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#### **Settler colonialism was not just another event in history but a structuring of a “logic of elimination” re-entrenched everyday by Western structures of law and government – the affirmative’s actions deepens the settler state and its biopolitical control of life.**

Morgensen 11 (Scott Lauria Morgensen, assistant professor of gender studies at Queen’s University, “The Biopolitics of Settler Colonialism: Right Here, Right Now, *Settler Colonial Studies*, 2011)

Settler colonialism is exemplary of the processes of biopower theorised by Giorgio Agamben and Michel Foucault. However, settler colonialism remains naturalised within theories of biopower and theories of its relation to coloniality. White supremacist settler colonisation produces specific modes of biopolitics that sustain not only in settler states but also in regimes of global governance that inherit, extend, and naturalise their power. I extend Patrick Wolfe’s theory that a ‘logic of elimination’ constitutes settler colonialism in the genocide and amalgamation of Indigenous peoples, by indicating that this also indigenises and naturalises white settler nations as projections of the West. Agamben’s work illuminates how Indigenous peoples are eliminated in a state of exception to Western law, which by functioning to erase consanguinity – as the patriarch in Roman law eliminates the defiant son – explains Indigenous peoples’ seemingly contradictory incorporation within and excision from the body of white settler nations. This biopolitical process specific to settler colonialism also structures the manner in which white settler societies demonstrably universalize Western law, both within their bounds and in global arenas. My call to denaturalise settler colonialism in social theory is but a first step towards broader study of how the biopolitics of settler colonialism structure current modes of biopower and require concerted critique at the intersections of Indigenous and settler colonial studies. If, following Patrick Wolfe, settler colonialism produces settler societies by pursuing the elimination of Indigenous peoples via amalgamation and replacement, then it is exemplary of biopower. Adapting Giorgio Agamben, we find that Europeans establish Western law and a new People on settled land by practicing an exception to the law that permits eliminating Indigenous peoples while defining settlers as those who replace.1 Settler colonialism performs biopower in deeply historical and fully contemporary ways. As scholars increasingly theorise biopower as definitive of our times, with many insisting that this quality of biopower is colonial, we must confront our inheritance of settler colonialism as a primary condition of biopower in the contemporary world. The work of Michael Foucault and Agamben and of their interlocutors must be resituated within a new genealogy of settler colonialism that can shift interpretations of biopower today. For more than five hundred years, Western law functioned as biopower in relation to ongoing practices of European settler colonialism. Settler colonialism has conditioned not only Indigenous peoples and their lands and the settler societies that occupy them, but all political, economic and cultural processes that those societies touch. Settler colonialism directly informs past and present processes of European colonisation, global capitalism, liberal modernity and international governance. If settler colonialism is not theorised in accounts of these formations, then its power remains naturalised in the world that we engage and in the theoretical apparatuses with which we attempt to explain it. Settler colonialism can be denaturalised by theorising its constitution as biopower, as well as how it in turn conditions all modern modes of colonialism and biopower. My argument critically shifts recent theories of the coloniality of biopower by centreing settler colonialism in analysis. Wolfe has observed in histories of the Americas that a settler colonial ‘logic of elimination’ located Indigenous Americans relationally, yet distinctly from Africans in the transatlantic slave trade or colonised indentured labour, thereby illuminating (as Mark Rifkin notes) the ‘peculiar’ status of Indigenous peoples within the biopolitics of settler colonialism.2 Western law is troubled once European subjects are redefined as settlers in relation to the Indigenous peoples, histories, and lands incorporated by white settler nations. I argue that this tension is engaged productively by Agamben’s tracing of the state of exception to homo sacer, and notably its derivation in Roman law from a thesis of consanguinity. I adapt this quality to illuminate why and how Western law incorporates Indigenous peoples into the settler nation by simultaneously pursuing their elimination. I further argue that these deeply historical processes ultimately enact biopower as a persistent activity of settler states that were never decolonised and of the global regimes that extend and naturalise their power. By the twentieth century – amid a formal demise of colonial empires, putative decolonisation of the global South, and global capitalist recolonisation – the universalisation of Western law as liberal governance was ensured by the actions of settler states. A genealogy of the biopolitics of settler colonialism will explain that the colonial era never ended because settler colonialism remains the naturalised activity projecting Western law and its exception along global scales today. Theories of the biopolitical state, regimes of global governance, and the war on terror will be insufficient unless they critically theorise settler colonialism as a historical and present condition and method of all such power. THEORISING SETTLER COLONIAL BIOPOWER Foucault and Agamben theorised biopower as a present activity that inherits and transforms the deeply historical conditions of Western law. Foucault incited this theory by examining the modern proliferation of procedures to produce the life of the nation in relation to deadly regulation of its others, a