years old.) Newton and Seale worked with the center through 1967.

In this year, the Panther cofounders joined its advisory board and from this position successfully lobbied municipal authorities to place a streetlight at a dangerous intersection in the community. 30 In addition to the group’s leaders, several members of the rank and file had experience as either a staff member or a client of a War on Poverty project. Cleo Silvers, a Philadelphia native, was a VISTA volunteer and eventually joined a Party chapter in Manhattan’s Harlem neighborhood; as a Panther, she conducted neighborhood health surveys and worked as a patient advocate. In 1968 Brown worked in an “outpost field operation” of the Office of Economic Opportunity in Los Angeles, the Watts Happening Coffee House, that she described as “a rivulet of the Johnson Administration’s new- deal . . . dubbed the War on Poverty.” 31 Working to **change these programs from the inside out** and with the conviction “that blacks now have concentrated in the cities . . . in such numbers that they can **take over governments**,” as the New York Times put it, Party members Erika Huggins, William Roberts, Andrea Jones, and Herman Smith were elected as board members of a Berkeley antipoverty program in 1972. Party members also were elected to six of eighteen seats on the West Oakland Model Cities governing board. 32

Party chapters’ **interaction with federal antipoverty programs persisted** for **much of the organization’s life**. Although the activists drew on a **range of resources** from the CAPs and other initiatives, this was a **deeply equivocal association**: the serve the people or survival programs were partly modeled on the War on Poverty, and some of the anti poverty projects in many ways **made the parallel Panther projects possible**. However, the radicals **did not merely copy the state’s program**, for its social welfare concern derived as well— and perhaps more centrally— from its Marxist- Leninist politics. For this reason, the activists were harsh critics of the CAPs and easily drew ideological distinctions between the Party’s social welfare work and that of the federal government.

For the Panthers the two important considerations that distinguished its work from that of the state were the organization of the programs and the anticipated outcomes of them. Its ten- point platform and program demanded “the Power to Determine the Destiny of Our Black Community.” Federal antipoverty programs, the Panthers complained, **gave lip service** to the full participation of the poor in administering these programs, but in practice, owing to ideological differences and local political struggles, **constrained communities’ self-empowerment**. 33 As Newton explained, “I don’t think black people should be fooled . . . because everyone who gets into office promises the same thing. . . . The Great Society; the New Frontier. All of these names but no real benefits.” 34

The diverse CAP initiatives shared the underlying principle that **local community involvement** in **planning** and **implementing social programs** was **crucial to their success**. 35 Indeed, Title II of the Economic Opportunity Act mandated that these programs be “developed and conducted with the **maximum feasible participation** of the residents of the areas.” 36 Yet as Senator Daniel Patrick Moynihan wrote in 1969, debates over actualizing community control would lead to “maximum feasible misunderstanding.” 37 Brown gave voice to this misunderstanding when she bitterly recalled that the CAP center she worked at in Los Angeles “was supposed to be a cultural center operated by and for the black residents of Watts.” 38

Soon after the War on Poverty programs were rolled out, it became apparent that some poor blacks interpreted the concept of community control differently from the federal government, local authorities, and, frequently, even middle- class blacks. 39 While the Johnson administration envisioned the management of the CAPs as a partnership between community leaders, the poor, and government administrators, many African Americans interpreted local control as **social**, **political**, and **economic autonomy**, or in the parlance of the black power era and the Party, as **self- determination**. The Party regarded the War on Poverty as a plan that would not end poverty but merely amount to control and surveillance of the poor. With its **community service programs**, the Party had a **more ambitious**, **revolutionary end** in mind, a process that Fred Hampton, head of the Chicago Party chapter, encapsulated in this way: “First you have **free breakfasts**, then you have **free medical care**, then you have **free bus rides**, and soon you have **FREEDOM!**” 40 The Panthers believed that **serving the poor** and **enabling local communities to help themselves had transformative potential**.

These programs were, furthermore, **vehicles to enlist the community in the Party’s political causes**. Chief of Staff David Hilliard illustrated how the Party understood this process when he described the political effects stimulated by the “Community Pantry,” also called the Angela Davis People’s Free Food Program. The “food **serves a double purpose**, providing sustenance but also **functioning as an organizing tool**: people enter the office when they come by, take some leaflets, sit in on an elementary PE [political education] class, talk to cadre, and exchange ideas.” 41 As such, the community service programs were, as one Oakland Panther, Carol Rucker, explained, “**another tactic for revolution**” alongside armed self- defense. 42

CAP initiatives like the North Oakland Neighborhood Anti- Poverty Center, according to the historian Daniel Crowe, “**unwittingly supported** and **trained a new generation of black radicals** that included the co- founders of the Black Panther Party.” 43 The Johnson administration was **alarmed to discover** that the **resources it provided** to wage the War on Poverty were **being used to radicalize** and **organize black community activists**. 44 As Moynihan explained in his analysis of the failings of the federal antipoverty campaign of the late 1960s and early 1970s, government officials did not share this view. “Washington has an entirely different, almost antithetical view of the style and function of ‘community action’ from that of its proponents in the field,” he wrote. 45

This battle over the boundaries of community participation at the Office of Economic Opportunity’s community health centers— launched in 1965 as part of the War on Poverty— typified the “misunderstanding” between poor blacks, activists, African American elites, the state, and other stakeholders over the definition of “maximum feasible participation.” The community health centers **operated through federal grant monies** given to medical schools and teaching hospitals that in turn **organized** and **directed primary care** and **basic healthcare services**. 46 Although the centers had community advisory boards and also drew staff from local areas, the historically vexed relationship between black communities, academic hospitals, medical schools, and the public health system and the scientific authority embodied in even these small- scale neighborhood institutions meant that these clinics were **destined to court controversy** in some quarters.

Teaching hospitals emerged in the early twentieth century, when doctoring was becoming a “profession” and medicine a “science.” 47 This transition of medical education in the United States to a teaching hospital system included “university- based” medical schools, “faculty . . . engaged in original research,” and students, who “participate[d] in ‘active’ learning through the laboratory study and real clinical work” with disproportionately poor or otherwise vulnerable patients. 48 The expansion of biomedical science through this new vision of medical education at times came at a particularly high cost for marginalized groups. In the shift from medicine to biomedicine that began around 1910, “African American, indigent, and low- income working class patients were still required to virtually sacrifice their bodies in exchange for treatment,” the scholars of race and medicine Linda Clayton and W. Michael Byrd pointedly note. 49

In the mid- twentieth century, patients at teaching hospitals such as the Johns Hopkins Hospital in Baltimore— where Henrietta Lacks’s cervical cells were taken without her permission by a biomedical researcher in 1951 50 — were made to contend with “certain indignities and discomforts,” including long waits for care; impolite hospital staff; and “underfunded, understaffed, overcrowded and poorly maintained” facilities. 51 Racial discrimination further compounded the problems of teaching hospitals. During Jim Crow, “frank racism,” in the form of segregated facilities and wards, “was not uncommon at teaching hospitals,” the medical historian Kenneth Ludermer argues. 52 At some institutions black patients were only ever seen by medical students. In the late twentieth century, uninsured and underinsured poor and minority communities and welfare recipients not infrequently received substandard care at teaching and public hospitals. In the 1970s, for example, there were numerous controversies involving poor women of color who received shoddy care or authoritarian treatment or both at teaching hospitals. As well, unnecessary and often coercive hysterectomies were performed on women of color at teaching hospitals. 53 During this time, the Black Panther was replete with accounts of the pitiable and at times fatal healthcare doled out to the Party rank and file and members of the local community at both teaching and public hospitals. 54 As Panther volunteer Marie Branch expressed, “We were battling a lot of things. . . . [doctors] told women that if they removed part of the uterus, they could still have a baby. . . . We were fighting the partial hysterectomy myth and sterilization attempts.” 55 Thus black activists’ demands for “**community control**” of healthcare facilities was also a call to **change an often harrowing**, **disrespectful**, and **unaccountable culture** of medical practice.

By placing **large teaching hospitals** in charge of the community health centers program, the federal government **did not inspire the confidence** of marginalized groups. In addition, debates about “community control,” while certainly concerned with both patient and local autonomy, voiced objection to the lived experience of racism and poverty. As Crowe explains, “low- income residents throughout the Bay Area interpreted . . . the War on Poverty [as] part of the black struggle for civil rights.” **In contrast with federal reformers**, these communities believed that the “CAPs should serve as **vehicles for protest**” and “should be on the **front lines in the battle against racism**.” 56

The Party founders had a social and ideological vision— Seale characterized this perspective as “revolutionary, community, socialistic” 57 — that was different from that of the Great Society imagined by LBJ. 58 Newton’s and Seale’s experiences at the antipoverty center thus impressed on them the **limits of state- sponsored reform** and black citizenship after the (re)codification of African American civil rights and compelled them to **forge an alternative path**. At its originary moment, the Party **drew on its members’ experiences** with the War on Poverty programs in conceiving its own community service platform. These programs **responded to the perceived failure of U.S. welfare state programs** to meet poor African American communities’ needs and reflected the activists’ sense that black well- being could not be achieved without self- determination. 59

From Self- Defense to Self- Determination

Despite its initially broad vision and forays into other community issues, the Party’s early activism focused on armed surveillance of Oakland law enforcement— through “defense patrols”— to quell harassment from law enforcement. 60 The intimate knowledge the Panther leaders gained about firearms regulations and arrest procedures in the state influenced their use and endorsement of armed militancy. 61 These patrols used tape recorders and cameras to record police brutality. More famously, the Party deployed armed members to “police the police.” In doing so, the Party followed to the letter an obscure California law that permitted citizens to carry loaded arms in public. A Republican state legislator, Don Mulford, responded to the Party’s audacious tactics by proposing a bill to prohibit the public bearing of loaded weapons. On May 2, 1967, the day that the bill was to be discussed on the floor of the state legislature, Newton dispatched Seale and several other openly armed Party members to the state capitol in Sacramento to protest the proposed legislation. 62 Though the Party’s protestations garnered national press attention, the California state assembly ratified the Mulford Act prohibiting the possession of loaded weapons in public in July 1967. 63 Seale was arrested for his participation in the protest at the California state capitol and was sentenced to a six- month jail term in August 1967. 64

All the same, Party members continued to carry loaded weapons, and run- ins with Bay Area police persisted. On October 27, 1967, Newton was arrested for a shooting incident with Oakland police during which he and an officer were injured and another officer was killed. After this incident, the Panther leader was jailed while awaiting a court date and during his subsequent murder trial. Newton’s incarceration and Seale’s brief stint in jail for his involvement in the dramatic Party protest at the California statehouse created a leadership vacuum in the organization. 65 Though Seale was the “titular head” of the Party and could have resumed his role as leader after his release from prison in December 1967, Minister of Information Eldridge Cleaver’s power had grown in Seale’s (and Newton’s) absence. 66 Concurrently, media coverage of the California capitol demonstration and the “Free Huey” campaign galvanized black communities’ support for the Panthers across the United States and caused the Party’s membership ranks to swell unexpectedly (despite its cofounders’ incarceration). Under Cleaver’s direction, violent encounters between the Party and local authorities escalated. In April 1968 Cleaver allegedly instigated a shoot- out with Oakland police, during which Hutton was killed. 67 Cleaver and Hilliard were arrested and jailed after this incident. 68

The Party was forced to confront the implications of its armed militancy. In 1967 the organization dropped the phrase “for Self- Defense” from its name because as Seale put it, the Panthers “didn’t want to be classified as a paramilitary organization.” 69 Newton was convicted of voluntary manslaughter in September 1968. With his fate determined for the next two to fifteen years, from prison he instructed the Party to devote more of its attention to programmatic issues and creating local institutions. The Party cofounder had grown concerned by the violent direction the Party had taken. (The price of freedom that Newton paid as a result of his own violent encounter with the Oakland police was perhaps not lost on him.) In his words, Newton “wanted to **emphasize the community development aspect** of the party. . . . I felt that we should turn away from the arms because too much had been made of them.” 70 With somewhat similar sentiment, Seale argued also that negative views of the Party had been exaggerated by inaccurate “preconceived opinions” about the organization and its aims. Newton and Seale accordingly shifted the balance of the organization’s commitments, bringing the Party’s attention and energies to bear on aspects of its platform that had been eclipsed by their other activities. “The gun itself **does not symbolize a revolutionary**,” Newton declared in an interview with the Los Angeles Times. “**Fascists also carry guns**.” 71

Dr. Terry Kupers, an MCHR member and close collaborator with the Southern California chapter of the Party chapter, recalled that after the murders of Alprentice “Bunchy” Carter and Huggins at UCLA resulting from the bitter feud with the US Organization, “there was a question . . . what could people do to . . . **keep the Panthers going** and **being active** and **getting their message across** . . . that fit the Panther platform?” 72 Kupers, then a psychiatry resident at UCLA, led the formation of this clinic with Marie Branch, an African American nursing professor at the university, Party chapter leader Brown, and other Panther cadre. It was not a coincidence that this chapter soon launched its Bunchy Carter PFMC. From the perspective of the MCHR, Kupers argues that the clinic “was an attempt to **keep the Panthers** and **their positions alive** after the COINTELPRO attack on them in Chicago, LA and elsewhere.” 73 One tragic reflection of how violence spurred the creation of the Party’s social welfare politics is suggested by the fact that, as in Los Angeles, PFMCs were often named for “martyred” cadre, for example, the George Jackson People’s Free Medical Clinic in Berkeley and the Fred Hampton People’s Health Clinic in Portland, Oregon. 74

Although Newton, Seale, and other members of the Party leadership began to reorganize the Party’s structure and rethink its strategies, the heightened emphasis of the service program did not amount to the Party’s complete abolition of armed self- defense. 75 Rucker, who worked at the Oakland PFMC (when she was not waitressing at the Party’s Lamp Post bar), recalled that “nobody in the Party was about to give up guns.” 76 Rucker underscored the “contradiction” inherent to the Party’s community service strategy: police were in neighborhoods “looking for us” and “kicking in doors.” “Can we claim to serve the people, body and soul, and scare them to death at the same time?” she asked. 77

The **centerpiece** of the Party’s **renewed community service strategy** was a **diverse**, **evolving set of programs** and **initiatives**. Newton’s prior attempts to develop the Party’s community programs had created tension in his relationship with Cleaver, who preferred to conceive of the Party as an armed underground resistance movement of urban guerrillas rather than social workers. 78 Ironically, not entirely dissimilar from Karenga’s critique of the “serve the people” campaign, Cleaver viewed the programs as attempts to **reform the existing system rather than to completely transform** or **revolutionize it**, and vocally **protested their implementation**. Newton, on the other hand, contended that “you **can’t** very well **drop out of the system without dropping out of the universe** . . . you **contradict the system while you are in it** until it’s **transformed into a new system**.” Cleaver eventually resigned from the Party over precisely this clash of vision about the direction of the Party. However, as late as 1967, even he backed the survival programs as **part of a larger revolutionary strategy** and notably penned a piece affirming them in the Black Panther : “If we can understand Breakfast for Children, can we not also understand Lunch for Children, and Dinner for Children, and Clothing for Children, and Education for Children, and Medical Care for Children?” Cleaver wrote. 79 I

n late November 1968 Cleaver went into exile to avoid an attempted murder charge, and Seale instituted the community programs as he and Newton had envisioned them. In this same month, Seale announced the launch of the Party’s expanded slate of community service programs in the pages of the Black Panther. 80 With this announcement, preexisting neighborhood service programs and new initiatives were **bundled together** into an **impressive array of locally controlled alternative institutions** that harked back to a **tradition of community institution building** in the **long medical civil rights movement**, evinced the Panthers’ frustrations with the War on Poverty and facets of the black power movement, and, as I describe below, operationalized political theories that were their groundwork. Grouping these programs under the umbrella of the service campaign, the two- year- old Party served notice that it was shifting the emphasis of its endeavors. While in keeping with the initial seed ideas contained in the ten- point platform, which sought to balance political ideology with the needs of the people, the expansion of the community service programs marked a shift from armed self- defense to social self- defense. 81

Keeping in mind Rucker’s mention of the “contradictions” of the Party’s community service strategy, the expansion of the survival programs should be interpreted also as a signal from the Party to the poor, predominantly black neighborhoods with which it worked that it appreciated that some shift in emphasis was warranted. Kent Ford, head of the Portland chapter, has commented that the programs succeeded in gaining both admiration and legitimacy for the Panthers in the eyes of local communities. 82 Rucker concurs, saying that “we realized that we were alienating a lot of the community that we needed to reach— that we wanted to help. . . . We . . . start[ed] going into churches and just reaching out . . . the Survival Programs were going well but we wanted to branch them out— [to] start a clinic.” 83

#### Link is reductionist and can’t explain US-EU divergences

Foster 19 [Chase Michael Foster was a Doctoral Candidate at Harvard University at the time of this dissertation. The author has served as a Election Observer (OSCE, ODIHR) in Moldova, Belarus, Russia, Georgia and as a Teaching Assistant at the Harvard Kennedy School of Government. At the time of this writing, the author held a MPP (Democracy, Politics, and Institutions) from the Harvard Kennedy School of Government. “The Politics of Delegation: Constitutional Structure, Bureaucratic Discretion, and the Development of Competition Policy in the United States and the European Union, 1890-2017” – Doctoral dissertation to The Department of Government, Harvard University, Graduate School of Arts & Sciences. In partial fulfillment of the requirements for the degree of Doctor of Philosophy in the subject of Government - January 2019 - #E&F –https://dash.harvard.edu/bitstream/handle/1/41121359/FOSTER-DISSERTATION-2019.pdf?sequence=1]

Ideational Theories

Any analysis of the change in antitrust enforcement over time must begin with a consideration of ideas. Most of the existing social scientific scholarship on competition policy emphasizes the role of changing economic paradigms in spurring the transformation of European and American competition policy. A number of scholars of American antitrust have explained the dramatic decrease in antitrust enforcement as stemming from the shift in authority from lawyers to economists at the antitrust agencies (Eisner 1991). Others have emphasized the institutionalization of Chicago School-inspired economic ideas within antitrust jurisprudence (Ergen and Kohl 2017; Davies 2010; Pitofsky 2008). Both of these sets of accounts capture an important component of the shift. As theories of economic efficiency changed in the US academy during the 1960's and 1970's, much of the postwar enforcement program was delegitimized. Beginning in the early 1970's, both the prevailing judicial opinion on antitrust and the enforcement program of the antitrust agencies dramatically shift, leading to a precipitous drop in enforcement output, especially in areas such as vertical restraints, monopolies, and exclusionary practices.

The increase in the intensity of European enforcement has also been explained as the result of ideational change. Some EU scholars have argued that the institutionalization of neoliberal economic ideas in European regulatory law has led to the intensification of regulatory enforcement (Thatcher 2013; Buch-Hansen and Wigger 2010; Wigger 2008). Concomitant to the Single European Act, the European competition directorate began to more intensely apply competition rules, and to shift its enforcement focus to state aid, publicly-owned companies, and the promotion of competition in previously protected network industries (Quack and Djelic 2005). During the late 1990's, competition law modernization led to a more neoliberal approach to the evaluation of market competition, while also expanding the breadth and intensity of enforcement (Wigger and Nolke 2007).

While each of these accounts points to some of the real ways that ideational change affected competition policy in each system, there are problems with explaining opposite trends as the result of the same paradigm shift. An ideas-only approach leaves us in the awkward position of explaining both the increase in the intensity of competition enforcement in the EU and the decrease in antitrust enforcement in the US as resulting from the same (or similar) neoliberal policy paradigm. While any analysis of competition policy developments must account for ideational change, we need to understand why the same set of ideas has produced different patterns of enforcement in Europe and the United States.

Additionally, there are empirical gaps in the ideational explanation. Certainly, the influence of the Chicago School cannot account for why US regulators have failed to follow much of the neoliberal prescription for liberalization and industrial policy. Chicago School economists, after all, have long supported the application of antitrust in these areas (Van I lorn 2015; McChesney 1986; Bork 1978). Moreover, there is no shortage of classically-trained economists in the European competition system.

### AT: Jackson 71

#### Antitrust expansion is a NOT imperialist, NOR beholden to corporations, NOR drive foreign market expansions – it’s just a tool, and CAN be used for liberation – their Jackson ev’s NOT even about anti-trust – perm’s reimagination and radicalization of anti-trust in pursuit of the ALT solves the historical inaccessibility of legal change and is prerequisite to ALT efficacy

Greer and Vallas 21 (**Jeremie Greer**, Co-Founder and Co-Executive Director at Liberation in a Generation, a national movement support organization building the power of people of color to totally transform the economy, Soros Equality Fellow, racial justice activist who began his career as a community organizer in the Columbia Heights and Shaw neighborhoods in Washington, DC, and national policy expert on the causes and the policy solutions to close racial wealth gap, formerly working at the Government Accountability Office, the Local Initiative Support Corporation, and Prosperity Now (formerly CFED), MPP George Mason University, BA Social Work, University of St. Thomas, currently working on an Executive Education Certificate in Nonprofit Leadership from Harvard University’s Kennedy School of Government; interviewed by **Rebecca Vallas**, senior fellow at The Century Foundation, work focuses on economic justice, formerly spent seven years at the Center for American Progress, built and lead CAP’s Poverty to Prosperity Program, and helped to establish CAP’s Disability Justice Initiative, the first disability policy project at a U.S. think tank, as well as the organization’s criminal justice reform work, her policy and advocacy work flows from her years as a legal aid lawyer, representing low-income individuals and families at Community Legal Services in Philadelphia, creator and host of Off-Kilter, a nationally distributed podcast about poverty, inequality, and everything they intersect with, JD University of Virginia, BA psychology, Emory University; “Reimagining Anti-Monopoly Activism Through Racial Justice — feat. Liberation in a Generation’s Jeremie Greer,” Off-Kilter Podcast, 3-26-2021, https://offkiltershow.medium.com/reimagining-anti-monopoly-activism-through-racial-justice-feat-e3a124c1c61)

VALLAS: So, before we get into the report — and there is so much to talk about in this report — you co-founded Liberation in a Generation with Solana Rice, as I mentioned, up top. Talk a little bit about the organization’s vision, its mission. You talk a lot about an oppression economy and a liberation economy being the goal that you’re working to build towards. Talk a little bit about why you co-founded the program.

GREER: Yeah. Thanks for having me, and thanks for that question. Yeah, Liberation in a Generation, it’s really kind of a culmination of Solana and I (Solana Rice, my co-founder) and I really working. You know, originally, both of us have a similar background. Mine is in doing community organizing in the early part of the 2000s, but then also doing a lot of national work at the policy level for kind of Washington think tanks. And it really was birthed because we were really dissatisfied with the model at which a lot of national advocacy organizations were taking to how they were doing racial and economic justice work. And our kind of governing theory of change is that one, the ideas are not bold enough to actually deliver on changing the problems that we were seeing, that the story that we were telling about why these problems were created was actually just wrong, and that we weren’t working with the people that were building the type of political power that’s necessary to make that change. So, we launched Liberation in a Generation.

And what we hope to do is to dismantle what we call the oppression economy, which is an economy that is built on an uncomfortable truth: that racism is profitable in our economy, that institutions can build their wealth, that people can build their wealth based on the existence of systemic racism. And that happens by criminalizing people of color, by operating a dual financial system that extracts from people of color, that our political system and all of its inequalities is meant to prop up this racist economy that we operate in, and that corporate power has too much of a hold over the well-being of people of color in our economy. And that what we need to replace it with is a liberation economy that does real basic things like provides for everyone’s basic needs, creates safety and security, that compensates people for the value that they bring to the economy. And our economy has too long excluded people, but we need an economy that ensures that all people of color belong. And that has to be grounded in a set of economic rights that everybody has and holds and can be entitled to. And that, again, leaders of color that are doing grassroots power building and community organizing are the ones that deliver it. So, that’s who Liberation in a Generation partners with to deliver that future.

VALLAS: Well, and hearing you mention that you’d experienced, and I think very justifiable, dissatisfaction with the way that some of the kind of traditional Washington-based think tanks work on these issues, right? Often it’s about cutting poverty or reducing homelessness, right? And just the contrast with some of what you at Liberation in a Generation and Solana and the team that you guys are building there are, the things that you’re pushing for, right, are just on a different scale. And in some ways, it’s about helping people understand that maybe we can imagine a different world rather than just tinker at the edges.

I want to read another paragraph from this report. You write, “Imagine a world where the unemployment rate for people of color is zero, the unhoused rate for people of color is zero, a world in which 100 percent of people of color have quality healthcare, a livable wage, quality education. We at Liberation in a Generation,” you write, “believe that this is possible if we strive to create a liberation economy where all people of color have their basic needs met, are safe and secure, are valued and fully belong, including people of color who are immigrants, formerly incarcerated, LGBTQ, and have a disability. You finally write, “In order to get to this liberation economy, we must dismantle the oppression economy that monopoly power has colluded with the government to maintain.” And this gets us into really talking about the topic in this report, which is anti-monopoly activism.

Start with a little bit of a primer of what we’re facing. I mentioned a couple of stats up top in the intro helping put sort of a recent and updated lens on how good it is to be a monopolist these days, right? By contrast to everybody else who’s living through this pandemic and not experiencing billions and trillions of dollars of wealth increases. Start with a little bit of a primer of what we’re facing: the rise of unchecked capitalism and monopoly power such that we’re essentially living in a new gilded era, as the report argues.

GREER: Yeah, and just, I mean, you have to, to fully understand the power of, monopoly, you have to understand it through the lens of people of color who have to deal with it. So, in Iowa, and, you know, there’s folks with People’s Action that are organizing people in rural communities around the threat of monopoly. But if you’re looking at Iowa, a corporation like Tyson Foods has managers who are sitting around on the floor (and this is documented in the media) making bets about what worker was going to get sick and die from COVID. Like, the inhumanity of that, I think, is just appalling. But it just shows the dehumanization that monopolies have created for workers, for consumers, for small businesses, and everybody that’s impacted.

And the reason why is because at the core, monopoly power is about exactly that: power, who has it and what they do with it. And what we have when you have monopolies, it’s not just about the size of the firm. There’s a lot of focus on the size of the firm. But what it’s really about is does that firm have a disproportionate amount of power, and what are they doing with that power? And what monopolies today are doing — Amazon, Moderna, Pfizer, JPMorgan Chase, Bank of America, Wells Fargo, Facebook, Google — they’re taking the power that they have around consumer prices, around workplace conditions, around wages, around the impact that they have in community, and the influence that they have on government, and they’re using that power to profit off of blatant systemic racism that is falling down upon Black and brown workers. And that is, for us, the real fight that we feel when you look at monopolies. And that the current system in which we use to try to govern monopoly power is totally inadequate in dealing with the kind of impact that the monopolies have on Black, Indigenous, Latinx, and Asian-American people in this country.

VALLAS: Now, folks who are listening probably all assume that they know what a monopoly is. But I’m going to sort of poke a hole in that and say, you may think you know what a monopoly is. But Jeremie’s got a slightly broader, and I think, more updated definition that’s used in this report. How do you define a monopoly for purposes of what you guys are doing in this work? And why do you propose a somewhat broader definition?

GREER: Yeah. So, you’re right. The current kind of anti-trust definition of a monopoly really focuses on the impact that monopoly power or corporate power has on consumers, and particularly on consumer prices. So, will you pay more for a product because of the monopoly power that a company has? And as I mentioned, we believe that that’s totally inadequate to really understand the full breadth of what a monopoly is. Monopolies have, yes, they have incredible control over consumer markets and prices. And we see that in healthcare, you know. So, the price of insulin is much higher because of the monopoly power that a company, that pharmaceutical companies hold.

But monopolies also have power over worker wages, the working conditions in which workers show up to work and have to live through. They have incredible power over small businesses. All across the country, we see small businesses being crowded out by monopoly power. They have the political power to almost dictate to local communities how much they’re willing to pay in taxes, which means the crowding out of essential services that are provided to communities. And what we observe in the report is that too often, the impact of that monopoly power falls squarely on the shoulders of people of color, whether they’re workers of color, consumers of color, whether they’re small business owners of color, or whether they’re just people of color living in communities that are looking to their local government to really help them navigate life in the economy.

VALLAS: And I want to quote you, because you offer, I think, a really, really smart definition here in the report. You say, “We define monopoly as a corporate entity — a single corporation, or a group of corporations — whose sheer size and anti-competitive behavior grant it disproportionate economic power and governing influence.” And as you’ve been describing, you say, “This negatively affects the well-being of workers, consumers, markets, local communities, democratic governance, and the planet.” That’s a somewhat broader definition than maybe the sort of technical antitrust definition of monopoly. But for all the reasons you’re starting to get into, you really, you argue in this report that it’s necessary that we think a little more broadly and a little more functionally about who’s operating like a monopoly, and therefore where we need to be thinking about challenging unchecked corporate power.

You’ve already started to delve into the link between unchecked corporate power, monopolistic behavior, and the numerous types of racial injustice and structural racism that run rampant throughout the U.S. economy and our broader society. But you have a very powerful way that you phrase this in this report. You say, “Racial wealth inequality,” and you specifically are talking there about racial wealth inequality, “is the consequential disease caused by the oppression economy.” I can’t remember reading another publication about monopolistic behavior and the need for an anti-trust movement that draws such a direct causal link between monopolies and the ways that they operate, and racial wealth inequality and structural racism. Talk a little bit about how monopolies are contributing to the immense and historic levels of racial wealth inequality that folks are maybe more familiar with, but not aware of that link.

GREER: Yeah. No, thanks for that question. And what I think of an important distinction around the framing there is that, yes, it is driving, monopolies are driving racial wealth inequality. And yes, monopolies are a product of an oppressive economy that is, you know, where racism is baked into the design of the economy. But they’re also a profit tier, they are gaining profit from the existence of that oppression economy. So, it is in their interest to sustain it and maintain it and to keep it going. And an example that we draw out in the paper that I think is so important and I think really illustrates this is, as we mentioned, one of the pillars that holds up the oppression economy is the criminalization of people of color. That people of color as criminals, or defined as criminals, and mass incarceration, the over-policing of Black and brown communities is something that upholds this oppression economy. And then when you have a company like Amazon who purchases the Ring Corporation —

And for those that may not be familiar, Ring is a product that’s provided by Amazon in which they provide surveillance and home security to everyone. You can get a little Ring doorbell where someone rings the door. You could be at work, you can open it. It’s like, “Oh, cool. Leave my package there.” That’s how they market it. But what that does is that that Ring device pulls in a lot of data. And what we have is cameras in homes all across the country that can be used to surveil people. And what we know is one of the things that police do is they over-surveil Black and brown communities, which leads to the type of mass incarceration that we’ve seen in this country. Well, Amazon has contracts, in fact, 770 contracts with police departments so that they can get the data from those Ring devices. So, I think that really illustrates that not only are monopolies driving racial inequality through the low wages that they pay workers, through the way that they crowd out Back businesses, from the way that they treat immigrants at the workplace, but they’re also actively doing things to prop up and uphold this oppression economy because they are profiting from it.