process that he argued displaces the power of the sovereign ‘to take life or let live’ with a governmentality that enacts ‘the power to “make” live or “let” die’.3 Judith Butler emphasises that, for Foucault, governmentality in the modern state or in global regimes acts as an ‘extra-legal sphere’ – ‘an art of managing things and persons, concerned with tactics, not laws’ – that then ‘depends upon “the question of sovereignty” no longer predominating over the field of power’.4 Hence, governmentality acts in the name of the very sovereignty that it exceeds, producing ‘a lawless sovereignty as part of its own operation of power’.5 Agamben adapts Foucault’s account of modern biopower as governmentality when he claims that its extra-legal appearance is a recent adaptation of qualities intrinsic to Western law; as he says, ‘it can even be argued that the production of a biopolitical body is the original activity of sovereign power’.6 Citing the Roman legal origins of Western law, Agamben links sovereignty to a power to designate subjects of the law as homo sacer, the sacred man who may be killed without being sacrificed or made subject to homicide. The placement of homo sacer in a zone of ‘bare life’ establishes Western law precisely by placing it in abeyance in this case. The sacred man enters a ‘state of exception’ to the law that simultaneously reinforces its rule. Agamben notably defines the exception by reference to the camp as ‘in a decisive way the political space itself of modernity’, which by forming a permanent ‘space for (bare) life’ creates a ‘materialization of the state of exception’ as ‘the rule’.7 Agamben thus reinterprets the biopolitics of the modern state as an effect of Western law’s constitution by the state of exception. In this reading, the function of governmentality to ‘make life’ is compatible with the state of exception remaining intrinsic to law, as consigning certain subjects to a state of bare life (‘let die’) reestablishes a power to produce and defend life among those who remain. Yet significant tensions appear in the work of Foucault and Agamben – and, hence, also in Agamben’s revision of Foucault – in that neither scholar directly theorises colonialism as a context for biopower. Scholars of colonialism respond by arguing that colonialism is intrinsic to processes of biopower in the past and present. Reading Foucault’s account of the modern biopolitical state in relation to colonial situations, Ann Laura Stoler definitively demonstrated that its racial, sexual and national power arise at colonial sites or relationally among colonies and metropoles, not as projections from a European source.8 Following Stoler, modern biopower is the product and process of a colonial world. Achille Mbembe extended such reinterpretations of Foucault in conversation with Agamben by reading the colony as exception, which defines Western law amid the globalisation of European capital and empire.9 Sherene Razack and Sunera Thobani engage all such theories to explain that in contemporary modes of biopower, the colonial returns or never left; and, notably, both centre settler colonialism as a condition of the power they examine.10 Mark Rifkin signally engages Agamben’s theses with settler colonialism by arguing that the ‘geopolitics’ of conquest place Indigenous peoples in a state of exception that simultaneously troubles the territorial and national integrity of settlers as representatives of Western law.11 Together, these scholars respond to colonialism’s elision in theories of biopower by demonstrating that it conditions biopower and critical theory – an intervention deepened by Rifkin’s and my work centreing settler colonialism for study. Addressing these critiques requires adjusting the very advance of Agamben’s argument that biopower is intrinsic to Western law. Michael Dillon identifies a lingering ahistoricity in Agamben’s ‘ontologization’ of Western law that he argues would benefit from a return to Foucault’s genealogical method, which for Katia Genel will result in ‘revisiting and complicating Agamben’s formulations and more complexly applying them’.12 Theorising biopower from within a genealogy of settler colonialism will trace how deeply historical procedures in Western law confronted the specificities of the era of European settlement and shifted in response. In such a genealogy Agamben remains crucial, given that scholars of settler colonialism may trace biopower to situations that existed prior to the eighteenth and nineteenth century era that Foucault linked to the rise of the modern biopolitical state. Already in the sixteenth century and across the Americas, settler colonialism grew to condition colonialism and biopower in settler and other societies worldwide. The continuity of settler colonialism at these sites up to the present then demonstrates that this periodisation meaningfully explains biopower today. Patrick Wolfe’s theorisation of settler colonialism already incites a genealogy of its biopolitical form. Arguing that ‘settler colonizers come to stay: invasion is a structure, not an event’, Wolfe explains that assertions of sovereignty by settlers ground Western law in ‘a logic of elimination’.13 Noting that scholars after Raphael Lemkin tend to correlate genocide with extermination, Wolfe argues that settler colonialism performs genocide alongside a variety of practices that converge on a purposed elimination of Indigenous peoples.14 While the erasure and replacement of Indigenous peoples may transpire through deadly violence, Wolfe emphasises that elimination may follow efforts not to destroy but to produce life, as in methods to amalgamate Indigenous peoples, cultures and lands into the body of the settler nation. As Wolfe and Katherine Ellinghaus explain, this amalgamation precisely narrows or erases the possibility of distinctive Indigenous nationalities challenging the prerogative of the settler nation that means to replace them on, now, ‘its own’ lands.15

#### Expansion of medical access is a form of settler colonial biomedical onslaught – humanitarian promotions of health proliferate genocidal assimilation.

**Klausen 13,** Jimmy Casas. "Reservations on hospitality: contact and vulnerability in Kant and indigenous action." Hospitality and World Politics. Palgrave Macmillan, London, 2013. 197-221. (Associate Professor in the Instituto de Relações Internacionais at the Pontifícia Universidade Católica do Rio de Janeiro)//Elmer

On the other hand and by contrast, the governmental reach of public health initiatives that would effect the improvement of isolated indigenous populations’ health accords with Kantian philanthropy – with all the risks of violated freedom and smothered life that entails. Public health advocates would repair the disadvantaged morbidity profile of isolated indigenous groups through a policy of initiating contact supported by the provision of modern biomedical health care services to ameliorate the epidemiological effects of contact. State-initiated contact without attendant health care has proved disastrous. Into the 1970s, FUNAI attempted to make friendly contact with isolated Indians. By relying on hired expert indigenous trackers, government contact expeditions located isolated groups and – demonstrating their interest in seeking commerce – enticed the latter with gifts of machetes and blankets. One FUNAI expedition to contact the Matis in 1978 resulted in high morbidity from pneumonia and other infectious diseases and killed one of every two Matis. 60 To correct such devastating policies, anthropologists Magdalena Hurtado, Kim Hill, Hillard Kaplan and Jane Lancaster have elaborated the following argument: Many anthropologists and indigenous-rights activists believe that uncontacted Indians should be left alone. These people are well-meaning, but they are wrong because they base their position on three incorrect assumptions. First, they assume that the Indians have chosen to remain isolated . . . . Those who oppose contact also assume that the Indians will inevitably be decimated by virgin-soil epidemics . . . . Finally, opponents of contact assume that isolated native groups will survive if not contacted. 61 However, even correcting for the fatal infelicities of past policy-driven, state-initiated contacts such as FUNAI’s, the preponderantly disadvantaged morbidity profile of such virgin-soil populations cannot be reduced by greater hospitality in the form of redoubled and more expert interventionary contacts. Although public health efforts like those advocated by Hurtado et al. might reduce mortality, highly disease-vulnerable persons will still sicken and will do so through means that would pretend to foster life by actively disregarding how the people subject to these external machinations might determine their own needs and value their own health. Isolated indigenes’ biological lives would be simultaneously fostered and risked, while their free personhood would count as nothing morally–culturally. In short, there are serious political costs to be weighed in such an intervention. Because of – and not in spite of – their philanthropy, public health interventions of the type that Hurtado et al. advocate extend the reach of governmentality much more intrusively than land rights policies. Besides deciding on behalf of peoples in regard to the interpretation of their acts of self-quarantine, the advocated public health policies surgically insert apparatuses of biomedicine directly into the contacted peoples’ living being. Such policies thereby displace indigenous norms of health and native cultural strategies of living on with the norms and overall strategy embedded in the culture of scientific and clinical biomedicine. Though the pretence is that such acts demonstrate the hospitality of the wider national or global society, such health policy interventions cannot simply make a presentation for possible society; rather, qua philanthropy they initiate contact, which, because of the high degree of vulnerability of those contacted, must needs lead to the proliferation of contacts. It is not a hospitable policy of fostering life that Hurtado et al. support, not merely possible commerce but an obsessive philanthropy of biomedical life support and literally unavoidable onslaught of commerce, possibly forevermore. Most startlingly, such public health interventions presume as universal a standard of life that could certainly vary while retaining meaning and value. The anthropologist Tess Lea describes this universalising interventionary compulsion in withering words: When you are a helping bureau-professional, the compulsion to do something to fix the problems of target populations – those deemed as suffering from unequal and preventable conditions – exceeds all other impulses . . . . ‘They’ need our greater commitment. The idea that life might be lived differently with value and meaning or that ‘need’ might be conceived differently from the way in which we calculate it through our interventionary lens, becomes impossible to imagine. 