VALLAS: And I really want to encourage folks to read the report, especially activists and advocates who I know we have lots who listen to the show, folks in grassroots-based work who I think are really going to find this report very much geared towards them. That’s another really, I think, significantly unique aspect about what you guys have done here. This isn’t the kind of think tank report that you traditionally read, right? In a lot of ways, you actually really wrote this for, and almost to, grassroots leaders of color as sort of a primer on anti-monopoly activism, but also as something of the beginning of a tool kit that really could help people start to take this on as part and parcel of their work. I’d love to get a little bit into kind of why you structured the report this way, why you took this somewhat different approach in writing, not just for the media and for policymakers and for the Washington elites, but actually for grassroots leaders of color on the ground.

I’m going to quote you again. You write, “This paper aims to contribute a major step in the long journey of bridging the divide between anti-monopoly researchers and policy advocates and grassroots leaders of color.” And you write, “The first step on that journey is knowledge.” What does the current anti-monopoly fight look like? And why do you believe, and Solana as well, why did you guys prioritize bridging this divide?

GREER: Yeah, so, as I mentioned in my opening about Liberation in a Generation, we believe that the leaders that are going to lead us into having a liberation economy and dismantling this oppression economy that we’ve been talking about are grassroots leaders of color who are building power in communities. And the reason why we believe that is one, they are closest to the people who are experiencing the pain and harm of systemic racism. They are in there with them, they understand, they hear their stories, and they’re organizing them for change. The other thing that we believe is so important is that they are in the business of building the power, the political power, of those people. They’re not there to serve them, which there’s people that do that. And there’s a reason for that, and it’s important. But they see their role in helping those people build power so that they can have the agency to force their government, whether it’s a local, state or federal, to act on their behalf.

And we believe that if one of the government’s roles is to curb corporate monopoly power, they should be the ones driving that change. Because they will come with experiences, which we try to reflect in the report, of how monopoly power is impacting communities. You know, how a Amazon distribution center in the Inland Empire in California is impacting not just the economic life, but the quality of life of people in those communities. They could speak to that in real terms. And that not only does the advocacy need to be informed by that, but also the policy making needs to be informed by that.

So, what we did was, with that kind of assumption, we went to groups like the Athena Coalition, who is organizing people against Amazon across the country. We went to Color of Change, who’s an organization that is focusing on curbing the power of big tech: Facebook, Amazon, Google, Apple. We went to ACRE: Action Center for Race and the Economy. And they’re doing a lot of work focusing on big banks and the corporate and monopoly power of big banks. And we said, you know, what is holding the kind of grassroots movement back from really diving in, into this anti-monopoly issue? And they came up with, there was a lot of reasons, a lot of varies they identified, and some of them that we’re working with them to solve.

But one of them was, you know, we don’t have kind of a global understanding of how monopoly power impacts people of color in particular. We understand it through the lens of a particular firm, Amazon, Bank of America, like that. But we don’t really have a good grounding in how it happens globally. Therefore, our policymaking doesn’t have kind of an eye towards how could we globally and kind of more broadly address this problem in a way that impacts people across the economy? So, that’s what we hope that this paper would do: would provide that kind of grounding for grassroots leaders so that they can begin to build the type of strategies that kind of have that massive economy-wide impact for people of color.

VALLAS: And it might be eye-opening for grassroots leaders who are learning about this issue, who are exploring whether this is something that they can get involved with. But it’s also potentially eye-opening for people who already think they know the antitrust movement or the anti-monopoly movement, given that it is incredibly rare, as you point out, for conversations about the economy to really discuss human impacts. They’re often extremely technocratic conversations, right, that have lots of facts and figures and jargon. But something that you really make a point of doing in this report, which I can’t say I’ve ever seen in a report on monopoly power or anti-trust, is you really walk through the human impacts on people of color as workers, as consumers, as residents in local communities, as small business owners and entrepreneurs, and also as subjects of surveillance, similar to the Amazon Ring concerns that you were raising before. Share some of the examples in the report of those kinds of human impacts on people of color who can obviously be more than just one of those things in that list of categories.

GREER: Yeah, I’ll share a couple. There’s one that really, I mean, really broke my heart when I first read about it was Alec Raeshawn Smith, whose mother — and this is something that’s in the media. So, it’s not as if I’m violating any confidentiality here — but Alec Raeshawn Smith, whose mother, he aged off of his mother’s insurance plan. And this is a story we heard a lot during the ACA kind of debate and the debate around universal healthcare. But he aged off of his mother’s insurance plan, and he made this diff-, had to make this difficult choice about whether he continued to allow his mother to bear the burden of his insulin medication that he needed to regulate his diabetes, or whether he would try to do it kind of on his own. And he determined, he decided to do it on his own. And it’s a hard decision that people have to make every single day, but the cost of that insulin was so high that he was rationing it, that he wasn’t taking what the doctor prescribed. And he passed, and he died from his diabetes.

And this is the type of story that we see all too often. You know, his insulin costs were $1,300 a month without insurance. And we see that a corporation that can control pricing of pharmaceuticals for a lifesaving drug like insulin is how this plays out in real life. And we can get into a law, you know, you can get into a law classroom or into a debate on Congress, and you can start to forget about the real lives that are impacted by these policies. And the reason why we wanted to talk about these stories is because that is what organizers are dealing with every day: They’re working with people that are on insulin, you know. They are working with people who are working at a Amazon fulfillment center. They’re working with people who can’t get a bank account because Bank of America has all these fees on their credit cards and their checking accounts and things like that. So, bringing these stories out is what is going, and this real human impact, is what is going to mobilize, we believe, the type of effort that’s needed to fight back against monopoly power.

VALLAS: And I think we’ve got time for a few more examples, because it just, it isn’t the part of the conversation that usually gets any airtime. And it’s part of why I wanted to have you on the show is really to put a human face on some of the impacts. Share a few more examples that really, that popped for you as you were pulling this report together.

GREER: Sure. I’d love to talk about John Ingram, who is a Black farmer in Jackson, Mississippi, and he’s a chicken farmer. He grows chickens, and he sells his chickens to Koch Foods, K-o-c-h Foods. And they are the fifth largest poultry company in the country that provides food to places all across the country. But the model which they work with John is very much in the model of the sharecropping model from post-Civil War and on into the Jim Crow era. You know, they determine the way in which John must run his farm, like to how much he feeds his chickens, to the types of facilities he keeps his chickens in, all the way to the price that they will pay to buy his chickens. And what this does is create incredible power over Black farmers like John. And what you have is — And this is pretty much allowed to take place by the USDA.

He had complained, and Black farmers, many Black farmers complained to the Obama-era USDA. And because of the power of those poultry monopolies — you know, I mentioned one in the beginning, Tysons and Koch is another — they really didn’t do anything. And what we see across the country are Black farmers being forced out of business because of the power that these monopolies have.

Another example that I think is really good is also in Mississippi. There’s a Nissan plant that was built in Canton, Mississippi. They relocated there. And they had gotten there because they had gotten a lot of tax breaks from the local government, from the state of Mississippi. And they did so with the promise of good jobs. They talked about jobs would be between $26 and $26 an hour. Well, the type of jobs that they provided were called perma-temp jobs. And these are basically permanent temporary jobs, which I can’t really wrap my mind around what that is, because those are conflicting. Like, what is something that’s permanent and temporary? But they created these jobs that were permanent and temporary, which basically meant that they could at will fire people from their jobs.

So, these aren’t real sound jobs. The wages were low. They did not get great benefits. So, a lot of the promise that was offered was not delivered upon. And that these were primarily the jobs that were provided in this part of Mississippi, despite the millions in tax breaks that Nissan got from, again, the state of Mississippi and the local government there.

VALLAS: And there’s so many more examples throughout the report. We’ve got a link and show notes so folks can go in and can sort of page through. It’s written in an incredibly accessible way, right? So, I want to just make that point. You intentionally set this up so that you don’t have to be a lawyer to read this. You don’t have to be a deep antitrust expert to be able to read this. This is actually really for people who might be a little bit newer to the issue.

And one of the big kind of frames of the report as well is you spend a lot of time discussing how, you know, hey, we know folks are busy. We know folks are fighting a lot of fights right now and probably don’t feel like they’ve got one more to take on, space for one more to take on. But you really make the point that for folks who are working on, say, advancing the Green New Deal or the Homes Guarantee or other policies within the social and the economic and the racial justice advocacy sphere, you really make the point that challenging monopoly power is actually a prerequisite to succeeding in those other fights. What’s your message to advocates and to activists and policy folks, anyone who’s listening or who might read the report, what’s your message to them about why they should see the anti-monopoly fight as their own, even if they feel like that’s not the space that they work in?

GREER: Yeah, I mentioned Action Center for Race and the Economy. Mo BP-Weeks, who is a co-director there, often says, You just have to follow the money.” And I think organizers know that when you follow the money, you usually find exactly the targets that you need. And there’s a section in the report called Monopoly Power Is Corporate Power Magnified and Maximized. And we believe, and I think that we’re right, that if you focus in on and treat these monopolies like corporate entities, you can begin to see change in a lot of the transformative movements that people are having, for example, the Green New Deal and efforts to create a more equitable and healthy environment and to curb climate change. You know, the targets are Big Oil and Big Energy. And those institutions, while they’re large, still operate like corporations. They have a CEO, they have Board of Directors, they have shareholders. And all of those people have some stake in the company and have some culpability to the issues that you are trying to solve. So, it becomes another tool in the toolbox.

We believe that anti-monopoly advocacy is just another tool in the toolbox that could be used to curb corporate power so that you can begin to get wins on other issues that you may be focusing on, whether it is the environment, whether it is affordable housing, whether it’s creating higher wages for workers, whether it is to create a safer community free of police violence. We think that by focusing on curbing the monopoly power of the corporations that are causing that pain is just another tool that can be used in the advocacy for those broader kind of movement priorities that we hear a lot about.

VALLAS: Now, one of the things that you and I have talked about a good amount before, and something that we actually get into a lot on this podcast, is the narratives that are out there that we’re often sort of fighting against that might be invisible, but that shape people’s views about, say, the economy and economic policy, even if they’re not aware that that’s the sort of lens that they’re looking through or the pair of glasses that they’re looking through. It’s also something that you really spend a lot of time working on. And it’s very, it’s central, really, to a lot of what Liberation in a Generation is advancing, is narrative change, right? Especially dismantling, for example, the neoliberal narratives that are really at the root of so many of the social injustices that folks who listen to the show are out there fighting every day.

You talk about government, in the case of the anti-monopoly fight, as a villain and as complicit with corporations in allowing unchecked corporate power to do the damage that you’ve been talking about, that we’ve been discussing up to this point. But you actually talk about them in the context of the anti-monopoly fight government as the villain who could turn into the hero. Talk about why you think it’s so important to construct a narrative with a villain, with a hero. And we’ll get back now into kind of the policy conversation of this, why government has the potential to turn from being a villain to being a hero in this context.

GREER: Yeah, I mean, it’s really, when you look at the history of anti-monopoly advocacy, you see that there once was a time where the government was an active participant in curbing corporate power and was doing so on behalf of workers. You know, you see there were passages of transformative legislation like the Sherman Act or the Clayton Act or the Federal Trade and Commissions Act. And these were all passed in the early 20th century. And they were meant to curb this kind of corporate monopoly power in, you know, back in the Gilded Age when we saw the trust corporations, the railroads, the Carnegie steel industry. And there was this active role of government doing this.

But what we’ve seen since then is, as corporate power grew, begin to influence government more, a real devolution of that activist role the government played. And what we began to see really, you know, and probably the heyday of this for the monopolies began in the 1980s and continues on today, was actual collusion between the government and these monopolies. And that what we saw, what we see today is there have been, there were more mergers and acquisitions under Obama administration than any other administration before it. So, we’re at the point now where the government is really seen as a, it’s really a collaborator in building monopoly power.

What we need to get back to is a place where the government is playing its role in making sure that not just the, it’s not just about the size of the company, but that the company’s power is not getting to the point where they’re bringing down the standard of living for workers, particularly Black, Latinx, Indigenous, and Asian-American workers. That consumers are seeing the type of prices so that they can afford the things that they need to live a daily life. That small businesses, particularly Black businesses, are not being crowded out. And that that is a role for government. So, government can be the hero, and it should be the hero because it is our government, you know.

We are a democracy. We should have say, each and every one of us, in what our government does, and our government should be working on our behalf, not on behalf of Jeff Bezos, Warren Buffett, or Elon Musk. We should be expecting the government to play that active role, and not just recognizing that it should be done for all workers, but ensuring that workers of color in particular and people of color, households of color in particular, are being protected against the tyranny of monopoly power.

VALLAS: And one of the later chapters in the report really offers kind of a primer in some of that early 20th century history that you were just summarizing around the time when government in the U.S. actually did take action to rein in monopoly power. You mentioned the Sherman Act and the Clayton Act and the creation of the Federal Trade Commission, all of that, I would encourage folks to go in and read. And there’s probably a lot that folks don’t know about that era following the gilded era, that really was the time when the federal government in the U.S. did actually take action to check corporate power. Who are the key players with power in the federal government to do something about this? And what are some of the existing solutions that are being advanced?

GREER: Yeah. So, today, I mean, it’s your Congress, of course, has a lot of power. Because there’s an, I believe, there’s a need for new kind of legislation that new powers be created, new constructions of how we regulate monopoly that only Congress could do by passing laws. But under our current laws, the Federal Trade Commission is responsible for responding and kind of being the first, the cop on the beat to make sure that companies aren’t violating any of our current antitrust laws. They can issue criminal and civil penalties, and they are the ones who are in charge of enforcing those kind of monumental legislation that we’ve talked about.

The Justice Department also has a important role in moving legislation forward. In fact, they are the entity that when you hear about breaking up corporations, the Justice Department is the one that usually does that. And they’ve done it in the past. You know, they did it. They broke up the big railroad monopolies of the past, and they broke up AT&T in the 1970s into what they call the Baby Bells. And they currently have a lawsuit today against Google to look at Google’s monopoly power. And in the lawsuit, there’s a call for breaking it up into smaller pieces. So, there’s that.

And then there’s other agencies, you know. As it relates to banking, it’s the Department of Treasury with the Comptroller of the Currency and the Federal Deposit Insurance Agency, the CFPB in banking. In agriculture, it’s the U.S. Department of Agriculture. In energy, it’s the Department of Energy and the Environmental Protection Agency. Each of these industries kind of have their own government entity that is responsible for regulating the work that they do. And they play a role in curbing corporate power. And one other one that I’d mention is states. State Attorney Generals also have a lot of power to curb corporate power, because one thing that’s little known is that states are the ones that incorporate corporations. And so, they have a lot of ability and a lot of power to regulate agencies.

As far as solutions go, there’s a lot of solutions that are kind of out there. And what this report does not do is propose to put forth a particular solution that would work for people of color, because we actually think that that’s the work that grassroots leaders of color should embark on in the future, is designing and developing those particular solutions. But some of the solutions that we have in our toolbox today are, for example, breaking up large corporations. That is something that we can do today. We can also regulate, tightly regulate corporations using the existing tools in the toolbox. The CFPB and what it’s done in the banking industry is a good example of that.

But one idea that’s been batted around, and I think Elizabeth Warren proposes for big tech in particular, is new enforcement agencies that are more in line with the realities that we see in the economy today and the way in which monopolies form. A lot of our laws are meant, were developed to regulate railroad and steel monopolies, and those aren’t the monopolies that we’re seeing today. So, there is a group of folks out there talking and saying that there’s a real need to think about new agencies with new authorities that could regulate monopoly power.