62 Hurtado et al. assume that health professionals and policy makers must hospitably confer biomedically acquired immunity on heretofore isolated and now contacted virgin soil populations. Fostering indigenous lives by imposing an alien conception of immunity, they would inhospitably destroy alternate strategies of living on. Seeing through their interventionary lens, Hurtado et al. themselves become arbiters of successful and unsuccessful forms of life: they presume that self-quarantine cannot itself serve as an effective cultural strategy to immunise living bodies. Thus, ironically perhaps, these anthropologists choose biology above culture by seeing each from a standpoint authorised by the culture of biomedicine. From their interventionary lens and against Canguilhem’s admonition above, self-quarantine appears to be a failed strategy for living on because the immunity it would confer is imperfect or incomplete. Likewise, condoning self-isolation is imperfect or incomplete hospitality as against their more perfect interventionary hospitality in the name of life. Authorising themselves to make these judgements, they enact an altogether different collapse of morality into nature than the Kantian collapse I reconstruct above. Whereas Kant’s collapse of minimalism into abstentionism and moral duty into nature’s constraints opens hospitality and therefore strategies for living on, this other collapse binds moralising conceptions of ‘health’ to the biomedically conceived body. Yet if, according to Canguilhem, for humans especially, ‘health is precisely a certain latitude, a certain play in the norms of life and behavior’, 63 then it seems that the ‘health’ that supposedly hospitable, though strictly philanthropic, ‘life’-fostering interventionary contact would impose on the exuberance of self-quarantining indigenous peoples is a sickness unto that other perpetual peace Kant mentions: death.

#### Biomedicine itself is invested in colonial exploitation through testing done on indigenous communities to biopiracy and stealing indigenous knowledge.

**Lift Mode 17** 3-10-2017 "Pharmaceutical Colonialism” <https://medium.com/@liftmode/pharmaceutical-colonialism-3-ways-that-western-medicine-takes-from-indigenous-communities-3a9339b4f24f> (We at Liftmode.com are a team of professionals from a variety of backgrounds, dedicated to the mission of providing the highest quality and highest purity nutritional health supplements on the market. We look specifically for the latest and most promising research in the fields of cognition enhancement, neuroscience and alternative health supplements, and develop commercial strategies to bring these technologies to the marketplace.)//Elmer

Does modern medicine take from rural communities? At first, this seems outrageous. However, on closer inspection, we find three main methods of poaching: stealing indigenous knowledge, ‘biopiracy’, and the sale of pharmaceuticals at exorbitant prices. Another example includes using developing countries and rural populations as test subjects in unethical clinical trials — for example on AIDS patients in South Africa.[1] This article examines three methods that Western medicine takes from rural communities. We also examine the emerging new forms of medicine and how many people are beginning to appreciate the medical knowledge of different cultures around the world. Traditional knowledge and culture is threatened by the expansive natural of the pharmaceutical industry 1. Pharmaceutical colonialism: Stealing Indigenous Knowledge First and foremost, what has been taken from indigenous communities for the last roughly 600 years is traditional knowledge about medicinal plants. It is interesting that the major advancements in Western medicine coincide very closely to escalating global colonialism by Western countries. It’s difficult to estimate the exact percentage of modern drugs that were originally based on traditional plant sources, because of the complex evolution of Western laboratory-made medicine. However, this percentage is known to be very high. In fact, a 2006 paper by Dr. A Gurib-Fakim states: “Natural products and their derivatives represent more than 50% of all the drugs in clinical use in the world. Higher plants contribute no less than 25% of the total.”[2] The extent to which traditional knowledge permeates through Western medicine is too broad to explain fully in a small article like this. We’d need to write an entire book to cover the full content! So, we will just take a look at one example below. How the West takes Indigenous knowledge: Anti-Malaria Drugs Mosquitoes are, by far, the world’s most dangerous animals, spreading a number of diseases including Dengue fever, Zika virus, and malaria. According to the World Health Organization, nearly half of the world’s population is at risk of malaria. In 2015, over 210 million people became infected with malaria, and a staggering 429 000 people died from the blood parasite.