VALLAS: And of course, it’s not exactly a pie-in-the-sky idea to think about creating those new agencies. Elizabeth Warren, who you mentioned, right, was the godmother of the Consumer Financial Protection Bureau, the CFPB, which is pretty young as far as federal agencies go. It was created during the Obama years. Although that may feel like a different lifetime at this point in a lot of ways.

We’re going to run out of time. But the last couple of minutes that we have, I’d really love to spend delving into the recommendation that really is, in a lot of ways, the kind of central call of this report. A lot of it is really addressed to grassroots leaders, and for the reasons you’ve discussed, right, about bridging that divide. But it’s also addressed to the existing anti-monopoly tent: the folks who are already working within research and advocacy spaces on these issues. And you say very pointedly, “The anti-monopoly movement, within research and advocacy spaces especially, should embolden grassroots leaders of color to deliver anti-racist policy solutions aimed specifically to curtail monopoly power.” So, there you’re describing that agenda that you think grassroots leaders really should be centered in developing. But you continue. You actually, you sort of raise the ante with this call. You also say, “It’s not enough to speak virtuously about racial equity and economic justice. We have to intentionally center people of color in the development of policy change.”

And you call explicitly for a reimagination of this movement through a racial justice lens that broadens the tent and intentionally makes this work more accessible and more human-impact focused so that it’s not just about bringing folks in and centering the work differently. It’s actually about doing the work differently, entirely, so that it’s not just that technocratic and sort of small-tent D.C. elite approach to changing these policies. Talk a little bit about what that actually would look like. You have some pretty specific ideas that, I agree with you, would actually transform the anti-monopoly movement in ways that would reimagine it and approach the work differently. Get concrete. What would that actually look like?

GREER: Yeah, and thank you for this question, Rebecca. You know, I mentioned that history. And I think what we know about public policy and the history of public policy in the United States, whether it was this antitrust movement in response to the Gilded Age, whether it was the New Deal, is that when it’s done in a race-neutral way, it doesn’t just leave people of color behind — Black, Indigenous, Latinx, Asian Americans — it also harms people of color. And what we need to do is, of course, what we can learn from that history is that we should not repeat it. And we should not repeat it, by centering people of color as the core beneficiaries of the policy. Because we believe if that is done, not only will they be served, but we will all then be served because we’re ensuring that we’re not leaving anyone behind, and we’re not intentionally harming anyone. And we think that that’s so critically important in this kind of new era of antitrust policy that could come forth.

#### Advocating revolution’s coopted to lock-in corporate power over affect and cognition that forecloses any possibility of structural or ethical change – only path to liberation is through expanding anti-trust

Bakan 20 (Joel Bakan, professor of law at the University of British Columbia, former Rhodes Scholar and law clerk to Chief Justice Brian Dickson of the Supreme Court of Canada, law degrees from Oxford, Dalhousie, and Harvard, “Charming psychopaths: The modern corporation,” in State of Power 2020: The Corporation, Transnational Institute, January 2020, <https://www.tni.org/files/publication-downloads/stateofpower2020-thecorporation.pdf>) \*added [noncisheteronormative]

In 2004, a powerful documentary film, ‘The Corporation’, caught the political imagination when it was released at the peak of the alternative globalisation struggles that emerged following the protests at the World Trade Organization (WTO) in Seattle. Based on a book of the same name, and using a witty and stylish mix of news clips, music and perceptive analysis, the film boldly challenged capitalism’s single most important player, the corporation. The documentary won 26 awards, with even conservative commentators such as The Economist calling it ‘[a] surprisingly rational and coherent attack on capitalism’s most important institution’. To launch our collection examining ‘The Corporation’, the Transnational Institute went back to the film and books’ writer, Joel Bakan, a law professor at the University of British Columbia, to find out how he views the corporation today.

What is the corporation?

The corporation is a legal construct, indeed a legal fiction. It is not something created by God or by Nature, but rather a legally created and enforced set of relations designed to raise capital for industrialism’s large projects. Its main function is to separate the owners of an enterprise from the enterprise itself. The latter is alchemically transformed into a ‘person’ that can bear legal rights and obligations, and therefore operate in the economy. The owners – shareholders – thus disappear as legally relevant, with the corporate ‘person’ itself (and sometimes its managers and directors) holding legal rights, and being liable when things go wrong.

It follows that shareholders’ only risk is to lose money if their share value declines. They can’t be sued for anything the corporation does. Moreover, to further sweeten the pot for their investing, the law imposes obligations on managers and directors to act only in shareholders’ best – that is, financial – interests. The genius of it all is that this highly pro-shareholder construction provided strong incentives for many people, particularly from the emerging middle class, to invest in capitalist enterprise. That was the corporation’s main purpose – to generate the huge pools of capital needed to finance large enterprises, railways, factories, and so on, that industrialisation made possible. It was, in effect, a crowd-funding institution.

What has the corporation become?

The corporation’s central institutional function – concentrating thousands, even millions, of investors’ capital into one enterprise – also created the potential for enterprises to become very large and powerful. There were initially limitations on their power – caps on growth, restrictions on multi-sector involvement, competition laws, and so on – but over twentieth century these were weakened and eliminated. Now companies can merge, acquire, and get bigger and bigger, accumulating ever more power with little to constrain them. As a result, they become these vast concentrations of capital that dominate not only the economy, but also society and politics.

They are not democratic and are legally compelled to serve their shareholders’ interests in everything they do. So, you have these huge and powerful institutions, compelled by their institutional characters to pursue self-interest regardless of the consequences, bent on avoiding or pushing out of the way anything that impedes their missions – such as regulations, taxes, and public provision – creating wealth for anonymous and unaccountable shareholders, and with no democratic accountability to the people (other than their shareholders) affected by their decisions and actions.

What has changed in the 15 years since you wrote The Corporation?

A few obvious things. Big tech didn’t exist (at least not in the dominant way it does now) at the time of the first project. Climate change was a problem, but not yet the existential and immediate crisis we know it is today. The populist right was still on the fringes, globalisation was in full swing, and corporations – smarting from anti-globalisation struggles around the world, and worried about growing popular distrust and concerns about their expanding power – strategically changed their image and their game. In terms of the latter, corporations began, around the time my first book and film came out, to make sweeping commitments to sustainability and social responsibility – to use less energy, reduce emissions, help the world’s poor, save cities, and so on. Creative capitalism, inclusive capitalism, conscious capitalism, connected capitalism, social capitalism, green capitalism – these were the new kinds of buzzwords that came to the fore, reflecting a sense that corporate capitalism was being modified into a more socially and environmentally aware version.

The key idea, whatever rhetoric it was wrapped in, was that corporations had changed fundamentally, that while corporate social responsibility (CSR) and sustainability had previously been located on the fringes of corporate concerns – a bit of philanthropy here, some environmental measures there – now they became entrenched at the core of companies’ ethos and operating principles.

**[FIGURE OMITTED]**

Well, has it made any difference?

Yes, but not necessarily a positive one. The subtitle of my new book is ‘Why “good” corporations are bad for democracy’ Let me explain. To begin with, despite all the fine rhetoric, the new corporation is fundamentally the same as the old one. Corporate law hasn’t changed. The corporation’s institutional make-up hasn’t changed. What has changed is the discourse, and some of the behaviour. The new ethos is captured by the idea of ‘doing well by doing good’, finding synergy between making money and doing social and environmental good rather than presuming there’s conflict.

So now corporations make a lot of noise about their aim being to do good, far less about the fact that they can only do as much good as will help them do well. The fact is, despite all the celebratory talk, corporations will not – indeed, cannot – sacrifice their own and their shareholders’ interests to the cause of doing good. That presents a profound constraint in terms of what kinds and amounts of good they are likely to do – and effectively licenses them to do ‘bad’ when there’s no business case for doing good.

The further problem – and this is the part about democracy – is that corporations are leveraging their new putative ‘goodness’ to support claims they no longer need to be regulated by government, because they can now self-regulate; and that they can also do a better job than governments in running public services, such as water, schools, transport, prisons, and so on. Climate is an area where corporations have been particularly crafty. No longer can they plausibly deny climate change, so they don’t. Instead, they say ‘yes, it’s happening, we acknowledge it, but we now care, we can take the lead and provide solutions, we don’t need government regulation’.

Now, if you talk to scientists, they all say we needed to have adopted renewables yesterday to prevent cataclysmic scenarios, and that this will require massive state-led changes. If you talk to the fossil-fuel industry, they say something quite different, something consistent with their plans to profit as long as possible from carbon fuels. They say we have time, that we shouldn’t and can’t get to renewables any time soon, that natural gas and fracking are good alternatives, that it’s all right that they continue to develop mega-projects to tap fossil-fuel reserves (including coal, like the Adani mine in Australia), that that they will take the lead on renewables. That we should trust them – not governments – to sort out climate. This new strategy is probably even more dangerous than outright denial. By purporting to be the ‘good guys’ now, they more subtly obfuscate and obscure truths and intentions, wielding their influence with governments and at climate summits to ensure their carbon-fuel-based business models remain largely unimpeded.

In my first book, the Corporation, I argued that if corporations were really people, they would be by their behaviour and traits be considered psychopaths. Now, as they put on a false face, they have effectively become charming psychopaths.

What difference has the rise of the digital giants made to the nature of the corporation?

When internet and artificial intelligence (AI) technologies are harnessed to the corporate compulsion to create profit, bad things can happen – and are happening. It’s true, as tech advocates say, that innovation and disruption are the result. But neither is necessarily a good thing. For example, the innovations of big tech are disrupting the policing of monopolies.

For many tech players, monopoly is built into their business models. Facebook, for example, has to be the place everyone goes for social connection. Amazon needs to be the platform for all shoppers and retailers. Google, the search engine everyone uses. The value of these companies is based on being the one place where everyone goes. That gives them a monopoly on the two things that have value in the tech space – attention and data.

It also incentivises them to go beyond their sectors, to invade and dominate other sectors – such as Amazon entering cloud-based computing and pharmaceuticals, Facebook becoming a major news hub and increasingly central to how election campaigns are run, Google pushing into urban planning (through Sidewalk Labs). Current anti-monopoly laws and regulators are too weak (a result of deregulation) and politically unmotivated to keep up, which is what has allowed these companies to turn into behemoths that stifle competition and have undue influence on politics and society – in short, to disrupt democracy. Another problem is that corporations are collecting ever more data, triangulating it, graphing our every move and emotion, especially as all the hardware in our lives becomes internet-connected (through the ‘Internet of Things’) and the software becomes more sophisticated at monitoring and predicting our behaviour. The problem is often thought about in terms of privacy – that our privacy is being invaded by the collection of all this data. But the real problem is control: how the data is likely to be used to control how we act, think, and feel in ways that are ultimately profitable to corporations. The possibilities for employers controlling workers’ every move are already evident in, for example, Amazon’s micro-monitoring of warehouse workers’ performance. Similarly, insurance companies are starting to monitor life insurance policy-holders’ fitness and physiological data through wearable devices and so on.

And how does that affect democracy?

As corporations gain greater direct control over individuals through new technologies, it becomes more difficult – if not impossible – for democratic governments to regulate the relationship between corporations and private citizens. When an insurance company has direct control of individuals it insures – knowing their driving habits, or whether they are fit, and adjusting rates or denying pay-outs on these bases – it becomes difficult for democratic institutions – regulators and courts – to protect individuals’ consumer rights. When a platform like Uber uses technology to effectively circumvent the employment relationship (a regulatory construct designed to protect workers from the much greater power of their employers) it becomes difficult to protect workers.

Democracy is also affected by the rise of misinformation, hate, and incendiary speech, which is magnified by the internet and social media. That too is connected to big-tech business models. A company like Facebook thrives by getting more people engaged more of the time. More is better – and questions about truth, or the public interest, or democracy are simply irrelevant.

More generally, the rise of right-wing authoritarianism, which is happening through democratic electoral processes, is in large part a reaction to 40 years of neoliberal policies that have destroyed jobs and social provision, and thus lives and communities. Those 40 years of policies were – and continue to be – spearheaded by large corporations, which used their resources to lobby, fund elections, move and threaten to move operations in response to regulation and proposed regulation, roll back and avoid taxes, and so on. Leaders of the ‘new’ corporation movement – the very companies claiming to care, to be socially responsible and sustainable – have been at the forefront of these campaigns. None of them has said, ‘social and environmental values are important, so let’s have more regulation and taxes to protect them’. Quite the contrary.

Corporations are now leveraging their supposed new persona to push back democracy, by claiming, as noted above, that they can regulate themselves in lieu of legal measures, and that they should be put in charge of social provision in place of public authorities. It’s quite the two-step. They campaign to eviscerate governments’ capacity to deal with social and environmental issues, and then step in to say that they can do the work government has been rendered, through their efforts, unable to do. The result is less government and more corporations in our lives and societies – meaning less democracy overall.

How have civil society and social movements responded to the rise of the corporation?

The last 20 years have seen a remarkable rise of organised and effective movements to push back against corporate power and the threat it poses to democracy – more than 200 cities around the world have rejected water privatisation by re-municipalising previously privatised systems; indigenous peoples have won battles against extractive industries and for recognition of land rights and self-determination; the ‘movement of the squares’ swept through cities around the world in 2011 and included the Occupy movement; progressive politicians have won victories in cities like Barcelona and Paris in Europe, New York, Jackson, Seattle and Tucson in the United States, and Vancouver in Canada – along with many others. In the United States, there was Bernie Sanders, an open socialist, making (in 2016, and again in 2020) a play for the presidency, and the thousands of progressive election campaigns he helped inspire, many successful – like Alexandria Ocasio-Cortez (AOC) and other progressive representatives. And then there’s the new energy and urgency of surging activism around the world, mass movements demanding action on climate change, extractive industry projects, indigenous rights, against racism. It’s all very positive and inspiring.

We have to be wary, however, of corporations’ attempts to co-opt this wave of resistance. They are certainly trying, working hard to make us to believe that they are the true change-makers; that our best path to a better world is to buy their ‘green’ products, support their social and environmental initiatives, follow their advice on recycling, reducing, and so on. Companies and their CEOs take stands on various issues, and they increasingly form partnerships with non-government organisations (NGOs) like the World Wildlife Fund (WWF) Save the Children (SCF), Conservation International and intergovernmental organisations such as the various entities of the United Nations. No doubt some good may come from all this, but it’s important to recognise that the same companies allying with NGOs, and taking up a stance on racism, immigration, or discrimination against LGBQT (Lesbian, Gay, Bisexual, Queer and Transgender) [noncisheteronormative] people are also lobbying hard to reduce government oversight, push back taxation, expand markets, cut social provision, and so on.

Is there a place for the corporation in the future?

I think there is a place for a financing vehicle for large projects that require large pools of capital, which is essentially what the corporation is. But it has to be understood as a tool, as a means, not an end in itself. The corporation was created by government for that purpose, as a financing tool. Its virtue in incentivising investment – its legal mandate to create wealth without constraint – is also its greatest danger. Because of that, it must be regulated, and it shouldn’t be used to deliver inherently social goods, and certainly not to help govern society. It is completely ill-equipped to do those things, being fundamentally self-interested and lacking democratic accountability to anyone but its shareholders.

We should also be thinking about using other kinds of economic organisations to create goods and services, such as cooperatives, or public institutions with public-interest mandates. There is no evidence to support, and much to contradict, that that the ideal institution is always, or even usually or sometimes, the large for-profit corporation. Rather, corporations are best thought of as we might think about, say, a lawn mower. It has its uses. It’s very good at cutting the lawn. But you don’t want to use it to cut your hair or vacuum your living-room rug.

All of which may be an argument for shifting away from capitalism to some other kind of system – such as those imagined by democratic socialism, or the commons movement or indigenous cosmologies – where social and ecological ends are prioritised rather than the accumulation of capital. Though something like that may be on the horizon, in the meantime we have to figure out how to rein in the dangerous tendencies of the corporations and capitalism we currently have, and to ensure they do not – as they may – turn out to be doomsday machines.

What about B-Corps or Benefit corporations? Are they a good step?1

No. B-corps are not a solution and I have opposed them, including in my home province of British Columbia where the government took measures to recognise them. Typically, a B-corp is nothing more than a certification by a private company (such as B-Lab) that a corporation meets certain social and environmental standards. It’s not needed for corporations that are not publicly traded, which already have leeway to subordinate financial to social and environmental goals if they so wish. And for publicly traded corporations, even if they become B-corps (which, so far, no major one has), they’re still legally bound to prioritise shareholder value. A private certification doesn’t change the law.

So what B-corps end up being are, in effect, a privatisation of regulation, a prop for the ideology that corporations, through market mechanisms and private oversight, can protect and promote public interests. It’s not about democratically promulgated rules to control corporations, nor about state-backed enforcement mechanisms for such rules. It’s yet another velvet glove hiding the iron fist of neoliberalism. A different approach is to reformulate the legal constitution of the corporation to include social and environmental goals as well as financial ones. Again, I don’t favour this approach. One problem is that it will never subordinate financial goals to social and environmental ones – the latter will always be pursued only in ways that are compatible with the former. The second problem is that indeterminate judgements about whether social and environmental goals are met – which should be pursued, how and to what extent – are placed in the hands of managers rather than democratically accountable regulators. Third, the presence of this new kind of corporation would inevitably be leveraged, probably successfully, to push for more deregulation – the argument being that regulation is redundant when standards are baked into the corporation itself.

The problem is that the corporation’s sole reason for existing within capitalism is to incentivise investment. That will always entail prioritising returns on investors’ capital, rather than competing values fixed into the corporation’s legal nature. The imperatives of corporations within capitalism will always be capitalist imperatives. We need to deal with the dangers of that dynamic democratically, through policies, laws, and regulation, rather than by tweaking the corporate form and effectively delegating regulatory functions to corporate managers and directors.

How do we get there?

I don’t advocate revolution because I believe existing democratic structures, however corrupt, can be reclaimed and repurposed, reunited with grassroots movements and the genuine needs and voices of citizens. In the meantime, we need to do a lot of myth-busting to reveal the truth that corporations and markets can’t deliver the social and environmental goods we need; that democracy and democratic institutions must be revived.

We need to work with and in our communities, schools, and unions, to educate and inspire each other. To work with, become part of, and help elect progressive political parties, join and form movements, promote solidarity while celebrating difference. We need to see ourselves as political actors, citizens, obliged to take part in and contribute to creating good and just societies. We need to accept that democratic governance is messy and uncertain, that it’s as much about the process of participation as it is about the resulting policies, and that it can only flourish in social conditions that nurture empathy and solidarity among citizens.

### Capital Flight

### A2: Polluck

Heath 20 [Sara Heath, health care journalist for PatientEngagementHIT 7-20-2020 https://patientengagementhit.com/news/why-nurse-practitioners-are-pivotal-in-health-equity-work]

When COVID-19 first came ashore in the United States, it quickly became apparent that the virus would bring to light racial health disparities that have long pervaded the healthcare industry.

It didn’t take long for the virus, which can become more harmful when an individual has comorbidities, to show itself more harshly among certain populations. Across the country, more Black patients have suffered from COVID-19 and in worse forms, according to Centers for Disease Control & Prevention (CDC) data.

In the agency’s weekly report ending on July 11, 2020, CDC said there were 227.1 COVID-19 hospitalizations per 100,000 non-Hispanic Black patients, compared to only 49 COVID-19 hospitalizations per 100,000 white patients.

For non-Hispanic American Indian or Alaska Native patients, that rate came in at 273 hospitalizations per 100,000 patients, and 224.2 hospitalizations per 100,000 Latinx patients.

Across the industry, leaders were largely unanimous in saying that these health disparities are not new in the age of coronavirus; instead, coronavirus has shown an unflattering spotlight on health disparities that were already there.

“Sadly, the health disparities that are making the news today aren't new and they're not specific to COVID-19,” said Sophia Thomas, DNP, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP, the president of the American Association of Nurse Practitioners (AANP).

For Thomas, health inequity has been a long-standing issue. Nurse practitioners and those working within the AANP specifically have been sounding the alarm on healthcare disparities for years, she said. The current climate with COVID-19 has provided a tangible example of how health inequities ultimately manifest.

Health inequities start with the social determinants of health, Thomas explained, and how those social risk factors limit an individual’s ability to achieve wellness. Because traditionally underserved populations, like Black, Hispanic, and Indigenous populations, must contend with structural and cultural limitations to care and other resources, they adversely experience social determinants of health.

“When you think about long-term health outcomes and assisting in staving off short-term health complications, providers need to consider things such as poverty, economic stability, safe and accessible housing, and food security,” Thomas, a practicing nurse practitioner herself, told PatientEngagementHIT.

“We talk about food deserts, dependable transportation, and then probably most importantly from our aspect, training and education that provides a pathway for all patients to have greater access to primary care.”

Again, this isn’t a new trend, Thomas acknowledged. Decades of institutional inequities have set the stage for a health equity crisis to come to bear like it has during the COVID-19 pandemic.

“Really, the CDC's recent racial and ethnicity data are proof positive that health systems, policy makers, healthcare providers all need to work together now more than ever to stop the COVID-19 impact on communities of color,” Thomas explained.

And it’s nurse practitioners who can play a pivotal role in that, she asserted.

“What makes us unique is that we have a foundation in nursing and with that we also have a holistic approach to patient care,” Thomas stated.

“So when we, for example, tell a patient she has diabetes and give her a prescription for her medication, we're not just prescribing medication and saying ‘follow up with us in three months.’ We're making sure that she can afford that medication. We're discussing with her at that time some diet and lifestyle changes.”

And it’s that very discussion that Thomas said truly makes a different in self-management for a chronic illness and can ultimately tame those comorbidities that have manifested themselves during the COVID-19 outbreak.

Delivering that care management across every community, especially traditionally underserved ones disproportionately experiencing social determinants of health, will be the first step to addressing health equity, at least on a micro scale.

“The most important thing is listening. But with that, before we start the office visit or discussing the reason why patients are there, we may just do a little bit of small talk to get to know them to hear about their life,” Thomas advised, outlining what an encounter that addressing social determinants of health with a nurse practitioner can look like.

“In hearing the stories, they key us into possible issues that may happen,” Thomas said.

During the coronavirus pandemic specifically, Thomas has been taking advantage of the widespread use of telemedicine to understand the social circumstances in which her patients live. Telemedicine lets Thomas see her patients’ housing situations, or during a conversation about nutrition Thomas can prompt her patients to show her their pantries, if they are interested and engaged.

And perhaps most important, nurse practitioners are poised to establish trust with their patients, something that is essential for discussing sensitive topics like social needs and is important when working with traditionally marginalized communities.

“We call on our nursing foundation of compassion and empathy to build a relationship with patients and their family members,” Thomas explained. “Surveys year after year show that nurses are listed as one of the most trusted professions.”

Patients will tell Thomas things they have never felt comfortable admitting to their doctors, she shared, underscoring the important role nurses play in being a trusted confidante for underserved patients.

But nurse practitioners can’t accomplish these goals without some support. Importantly, Thomas said nurse practitioners need expanded scope of practice regulations in order to fulfill their potential while treating patients.

“There are 77 million Americans that live in communities that don't have adequate access to primary health care, and about 80 percent of rural America is actually designated as medically underserved,” Thomas said.

At the same time, the 10 states with the best health outcomes also have the most flexible scope of practice laws for nurse practitioners, Thomas said, citing the US News and World Reports rankings. In the 10 states with the worst health outcomes, nurse practitioners face the strictest scope of practice laws.

When access to quality care is at the crux of health inequities, Thomas said this is a huge issue.

#### 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).

### A2: James

### Alt

#### Solidarity movements will be limited and can’t solve

Buch-Hansen, 18—Department of Business and Politics, Copenhagen Business School (Hubert, “The Prerequisites for a Degrowth Paradigm Shift: Insights from Critical Political Economy,” Ecological Economics Volume 146, April 2018, Pages 157-163, dml)

6. Consent

It is also safe to say that degrowth enjoys no “passive consent” from the majority of the population. For the time being, degrowth remains unknown to most people. Yet, if it were to become generally known, most people would probably not find the vision of a smaller economic system appealing. This is not just a matter of degrowth being ‘a missile word that backfires’ because it triggers negative feelings in people when they first hear it (Drews and Antal, 2016). It is also a matter of the actual content of the degrowth project.

Two issues in particular should be mentioned in this context. First, for many, the anti-capitalist sentiments embodied in the degrowth project will inevitably be a difficult pill to swallow. Today, the vast majority of people find it almost impossible to conceive of a world without capitalism. There is a ‘widespread sense that not only is capitalism the only viable political and economic system, but also that it is now impossible to even imagine a coherent alternative to it’ (Fisher, 2009: 2). As Jameson (2003) famously observed, it is, in a sense, easier to imagine the end of the world than it is to imagine the end of capitalism. However, not only is degrowth – like other anti-capitalist projects – up against the challenge that most people consider capitalism the only system that can function; it is also up against the additional challenge that it speaks against economic growth in a world where the desirability of growth is considered common sense.

Second, degrowth is incompatible with the lifestyles to which many of us who live in rich countries have become accustomed. Economic growth in the Western world is, to no small extent, premised on the existence of consumer societies and an associated consumer culture most of us find it difficult to completely escape. In this culture, social status, happiness, well-being and identity are linked to consumption (Jackson, 2009). Indeed, it is widely considered a natural right to lead an environmentally unsustainable lifestyle – a lifestyle that includes car ownership, air travel, spacious accommodations, fashionable clothing, an omnivorous diet and all sorts of electronic gadgets. This Western norm of consumption has increasingly been exported to other parts of the world, the result being that never before have so many people taken part in consumption patterns that used to be reserved for elites (Koch, 2012). If degrowth were to be institutionalised, many citizens in the rich countries would have to adapt to a materially lower standard of living. That is, while the basic needs of the global population can be met in a non-growing economy, not all wants and preferences can be fulfilled (Koch et al., 2017). Undoubtedly, many people in the rich countries would experience various limitations on their consumption opportunities as a violent encroachment on their personal freedom. Indeed, whereas many recognize that contemporary consumer societies are environmentally unsustainable, fewer are prepared to actually change their own lifestyles to reverse/address this.

#### AND flips pedagogy, error replication, ethics / their impacts and ALT solvency

Pappas 17 (Gregory Fernando Pappas, Associate Professor of Philosophy at Texas A&M University, “The Limitations and Dangers of Decolonial Philosophies: Lessons from Zapatista Luis Villoro,” Radical Philosophy Review, 2017, DOI: 10.5840/radphilrev201732768)\*edited in brackets

The Dangers and Limitations of Starting with a Theoretical Global Standpoint and a Grand Historical Metanarrative about Injustice One strength of Latin American philosophy is its commitment to context and its avoidance of Western universal (Archimedean) starting points. This makes a difference in regard to approaching problems of injustice. The Latin American approach shared by decolonialists and Villoro can be contrasted with an atomistic approach to problems of injustice. The atomistic approach is one that stresses the particularity of an injustice by neglecting history, and in general the relation of that event with others or with structural causes. This is a failure to appreciate the larger connections of single events with more-systematic problems that have a long history and larger scope. The perspective of Villoro and the decolonialists is nothing like this atomistic approach that has been used to hide oppressions; they insist on taking seriously structural injustices and actual history. There are, however, important differences between the approaches taken by Villoro and the decolonialists. The decolonialists see themselves as rectifying the blind spots of other liberatory philosophies, and having a more-extensive explanatory power since they present a large historical narrative from a global perspective in which class, race, and gender are co-implicated in the long history of the oppressed in Latin America. Here is where the contrast with Villoro will prove instructive. He does not share the same methodological approach to the same injustices. In a letter to Subcomandante Marcos, Villoro writes, “Our starting point should be our present particular experiences of marginalization and injustices and from there we can project possible remedies.”12 Villoro argues for a “negative” approach to justice. The core of his proposal is different from the usual theoretical path taken by philosophies of justice, we must try out a negative path, i.e., try to understand justice from its absence, from experiences of injustice.13 The proper starting point is not the large metanarratives that assume a universal standpoint that tends to occlude injustices; it should be the concrete problematic situations of injustice, or as Villoro says, “the lived suffered experience that is an injustice.”14 Villoro starts by pointing out and providing a generic description of the direct personal experiences of exclusion and not the usual abstractions in philosophy. As he states, “We are not referring to a general exclusion [myself as a worker or female in any society] but to a lived relation in the midst of a concrete society.”15 These harms are experienced as a forced exclusion that can be of different types and to different degrees (e.g., full participation in different areas of life—economical, cultural, political) and are usually linked to some difference. Villoro presents phenomenological descriptions of these experiences and is attentive to particular historical circumstances before he ventures into speculation about probable global causes. These then form the basis for his philosophical effort to defend the rights of indigenous pueblos.16 Notice how different Villoro’s starting point is from the usual theoretical, abstract, and global in scope approach of the decolonial turn. As a reaction to the hegemonic Eurocentric paradigms that disguise injustices under the assumption of a universal or objective point of view, decolonial thinking has stressed that our knowledge is always situated, but situated where? The context in which knowledge is situated, as well as of the injustices they aim to diagnose, are often described as power structures (global hierarchies) located in a geopolitical context (in a world-system).17 They prescribe that Latin Americans think from a particular historical and social reality, but this is understood as seeing oneself in the periphery of a global order. The tendency among decolonialists to favor this theoretical starting point and to gravitate toward global views of injustice comes from the influence of world-system and dependency theory analysis in economics. However, a key influence, not often recognized, is a general way of thinking about problems of injustice that is, ironically, European in origin

. There is a long tradition of sociopolitical thought in Europe whose starting point is the injustices of society at large that have a history and persist through time, and where the task of political philosophy is to detect and diagnose the presence of these historical injustices in particular situations of injustice. For example, critical theory today has inherited an approach to social philosophy characteristic of the European tradition that goes back to Rousseau, Marx, Weber, Freud, Marcuse, and others. According to Roberto Frega, this tradition takes society to be intrinsically sick with a malaise that requires adopting a critical historical stance in order to understand how the systematic sickness affects present social situations. In other words, this approach assumes that: A philosophical critique of specific social situations can be accomplished only under the assumption of a broader and full blown critique of society in its entirety: as a critique of capitalism, of modernity, of western civilization, of rationality itself. The idea of social pathology becomes intelligible only against the background of a philosophy of history or of an anthropology of decline, according to which the distortions of actual social life are but the inevitable consequence of longstanding historical processes.18 For decolonialists the sickness that afflicts Latin America is the global hegemony—economic, military, political, and cultural—of the West, first via Europe and then the United States, broadcast under the philosophy of the Enlightenment with Europe carrying the mission. As Vallega explains, “Latin America suffered and continues to suffer under western hegemonic modernity and its system of power and knowledge.”19 Villoro believed that at the turn of the twentieth century one of the modern ideas we inherited that must be questioned is “global explanations” because “general ideologies tend to slip into totalitarianism in our thinking.”20 I think Villoro’s reservations are warranted and can be extended to decolonial thought. Granted, a theory of grand historical evil and systematic sickness in the Americas can have great explanatory power and provide theoretical comfort,21 but where are we standing when we start with such large historical metanarratives? How is it this not a God’s-eye view of history? Is there a danger of slipping back into a form of universalism, which they have explicitly avoided? Isn’t there a danger that when a theory explains so much it becomes nonfalsifiable and therefore nonempirical? In any case, the quest for a comprehensive explanation and a grand historical narrative is also in danger of not capturing the historical and concrete particularity (pluralism, complexity, uniqueness) of actual injustices. When we start at the broad level of globality and history as decolonialists often do, there is a risk of oversimplifying and encouraging blindness [ignorance] about concrete injustices. Consulting recent rigorous research done by historians and social anthropologist about Latin America (more on this later) confirms what many know from simply living there: most injustices in different parts of the Americas are so complex that any simple explanation merits the suspicion of being wishful thinking. To be fair, compared to Marxism the decolonial turn added complexity and made a significant shift. Marxism as a tool was not sensitive enough to the realities on the ground in Latin America. It was a universal model that did not adequately address its particular problems. However, decolonialists do not seem to have abandoned or questioned a similar methodological starting point. As a result, decolonial theories may sometimes be presented with the same pretension of offering a universal diagnosis of the complex and tragic problems of Latin America. Perhaps a more pluralistic and context-sensitive approach could avoid some of the dangers I have presented. Here is where the contrast with Villoro is useful. To be sure, Villoro was critical of the same things as the decolonialists: the Eurocentric narrative, modernity, liberalism, and so on. However, when he takes a reflective historical perspective about these large historical and lumpy categories there is a difference in how he does it. He anchors his account in his local present situation, is very specific about what particular aspects of modernity or liberalism are problematic, and does not have one preferred category of analysis such as coloniality. For most decolonial theorists, however, the legacy of colonialism is central (understood broadly as coloniality), and the situation of the oppressed is to be analyzed in relation to a global narrative in which Europe is at its center or in relation to modernity or a global capitalist system. The decolonial project is centered on detecting plural manifestations of the single evolving domination (a social pathology) that started in 1492. Liberation is understood as decolonization via undoing “the coloniality of power” and affirming what has been “conceal[ed] by the Western modern epistemic hegemony.”22 In contrast, at the center of Villoro’s approach is liberation from domination, and the causes of domination are plural and contextual and therefore too complex to be articulated or framed by a global theory of domination. For Villoro liberation is a local event; one of its tools is to sometimes take a global perspective, and the complexity of the problems on the ground may not be fully captured by even our best academic global historical narratives and categories. He inquired into the history of a systematic injustice in order to facilitate inquiry into the present unique, context-bound injustice. If injustice is an illness then Villoro’s approach takes as its main focus diagnosing and treating the particular present illness, i.e., the particular injustice in a corner of Mexico, and not a global “social pathology” or some single transhistorical source of injustice. As concepts and categories, global hierarchies, white supremacy, and coloniality can be great tools that can have planetary significance. One could even argue that they pick out much-larger areas of people’s lives and injustices than the categories of class and gender. However, in spite of their reach and explanatory theoretical value they are nothing more than tools to make reference to and ameliorate particular injustices experienced (suffered) in the midst of a particular and unique relationship in a situation. Why is this important? In present situations (events) of injustice in the Americas there are not only intersecting histories of white supremacy, capitalist exploitation, and patriarchy; there are also unique events, multiple countries with different complex histories and present circumstances, as well as a variety of responsible agents—local and international governments, corporations, particular individuals and communities. Regardless of how much a theory of global domination that centers on coloniality can actually explain, it is reasonable to worry about what it leaves out and question the extent to which it really helps those who are victims of injustice. A wider net may bring more fish from the ocean, but I am not sure this applies to injustices. Such theories may lead to analysis or diagnosis that while true at some level, may actually have very little to offer in terms of more specific diagnoses and solutions that can be of any help to someone suffering an injustice. However, for Mignolo coloniality is “the underlying logic of the foundation and unfolding of Western civilization from the Renaissance to today”23 Coloniality helps explain how race and gender became the basis of classification in the Americas, but it remains an open question how these categories actually operate in particular countries or even in particular unjust events. We can say all we want that the oppressed live in power structures located in global hierarchies and a world-system, but that does not fully capture where they are. However useful and true that account may be about someone’s particular circumstances, it is still overabstracted. Knowing how people have been classified according to a colonial matrix of power is important, but only insofar as it may help us inquire about the present actual causes of an injustice. Moreover, it is not obvious how the use of a single name and the prism of a single cause helps in trying to ameliorate the particular and context-specific evils from which particular countries and people in Latin America suffer. One could reply that my worries are misplaced. Calling decolonization the cure may suggest that coloniality is some sort of single homogeneous cause, but the decolonialists have distinguished between different types of coloniality and have included in their diagnosis a plurality of causes such as exploitation of resources, political manipulation, and assimilation of people from other cultures. If this is the case then why not address these more particular evils, unless one is really committed to some unitary account in which all of these evils can be reduced to a singular cause? One way to avoid reductionism is to stress, as Ramon Grosfugel has, that coloniality is nothing more than “an organizing principle,”24 a useful concept that makes us see what we would not see without it. It is useful insofar as it allows us to recognize that underneath progress in liberation from political colonialism there may be unjust colonial relationships and structures that need to be addressed. Although the usefulness of the concept is undeniable, as an organizing principle it has limitations and dangers. In may be too narrow because it makes us see forms of domination that originated only from a particular history where capitalism, based on racial classification, was its economic basis. The most obvious limitation is that it may also be too broad insofar as it tends to lump together the history of countries and people with different histories subjected to different sorts of exploitation and manipulations, and not always by the same colonizers. The direction that the decolonial movement has taken in recent years is toward more lumping together. For now, we are at a point where there is coloniality of knowledge, gender, and being. Maldonado calls it “the matrix” and the “long-standing patterns of power that emerged as a result of colonialism, but that define culture, labor, intersubjective relations, and knowledge production.”25 Mignolo refers to it as a “structure of management and domination” that is still widespread and in all domains.26 The concept starts to look as if it has no externality or limits. What is next? Coloniality of my colon?27 There is the danger that coloniality is colonizing all other categories of analysis of concrete injustices. So far I have contrasted how decolonial theorists and Villoro approach injustices in order to suggest some possible dangers and limitations with the former approach. The next section reconsiders Villoro’s criticism of Marxism and Latino Americanism in the 1990s, and the extent to which decolonial theory, in spite of its differences with these other theories, shares some of their features that make it vulnerable to the same dangers that concerned Villoro. The Dangers of an Inflated Notion of What Counts as “Ideology” and Theoretical Barometers of Good and Evil Villoro was sympathetic to the direction taken by Latin Americanism (e.g., his teacher Leopoldo Zea) and Marxism (e.g., Adolfo Sanchez Vazquez); however, he became concerned with the excesses and vices that they slipped into once they grew into philosophical movements. Let us examine some of these concerns and the extent to which decolonialists may be vulnerable to them as they continue to grow as a leftist project. Villoro worked on a sophisticated theory about the nature of ideologies. He inquired into the history of the concept in philosophy and, more importantly, the function of ideologies in the history of Mexico.28 He admired the Marxist Left for making us aware that any serious philosophy of liberation needs to inquire into the nature of ideologies; we can no longer be naive. However, Villoro was concerned with how the Left had gravitated toward “panideologismo” as a reaction29 i.e., a totalizing tendency to see all beliefs as ideology that fosters even the worst attitudes such as “the politization of all beliefs. Every belief is seen under the prism of what class interest and political function it serves. Nothing escapes that perspective.”30 The danger of overstressing the political is reductionism or a narrow view of the richness of lived experience in which religion, art, morals, and science are the objects of constant suspicion as ways of masking some political agenda or maintaining a power relation. Villoro believes slipping into panideologismo has been a tendency of the Left in part as a consequence of a broad conception of ideology as a set of beliefs conditioned by the interest of the group one belongs to. He thinks this is a useless notion since all beliefs can be said to be socially conditioned to some degree or serve the interest of some group. This view of ideology is not useful in detecting ideologies and encourages the following type of fallacious argumentation: “We must find out what group in society a philosopher belongs to in order to find out what hidden motives ground their theories and determine their truth or falsity.” For Villoro these intellectual vices are often accompanied by other pernicious totalizing dichotomies such as “all beliefs, of any type, have to be subjected to either total condemnation or absolution,” or “in praxis one is either on the side of the oppressor or the oppressed.”31 The same logic is applied in judging individuals: “If some beliefs of an individual are ideological, then the rest must be also ideological.”32 In some intellectuals these tendencies feed into each other, and before long they can lead to intolerance or being closed to any other view about present problems. Anyone is susceptible to the above vices, but Villoro thought that the sort of global explanations common in modern times that justify some totalizing political outlook on the world are more vulnerable to these excesses.33 He admired Marxism when it was used as a tool of local criticism and liberation, but was critical of Marxists that overextended its reach to become a totalizing explanation of all problems and all aspects of life.34 Any philosophy, no matter how insightful and disruptive of the status quo it may be, starts on the road toward becoming an ideology when “it is no longer a critical reflection on accepted beliefs but a presentation of doctrines in opposition to all other philosophies,”35 i.e., when it becomes an “ism.” Hopefully the decolonial movement will never become an “ism” of the sort that concerned Villoro, otherwise their global explanatory power may end up undermining the possible liberatory function of their philosophies. If the decolonial movement remains pluralistic and open to self-criticism it may be able to avoid the above excesses, but some will remain vulnerable as long as they assume the broad sense of ideology that Villoro criticized or if they presuppose a notion of praxis that is narrowly political. For instance, Enrique Dussel takes all ideas and philosophers to be conditioned or determined by a sociopolitical context because they always occur in the context of praxis understood as the “structural totality of human actions of a group, a social class, or a historical community.” This means that “even in the case of the greatest philosophers, it is impossible to avoid a significant share of ideological ‘contamination.’”36 Therefore philosophy is always implicated in an ideology.37 However, for Villoro having an inflated notion of ideology is not as concerning as an approach that is not sensitive enough to context. For Villoro what makes something an ideology is both its unwarranted aspect and its mischievous function of concealing or perpetuating domination.38 With these two conditions in mind and a more-rigorous and critical inquiry that is sensitive to historical context, he believed the Left could avoid the simplistic tendency to condemn certain ideas as being always ideological and on the side of domination, for instance versions of Marxism that identify domination exclusively with capitalism, and of Latin Americanism that simplistically assumes that the European origin of ideas makes them suspicious or bad. Villoro’s study of history made it clear to him that the actual relation between ideas and domination or liberation was complex and ambiguous. Hence he became critical of the tendency of leftist intellectuals to judge what is liberatory or on the side of domination based on the content of the beliefs and not their actual historical function at a particular time. In his country Villoro witnessed the legacy of Spanish colonial ideologies that were always mutating in their content—sometimes under the name of racial or national unity (e.g., Mestizaje) and at other times in the name of the finest ideals such as liberty, equality, and even democracy—but always serving the particular interests of different elites at different times and in different regions in Mexico. For Villoro a serious study of ideologies has to be as specific to time and place as possible. The quest for theoretical barometers of good and evil at a global level and across history should be subject to critical suspicion and may be futile since the present ideological function of a concept/category is not always determined by its past use or the original purpose for which it was created. A distinction created to oppress may play a different function or have different functions in different social contexts. Modernity and liberalism have not always functioned as ideologies or to the same degree, nor does it make sense to claim that they always will. Even native thought (indigenismo) can become an ideology if adopted to keep the oppressed in their place, i.e., if it perpetuates subordination or oppression.39 If Villoro is correct in the above analysis then decolonial views are vulnerable to inaccuracy and insensitivity, especially those that wish to trace back to 1492 and across different countries the ideologies that have supported coloniality—such as modernity, capitalism, or liberalism. Villoro did not ignore how historically similar colonial structures were throughout the Americas, but for him ideologies and the logic of domination that operate in one particular place and time may not operate in the exact same way in another, especially in such a complex and diverse region as the whole of Latin America. If domination and exclusion via ideologies are local, its diagnosis and remedies must also have to be local. We need to be careful when we extrapolate from one context to another. Villoro raised a similar criticism of leftist reactions to the problem of Eurocentrism that relies on simple formulas that state we just need to embrace what is “ours” and reject what is European. Although Villoro was a critic of Eurocentrism and admirer of indigenous thought, he warned Zea and the Latin Americanist or indigenismos movement to not react to Eurocentrism and the colonial Manichaean ideas, where what is “ours” or indigenous is denigrated, with a mere inversion of the Manicheanism. For Villoro the Left must resist the temptation to rely on lazy theoretical barometers of good and evil. It must be able to provide a basis for being critical of Western ideas beyond the fact that they are Western or come from the oppressor. Not all Western concepts, standards, and categories are oppressive even to the most non-Western people. To decide between good and evil requires intelligent discriminative judgment and not easy theoretical formulas according to geopolitical coordinates or cultural origins. Again, even native thought (indigenismo) can become an ideology. He expected the Left to be sensitive to this, but what he actually experienced was a Left slipping dangerously toward subtle Manichaean assumptions, i.e., simplistic barometers about the boundaries between good and evil. This, I am afraid, is a danger in decolonial thought, one that seems unavoidable as long as they make central to their project the coloniality axis that relies on binaries to determine the direction of good and evil. I am aware that it is not easy to oppose a binary without just inverting it, but we must be careful. To be fair, decolonial thought has been critical of Manichaeism as part of the colonial legacy and there is no doubt about their good intentions to move in a pluralistic direction where there is no one central epistemology. However, this center-versus-periphery framework is easily susceptible to slipping into the simplistic view that all evil comes from what is at the center—Europe, the West, modernity, liberalism, capitalism. For instance, Mignolo describes the decolonial project as “delinking” from the West and recovery of the indigenous as if this determines what is the right path from evil toward the good.40

**[BEGIN FOOTNOTE 40]**

40. Mignolo, “DeLinking: The rhetoric of modernity, the logic of coloniality and the grammar of decoloniality.”

**[END FOOTNOTE 40]**

This smells like a subtle Manichaeism or at least a position that does not permit inquiry that is sensitive to historical context. The decolonialists’ criticism of the hegemony of the West is warranted and important, but for it to continue as a growing project that does not succumb to the excesses (vices) of the Left that Villoro diagnosed it must be careful to not slip into any of the following assumptions: • Modernity and liberalism were and are totally bad; they are ideologies for dominating, colonizing, and oppressing or only have a darker side. • Eurocentrism (interpretation, standpoint) is bad, but philosophy from the periphery is good. • Western concepts have been used to distort or occlude indigenous (non-Western) ones therefore all or most Western concepts distort or contaminate, or are tools of domination. • Western epistemologies are imperialistic; the epistemologies of each of the colonialized regions are good. Finding particular instances where these assumptions have been explicitly articulated in the decolonial project is not necessary since the point is about the latent danger of slipping into these assumptions due to what the project is centered on or stresses. However, to make the case that I am pointing to a real danger, I next present some examples and controversies within the decolonial literature where a subtle Manicheanism has already raised its ugly head. Mignolo has come closer than any other decolonial thinker to assume the view that Western epistemologies are imperialistic. Linda Alcoff criticizes Mignolo for “often operating with what appears an overly simplified account of Western philosophical positions.” 41 One way to make Manicheanism work is to provide or assume simplistic accounts of both the good and evil poles. In Mignolo’s case, varieties of epistemologies in Europe and the United States are lumped together into a single category before they are all easily dismissed according to an implicit barometer of domination/ liberation. What about modernity and liberalism? Is the modern project an emancipatory project or a colonial one, as is often stressed by decolonial theorists? This question is too general or assumes that there is a simple answer. If one stipulates by definition that modernity stands for ideas and events that anyone would regard as evil, then of course total condemnation of modernity is the only logical conclusion. However, one has to wonder about the historical accuracy of a philosopher that uses the category of modernity to include events and ideas in different places and during long periods of time. This is why some historians, such as Ricardo Salvatore, have been puzzled by how some decolonial theorists use of the notions of modernity and coloniality. As he states, “Historians are likely to resist the homogenization into a single polarity (modernity/coloniality) of different types or waves of modernity.”42 Salvatore argues that no one doubts that events and structures of power invented in 1492 have had lasting effects in a region, but “to the extent that these processes have had a differential impact upon distinct regions and according to different moments of time, generalizations about the persistence of the modern/colonial seem to erase crucial differences among localities and periods.”43 Thus according to Salvatore from a historical point of view, “we need to challenge this homogenization of a long-term persistence of the colonial.”44 The impact of European colonization was very different in different regions of Mesoamerica. I am not a historian; my concern is rather how the tendencies in decolonial thought toward this sort of historical lumping together and linear narratives about a single source of evil across history can result in oversimplifications in the diagnosis and proposed solutions to local evils. What is admirable about Villoro is his respect for historical accuracy and complexity when it comes to the relation between ideas, movements, events, and the actual consequences of good and evil. As much as Dussel and Mignolo, Villoro occasionally made overall negative assessments about modernity and liberalism, but he would qualify them and admit that history reveals a much more ambiguous and complex reality on the ground in regard to good and evil. For instance, the relation between the European Enlightment and the actual conditions on the ground in different societies was complex. While in some places it had an antiauthoritarian and liberatory function in regard to certain issues such as religion and dogma, in other times and places it did nothing but support the oppression of certain groups. Villoro acknowledges the same complexity of good and evil in regard to scholasticism, the church, positivism, modernity, the project and ideals of the Mexican and U.S. revolutions, the civil rights movement, and so on. To be clear, decolonialists are correct that liberalism has been used to mask oppression and white supremacy. They are also correct in their rejection of the idea that colonialism and oppression were a separate or just unfortunate side effect of modernity. The danger is slipping into claims about necessary relations or assuming that modernity or liberalism can never be anything but an ideological excuse to dominate, colonize, or oppress. This can be avoided by encouraging more rigorous, careful, and historically sensitive analysis of what particular aspects and assumptions (e.g., ontological, epistemological, and ethical ones) are problematic instead of just blanket statements or relying on some theoretical barometer of domination. This is what Villoro did. For instance, he was critical of the prioritization of the individual over the social in liberalism, how it denies the fundamental sociality of human beings, and assumes a hostile self/other relation that makes it easy to justify domination.45 Because decolonialists rely so much on the West-European/indigenous axis in their analysis it makes them susceptible to certain objections. They are aware that their position should not rely on a strict opposition that pits the indigenously “pure” against the European “contagion.” As some have conceded, there may be no absolute exteriority and instead there might only be proximate exteriority.46 However, decolonialism is often based on the hope that there are still places in Latin America that have not been totally destroyed or affected by Western modernity. These places in the periphery can then build from relative exteriority and have an interepistemic dialogue without a center (universalism). Notice the subtle Manicheanism presupposed in this last prescription for decolonization. The bifurcation between what aspects or a pole of the Americas are good and evil is clear. It may be unreasonable to expect all Latin Americans to totally separate what is Western or European from their being; however, the call for decolonization is understood as having a critical awareness of aspects of one’s being that come from the colonizer. Decolonization requires those in the periphery to look into their own tools, which have been denigrated for years, and use them to critique the European residuum left behind. Decolonization is a process of emancipation from or transformation of what is European. As a result of this geopolitical barometer of good and evil, decolonialists have been on the defensive about their use of Western categories in their philosophies. Manuel Vargas has raised the Eurocentrism problem (2005) as an inconsistency or tension in some decolonialists. If they oppose Eurocentrism, why do some of them rely so much on Western categories? Defenders of Dussel have gone out of their way to show that much of his work in history or philosophy is done from the side of the ethnic pueblos or showing that there is no inconsistency. For instance, Mendieta claims that Dussel recognizes the “co-determination of both center and periphery.” Working in between European (the center) and non-European discourses (the periphery) is acceptable as long as the goal is eventual delinking or decontamination.47 For the decolonialists it makes sense to live with the anxiety of avoiding in their theories “contamination” from the West or ideas that originated from the colonizer. Raising the suspicion of contamination in other philosophers and even among themselves is one of their favorite modes of criticism. For example, are the categories of gender and class used by Dussel and Quijano suspiciously from the West?48 Decolonialists would not be susceptible to these challenges and anxieties if they would not make geopolitical references so central to their project. Villoro is not as susceptible to any of them because at the core of his liberatory project is the liberation from domination, not simply Eurocentrism or modernity. There is no preestablished assumption or theory about where domination comes from, or in which geographic-ethnic direction the tools for liberation are to be found. Villoro does not go out of his way to try as much as possible to be suspicious of, relinquish, or reform Western categories. Which categories work better—those that come from Europe or those that come from different local pueblos—is an open question. He does argue that many of the Zapatista principles are better for Mexico than many of the liberal ones, but he would support these claims with specific reasons for why the Zapatistas happen to be correct. This allows for the possibility that some Western ideas may sometimes be best for dealing with local needs. The Dangers of Centering the Project of Liberation on Shared Beliefs or Ideas In his 2007 Los Retos de la Sociedad por Vivir (the chapter “La Izquierda como una postura moral”), Villoro proposes to redefine what it means to be “Left” in the hopes of avoiding some of its most common dangers. He also gives a general diagnosis of why or how any well-intentioned leftist movement toward the goal of liberation can risk becoming counterproductive and even corrupted. As a historian of revolutions, Villoro was interested in investigating the sources of corruption of the Left, i.e., how collective movements of resistance have ended up being ideological and also practicing domination and exclusion. The road toward or danger of corruption usually begins when a leftist talks about praxis but the actual emphasis is on belief, on theoretical explanations, on logics of domination, or any other intellectual abstraction. The Left has made the mistake of trying to be “an explanation of the world”, when it should be “a posture towards the world.”49 This is not to deny that a Left centered on praxis needs theories (logics of domination), but the latter are nothing more than tools of critical reflection that may have to be modified and changed as we engage in the struggle. Dogmatic adherence to any one thing is counterproductive. Villoro hoped that redefining what it means to be leftist would help rectify “the greatest mistake of the Left”: its overly rigid identification with a system of beliefs.50 He argues that at the core of being Left is instead a “moral posture.” It is “an attitude of disruption in regard to the present social reality that gives place to a transformatory practice, and is at the same time the negation of an established order and the projection of another one that seems more rational and human.”51 The Left becomes corrupted when after a liberation victory it settles into a power position and takes for granted that the noble content of its ideas is sufficient, and thereby abandons its previous posture of being “critical in reflection and disruptive in action”52 in the face of domination. This contrapoder posture is required because “one same political doctrine can have a disruptive function in one context and in another be supportive of a situation of domination.”53 Hence for Villoro what is leftist in history has varied in very complex and ambiguous ways. Liberalism may have been disruptive in a particular European context, that is from the Left, when it faced absolutism, but then it became conservative, i.e., from the Right, when it served capitalism. Marxism-Leninism was leftist when it fought against capitalist exploitation, but it turned into the Right when it became the instrument of an oppressive bureaucratic class. “The socialist movements and reforms were able to transform the unbridled capitalism into a more just state of affairs, but often they become an accomplice in a system of domination.”54 It has also been the case that doctrines that once served domination can be later lived in such a way that they contribute to liberation. A religion such as Christianity or Catholicism has sometimes been an ideology that sustains an oppressive power system, but at other times has been an instrument of human emancipation. For Villoro a Left centered on some set of beliefs or some explanation of the world is also susceptible to the following exclusionary attitudes that can affect the inner workings of the movement. 1. If you do not share the same beliefs or theory of domination that I do, then you are not one of us (against domination) or should be subject to suspicion. 2. If your philosophy is not explicitly political and about what we believe is the cause of domination, then it is not a philosophy that works on behalf of liberation. 3. Only those that correctly interpret the set of beliefs that ground our movement, usually intellectual leaders, can direct the movement of resistance; and those that question the beliefs are heretics and inauthentic philosophers. Villoro himself was victim of these exclusionary attitudes. Latin Americanists and Marxists perceived Villoro as not really doing authentic Latin American philosophy and betraying the cause of liberation. For them the fact that Villoro did not adopt their theoretical framework and wrote some nonpolitical books (e.g., about epistemology) meant that he was not really part of the Left. The leftists tended to dismiss or exclude Villoro and others as “‘academista’, ‘elitista’ o incluso ‘ colonialista.’55 This must have been difficult for Villoro, who was a Zapatista and thought of himself first and foremost as a philosopher of liberation. Is this last set of warnings about the liabilities of the Left applicable to decolonial views? It depends on the extent to which the decolonial project is centered on sharing a theory of domination instead of a shared moral posture and their flexibility about the ideas. Given the changing and plural nature of the movement, we may not be able to answer this question in a definitive way. However, if Villoro is correct decolonial theorists should take these questions seriously at the very least. To show that some of these dangers are a real possibility for the decolonial movement I illustrate some instances in which the risk of the above exclusionary attitudes have been present because they stress a set of beliefs about domination at the center of their project of liberation. For example, for some recent decolonial thinkers there is a distinctive Latin American problem of coloniality that began in 1492. Only those concerned with the hidden agenda of modernity—that is, coloniality—in the sphere of knowledge, power, and being are truly authentic Latin American philosophers of liberation. In a recent APA Hispanic Newsletter, Grant Silva published an article that was interpreted by Elizabeth Millán Brusslan as making precisely this sort of claim, and as a consequence the sort of exclusion, even if not intended, that concerns Villoro. She writes in her comments, “Silva seems resigned to accepting exclusions. . . . I think that Silva’s desire to preserve the tradition of LAP is of the highest value . . . but I don’t think we need to accept exclusions born of scorning Latin American thinkers who are not concerned with colonization.”56 This is the sort of exclusionary direction that Villoro feared in Zea and its followers, and that decolonialists must avoid. If it were to become commonplace in their project it would be counterproductive since it could be interpreted as decolonial thought trying to “colonize” the field of Latin American philosophy. Decolonialists should also be concerned with not excluding as liberatory a philosophy that is not explicitly about political beliefs. This is a mistake with practical consequences in regard to liberation. Linda Alcoff has raised this argument in regard to the present direction of the Left, including decolonial thinkers like Mignolo, who are “too quick to dispense with some of the aims of epistemology.” In “An Epistemology for the Next Revolution,” she argues that while the critical Left in philosophy have become great at political criticism (raising suspicions) based on logics of power or domination, they have become weak in other areas of philosophy. As she states, “We can all now critique existing knowledge with great sophistication; we can describe with great precision the interlocking matrices of power and knowledge. . . . But epistemology proper has been surrendered to the analytic philosophers.”57 Villoro would see this as a failure of the Left to use to the fullest the distinctive liberatory-disruptive power of philosophy. Villoro lived the tension in Mexico between professional philosophers totally detached from and unconcerned with the Mexican circumstances, and philosophers of liberation that, in reaction to the political apathy of this group, came close to abandoning philosophy for politics. Villoro thought both of these extremes were mistaken and based on a serious error about what a philosophy for liberation means and needs. Villoro agrees that philosophy is always in a social context, implicated and perhaps contributing to a system of power, but the proper function of philosophy is disruption. However, and this is the important point, such disruption should not be reduced to political thought and action because “the disruptive function of philosophy is implicated in its criticism of accepted beliefs and need not be explicitly political.”58 Villoro’s insight applies to other aspects of culture. It is false that the most politically disruptive art needs to have an explicitly political message and intention. Villoro’s view is not without difficulties. First, there are good reasons to be skeptical that his proposal to change the meaning of the term “Left” would actually work. The notion that the Left/Right labels designate a different system of beliefs or explanations of the world instead of moral posture is deeply entrenched everywhere, perhaps as the legacy of the cold war years. Second, Villoro presupposes some very high, and perhaps unrealistic, expectations of the Left. The actual Left will always fall short of the conscientious and critically reflective political agents Villoro envisions as an ideal. Villoro’s expectations for the Left imply some unusual consequences in terms of actual political alliances in Latin American countries. Villoro’s ideal leftist person need not commit herself to actual left-wing parties, governments, or platforms. Villoro’s view allows him to be critical of both the actual Left and Right governments in Latin America. This is why, as Guillermo Hurtado says, “Villoro has stood up against the leftist ideologies and utopias that have been used to tyrannize people and exterminate dissidents. Villoro has never been a card-carrying member of any political party.”59 This last point can be considered a virtue of Villoro’s view since we have witnesses in Latin America to how both the Left and the Right have been oppressive. The need for a framework by which we can consistently be critical of both is long overdue in Latin America. In Latin America the actual Left/Right bifurcation has not been helpful to analyze its problems. In many countries the leftist politicians usually present a one-sided and simplistic analysis where the cause of a country’s problem(s) is merely structural and external, e.g., comes from outside capitalist interests. The Right, on the other hand, argues that the causes are all internal, e.g., the masses, the government, or socialism. Both are lazy and predictable self-serving answers coming from political ideologies, and both fail to intelligently and open-mindedly assess the complexity of the problems. This is why a group of intellectuals in Latin America recently signed and circulated an online manifesto titled “For a new social and political imagination” to move imaginatively beyond the Left/Right blinders to problems. “We need to transform the horizons of the debate that settled the boundaries of conventional ways of conceptualizing and articulating the social context of a radically new political and social imagination of Latin America.”60 However, it is questionable whether decolonial thought can provide the much-needed framework that can be critical of the Left as much as the Right because most of them are theoretically committed to the idea that capitalism and liberalism are constitutive of coloniality and modernity. This is perhaps why, for example, Dussel has been relatively silent in criticism of Chavez or Fidel.61 This is what you are compelled to do when you assume coloniality as a theoretical barometer for where evil resides. This is another example of why, in spite of its usefulness, the category of coloniality can constrain and blind us to [render us ignorant of] concrete injustices. For Villoro it was clear that the particular form of capitalism in Mexico and other parts of Latin America (neoliberalism) is a serious cause of domination, but this is consistent with a critical context-sensitive approach in which evaluation of a particular economic system as bad or good cannot be determined a priori or theoretically; we need to find out how it functions in a particular country. One can argue that some of the indigenous movements praised by decolonial theorists are actually practicing this sort of intelligent judgment, since they have come up with a mixed economic system tailored to their circumstances. For example, Bolivia’s economic policy is pragmatic. It is a mix of state and market ownership, and some have argued that it has had superb results. 62 If Villoro’s Left lacks a single system of beliefs or a theory of domination, how then can there be any solid basis for unity? Villoro argues in favor of a “pluralistic Left.” Even individuals with different political doctrines can belong to the ideal Left if they have a genuine interest in the well-being of those who are excluded or dominated. The basis of this unity is the fact that in spite of the pluralism of oppressions on the ground, “all dominated groups to different extent and degrees have a common interest: liberation from domination”63 While many questions can be raised about the plausibility of this proposal, the emphasis that Villoro places on praxis for the ideal Left, understood as a collective but plural movement of resistance, raises a good challenge to the actual Left in the Americas that is sometimes split on a theoretical basis. The decolonialists are aiming at a pluriverse type dialogue with no center among the marginalized or the periphery. While this seems consonant with Villoro’s proposal, it would not be if this means that the basis of unity is belief in some grand historical account of present injustices or merely a global explanation of domination. Villoro’s call is to resist unity grounded on an intellectual belief or doctrine as the basis of solidarity and instead seek a shared moral commitment. If a liberatory movement relies on some theoretical framework for unity it risks exercising exclusion in practice, encouraging conflicts between leftist groups based on theoretical disagreements about who is the most oppressed in a society or which theory-logic of domination can explain more, from the comfort of their armchairs. These theoretical disputes are usually counterproductive; they benefit the status quo and miss the importance of praxis. The Dangers in “Using” Indigenous Thought and “Speaking for” the Oppressed One important point of commonality between Villoro and decolonial theorists is their solidarity and inspiration from grassroots and indigenous movements and thought. They have adopted notions and principles from indigenous thought in their philosophies. For instance, Villoro and Dussel have appealed to the notion of pueblo and the principles of good association in Zapatismo, while Mignolo and others have adopted the notion of nepantla. 64 The fact that all of them are leftist criollo intellectuals opens them to certain dangers worth exploring. One danger is the misinterpretation of indigenous concepts since the philosophers in question belong to a different culture. When notions are taken out of their original cultural context and placed in the hands of people removed from those cultures, the original meaning can be distorted. However, is there anything wrong or problematic about such borrowing, adoptions, and distortions? In fact, one could argue that the emergence of new great cultural products, including philosophies, are the result of borrowing and even distorting in the sense of transforming what was taken. However, problems start to quickly emerge if the person or group doing the taking (1) do not admit or are not explicit about the fact that they are transforming what they take, or worse, (2) when those who take do so in ways that are disrespectful and exploitative, such as taking all the credit or benefits. This same situation may be even more problematic when the one doing the taking, borrowing, and transforming is from the dominant culture known for historically doing the wrong sort of taking, e.g., colonialism. I do not wish to lay out here some criteria or rules about when using or taking indigenous ideas is wrong or problematic. Certainly absolute prohibitions or rules make no sense; context matters to this issue. The only point to be made is that there is a danger of slipping into the sort of appropriation of indigenous thought that is problematic, especially when it comes from nonindigenous philosophers. Are decolonialists more susceptible to this danger than Villoro? There is nothing about their ideas or approaches that makes one more vulnerable than the other since this danger has more to do with the actual relationship between the criollo philosophers and the indigenous pueblos, as well as the actual motives. In the case of Villoro, since his recent death scholars are still investigating the biographical details of his relationship with the indigenous people in Chiapas. So far there is no evidence to suggests that he used indigenous thought or people in the objectionable ways suggested. On the contrary, the fact that he was accepted and celebrated as a Zapatista by the indigenous communities suggest that Villoro was not perceived as an outsider that communicated with them just to use their ideas. Moreover, in various publications he makes it very clear that his goals were the autonomy of the indigenous communities, and demonstrates to the rest of Mexico—criollos, mestizos—that “tenemos que aprender de ellos”65 (we have to learn from them). Have decolonialists misinterpreted or misappropriated indigenous thought? This is a difficult question to answer, and perhaps even unfair to ask, given the pluralism and changing character of the movement. However, evidence of a potential problem for decolonialists comes from the recently published work by Silvia Rivera Cusicanqui, an indigenous (Aymara) thinker. I have selected some of the most salient passages from her article “Ch’ixinakax utxiwa: A Reflection on the Practices and Discourses of Decolonization”66 as evidence that the danger of appropriation is more than a vague speculative possibility. The cultural studies departments of North American universities have adopted the ideas of subaltern studies and launched debates in Latin America, thus creating a jargon, a conceptual apparatus, and forms of reference and counter reference that have isolated academic treatises from any obligation to or dialogue with insurgent social forces. Walter Mignolo and company have built a small empire within an empire, strategically appropriating the contributions of the subaltern studies school of India and the various Latin American variants of critical refection on colonization and decolonization. . . . Neologisms such as decolonial, transmodernity, and eco-si-mía proliferate, and such language entangles and paralyzes their objects of study: the indigenous and African-descended people with whom these academics believe they are in dialogue. But they also create a new academic canon, using a world of references and counter references that establish hierarchies and adopt new gurus: Mignolo, Walsh, Enrique Dussel. . . . Equipped with cultural and symbolic capital, thanks to the recognition and certification from the academic centers of the United States, this new structure of academic power is realized in practice through a network of guest lectureships and visiting professorships between universities. Through the game of who cites whom, hierarchies are structured, and we end up having to consume, in a regurgitated form, the very ideas regarding decolonization that we indigenous people and intellectuals of Bolivia, Peru, and Ecuador have produced independently. Decolonialists should be concerned with the danger of misappropriation. If they are not careful in how they use indigenous thought it may lead to a serious inconsistency where they themselves are colonizing indigenous thought. There is a related and perhaps more-serious danger: when a nonindigenous intellectual assumes the sort of authoritarian stance that they start “to speak for” the indigenous. Let us be clear what the source of the problem is. Take a look at this picture: I think this is an important message even though there is plenty of ambiguity. First, it is obvious that some cases of “speaking for” are nonproblematic, context matters. Putting that aside, this individual points to the danger that others with a theory, regardless of their identity or point of origin, speak for the oppressed in an imposing (colonial) way. This can happen to any intellectual or even militant leaders of movements who are members of the same group they are trying to help. It occurs when they speak for in a paternalistic way, without listening to the people they are trying to help. The problem, then, is in the nature of the relationship or interaction. I would say it is a nondemocratic one. However, this is not to deny that the worst case occurs when those intellectuals trying to help an oppressed, voiceless group is a member of the dominant culture in that society. In Cusicanqui’s article she makes it clear that she resents not just the taking of her ideas and of other indigenous thinkers, but the problematic speaking for in the above picture. She sees little difference between the old Marxists and the “new Gurus” (the decolonialists) insofar as they “reproduce the cultural domination . . . by their proficiency in the legitimate language and Western thought. It was obvious that to do so, and to proclaim themselves spokespeople and interpreters of the demands of indigenous people, it was necessary to use obfuscating discourses.”67 This is the sort of Left that Villoro criticizes, one that is overcommitted to a certain set of ideas or grand theory. They seem the most vulnerable to this danger because they often assume that having the right theory of world domination entitles them to speak for the oppressed in a nondemocratic and paternalistic way. It is as though they are saying: “Since I have the true theory of why you are oppressed, I will help you and save you by teaching it to you and speaking for you.” These cases of speaking for are problematic because of the nature of the relationship or interaction between the intellectual liberator and the oppressed. Cusicanqui alludes to this, observing that “the North American academy does not follow the pace of our discussions; it does not interact with the Andean social sciences in any meaningful way.”68 In other words, what is missing is the sort of reciprocal, egalitarian, democratic interaction that Villoro considered ideal, and has been the aspiration of some indigenous communities. Leftist intellectuals can help the oppressed, but they must first listen and speak with them instead of trying to speak for or over them. Conclusion Luis Villoro was a critic of colonialism, the darker side of modernity and liberalism, and yet he is never mentioned or engaged by recent scholarship in liberation and decolonial philosophy. In spite of the striking similarities between Villoro and the decolonialists, I have stressed points of difference in order to present some dangers and limitations I see in the decolonial movement. Compared to the old Left the decolonial turn is an improvement, and added complexity and sensitivity to realities on the ground. My aim has not been to undermine decolonial thought, but to help such thinkers avoid some costly mistakes. In other words, this is an effort to warn fellow travelers away from looming pitfalls and dead ends. Pointing out the dangers of a philosophical movement or approach does not constitute a refutation. All views have dangers and limitations, and their defenders are better off if they are aware of them. Decolonialists can easily avoid or prevent some of the dangers I have presented by recognizing the limitations of their intellectual tools or by making some minor modifications to their views. For example, improving the relationship-interaction dialogue with intellectuals who are members of the oppressed could help prevent slipping into a problematic appropriation of indigenous thought. The risk of “Panideologismo” and other related totalizing tendencies that concerned Villoro can be prevented by ensuring that there is a rigorous and critical study of ideologies specific to time and place, and making clear that a philosophy of liberation must go beyond deconstructive political criticism. We also learn from Villoro that decolonialists can avoid becoming exclusionary, divisive, rigid, and ideological by emphasizing more praxis in the sense of a collective moral posture and action against domination rather than just a shared set of beliefs or singular explanation e.g., a theory of domination. However, there are other dangers mentioned that will be harder for decolonialists to avoid or prevent without feeling the tension of having to change a tenet at the core of their present view. For instance, reductionism and oversimplification of the actual forms of oppression on the ground can be avoided if more decolonialists would be explicit about the limitations of coloniality as an axis or category, or by stressing how it is just one revisable tool among others to track concrete oppressions. But would this recognition undermine the centrality of coloniality that seems key to their identity as a leftist movement? Similarly, decolonialists could prevent the oversimplifications that can result from relying rigidly on a theoretical Manichaean barometer of what is good or evil, but can they do this without abandoning the geopolitical framework central to their view in which the source of bad things comes from the colonizer—Europe, modernity, liberalism, capitalism? Finally, decolonialists may be able to avoid slipping into another universalism or God’s-eye view of history as well as the global explanations of injustice that sometimes fail to capture the pluralism, complexity, and uniqueness of the concrete problems of injustice in the Americas. However, it remains an open question whether they can do this without giving up their tenet that we must inquire into present events of injustice in order to detect, diagnose, and cure an injustice as a social pathology across history: a “systematic sickness” in the Americas that can traced back to 1492.

# 1AR

#### Alt fails – their rev gets crushed

Flaherty 5[USC BA in International Relations, researcher in political affairs, activist and organic farmer in New Zealand, 2005, <http://cryptogon.com/docs/pirate_insurgency.html>]

In order to understand the national security implications of militant electronic piracy, an examination of conventional insurgency against the American Corporate State is necessary.

THE NATURE OF ARMED INSURGENCY AGAINST THE ACS Any violent insurgency against the ACS is sure to fail **and will only serve to enhance the state's power**. The major flaw of violent insurgencies, both cell based (Weathermen Underground, **Black Panthers,** Aryan Nations etc.) and leaderless (Earth Liberation Front, People for the Ethical Treatment of Animals, etc.) is that they are attempting to attack the system using the same tactics the ACS has already mastered: terror and psychological operations. The ACS attained primacy through the effective application of terror and psychological operations. Therefore, it has far more skill and experience in the use of these tactics than any upstart could **ever** hope to attain.4 **This makes the ACS impervious to traditional insurgency tactics.**  - Political Activism and the ACS Counterinsurgency Apparatus The ACS employs a full time counterinsurgency infrastructure with resources that are **unimaginable** to most would be insurgents. Quite simply, violent insurgents have **no idea** of just how powerful the foe actually is. Violent insurgents typically start out as peaceful, idealistic, political activists. Whether or not political activists know it, even with very mundane levels of political activity, they are engaging in low intensity conflict with the ACS. The U.S. military classifies political activism as “low intensity conflict.” The scale of warfare (in terms of intensity) begins with individuals distributing anti-government handbills and public gatherings with anti-government/anti-corporate themes. In the middle of the conflict intensity scale are what the military refers to as Operations Other than War; an example would be the situation the U.S. is facing in Iraq. At the upper right hand side of the graph is global thermonuclear war. What is important to remember is that the military is concerned with ALL points along this scale because they represent different types of threats to the ACS. Making distinctions between civilian law enforcement and military forces, and foreign and domestic intelligence services is no longer necessary. After September 11, 2001, **all national security assets would be brought to bear against any U.S. insurgency movement.** Additionally, the U.S. military established NORTHCOM which designated the U.S. as an active military operational area. Crimes involving the loss of corporate profits will increasingly be treated as acts of terrorism and could garner anything from a local law enforcement response to activation of regular military forces. Most of what is commonly referred to as “political activism” is viewed by the corporate state's counterinsurgency apparatus as a useful and necessary component of political control. Letters-to-the-editor... Calls-to-elected-representatives... Waving banners... “Third” party political activities... Taking beatings, rubber bullets and tear gas from riot police in free speech zones... Political activism amounts to an utterly useless waste of time, in terms of tangible power, which is all the ACS understands. Political activism is a cruel guise that is sold to people who are dissatisfied, but who have no concept of the nature of tangible power. Counterinsurgency teams routinely monitor these activities, attend the meetings, join the groups and take on leadership roles in the organizations. It's only a matter of time before some individuals determine that political activism is a honeypot that accomplishes nothing and wastes their time. The corporate state knows that some small percentage of the peaceful, idealistic, political activists will eventually figure out the game. At this point, the clued-in activists will probably do one of two things; drop out or move to escalate the struggle in other ways. If the clued-in activist drops his or her political activities, the ACS wins. But what if the clued-in activist refuses to give up the struggle? Feeling powerless, desperation could set in and these individuals might become increasingly radicalized. Because the corporate state's counterinsurgency operatives have infiltrated most political activism groups, the radicalized members will be easily identified, monitored and eventually compromised/turned, arrested or executed. The ACS wins again.

#### No mindset shift---corporate control co-opts

**Aligica 3** (fellow at the Mercatus Center, George Mason University, and Adjunct Fellow at the Hudson Institute (Paul, 4/21. “The Great Transition and the Social Limits to Growth: Herman Kahn on Social Change and Global Economic Development”, April 21, http://www.hudson.org/index.cfm?fuseaction=publication\_details&id=2827)

Stopping things would mean if not to engage in an experiment to change the human nature, at least in an equally difficult experiment in altering powerful cultural forces: "We firmly believe that despite the arguments put forward by people who would like to 'stop the earth and get off,' it is simply impractical to do so. Propensity to change may not be inherent in human nature, but it is firmly embedded in most contemporary cultures. People have almost everywhere become curious, future oriented, and dissatisfied with their conditions. They want more material goods and covet higher status and greater control of nature. Despite much propaganda to the contrary, they believe in progress and future" (Kahn, 1976, 164). As regarding the critics of growth that stressed the issue of the gap between rich and poor countries and the issue of redistribution, Kahn noted that what most people everywhere want was visible, rapid improvement in their economic status and living standards, and not a closing of the gap (Kahn, 1976, 165). The people from poor countries have as a basic goal the transition from poor to middle class. The other implications of social change are secondary for them. Thus a crucial factor to be taken into account is that while the zero-growth advocates and their followers may be satisfied to stop at the present point, most others are not. Any serious attempt to frustrate these expectations or desires of that majority **is** likely to failand/orcreate disastrous counter reactions**.** Kahn was convinced that "any concerted attempt to stop or even slow 'progress' appreciably (that is, to be satisfied with the moment) is catastrophe-prone". At the minimum, "it would probably require the creation of extraordinarily repressive governments or movements-and probably a repressive international system" (Kahn, 1976, 165; 1979, 140-153). The pressures of overpopulation, national security challenges and poverty as well as the revolution of rising expectations could be solved only in a continuing growth environment. Kahn rejected the idea that continuous growth would generate political repression and absolute poverty. On the contrary, it is the limits-to-growth position "which createslow morale, destroys assurance,undermines the legitimacy of governmentseverywhere,erodes personal and group commitment to constructive activities and encourages obstructivenessto reasonable policies and hopes". Hence this position "increases enormously the costs of creating the resources needed for expansion, makes more likely misleading debate and misformulation of the issues, and make less likely constructive and creative lives". Ultimately "it is precisely thisposition the one that increases the potential for the kinds of disasters which most at itsadvocates are trying to avoid" (Kahn, 1976, 210; 1984).