[3] To combat the infectious disease, scientists have developed two major classes of anti-malarial drugs. These are both based on indigenous knowledge of plant medicine: Mosquitos kill more people than any other animal every year 1. Quinine Quinine is extracted from the bark of the cinchona tree, native to South America. Contrary to propaganda by the Spanish inquisitors, which is still used in modern medicine today, Westerners did not ‘discover’ the cinchona tree. Indigenous Peruvian cultures had been using the bark of the cinchona tree for hundreds, possibly thousands, of years before the arrival of the colonial forces from the North. They crushed it up and mixed it with water to ‘relieve shivering’ — a major sign of the feverish symptoms of malaria.[4] Unlike traditional Chinese knowledge, which has survived until modern times, the ancient knowledge of South America cultures was almost completely destroyed by colonial forces. This makes tracing the historical use of the cinchona tree more difficult.[5] After the inquisition of most traditional cultures in South America, the cinchona bark was brought back to Western Europe and was hailed as one of the most exciting discoveries of modern medicine. The success of cinchona bark in Europe created a massive industry, initially run by the Spanish, but which was later overtaken by French and English industrialists.[6] It’s important to know that the ‘traditional’ use of cinchona bark in 18th century Europe was in exactly the same method as its original use in indigenous societies: crushing up the barking and mixing it with water. The chemical compound quinine was first extracted from cinchona bark in 1820 by two Frenchmen: Pierre Joseph Pelletier and Joseph Caventou. This allowed purified quinine to replace traditional cinchona extracts.[7] Interestingly, Western scientists have since discovered that cinchona bark actually contains several active components, which function in a synergistic relationship to kill the malaria parasite.[8] In modern times, a number of quinine-based drugs have been developed, with varying success. The issue becomes complex here because, while these drugs were developed by Western scientists using modern technological laboratories, if it hadn’t been for the original indigenous knowledge, these compounds could not have been developed at all. The quinine derivatives include Chloroquine, Pyrimethamine, and Mefloquine. Chloroquine was used as a spray along with DDT in the WHO’s malaria eradication plan (the efficacy and usefulness of this are still under debate: numerous countries that were sprayed with these chemicals soon developed strains of malaria that were resistant to the drugs).[9] 60411828 - workers are fogging for dengue control. mosquito borne diseases of zika virus. Quinine-based drugs were used in sprays to combat malaria around the world 2. Artemisinin Artemisinin is an active compound found in traditional Chinese medicine called Qinghao Su (sweet wormwood). This traditional Chinese medicine has been used to treat fevers for over a thousand years. It is currently still extracted from plant sources, the majority of which are grown in China, Vietnam and East Africa. Once the full-grown plants are harvested, the chemical is extracted, leaving the pure artemisinin at a highly variable market price of between $120 — $1200 per kilogram.[10] It’s interesting that the artemisinin-based drug combinations (ACTs) are the most expensive anti-malarial treatments available. This is despite the fact that it is one of the few malarial medications that are still mostly plant-based. However, Western pharmaceutical companies are now developing synthetic forms of artemisinin. The new forms of artemsinin are genetically engineered and have intellectual property rights attached, potentially bringing in big revenues for the companies involved. The proponents of the synthetic form of artemisinin claim that the synthetic form will be able to be sold for cheaper than the natural form. However, the average import price of natural artemsisin to India over the last ten years was around $370 per kilo — a fair amount cheaper than the price that the pharmaceutical companies are pushing for.[11] Artemisinin farming sustains the livelihoods of an estimated 100’000 farmers. With synthetic derivatives being developed this puts the livelihoods of the farmers and their families at risk of poverty (estimated to be around 3–5 times the number of people as the farmers themselves).[12] The ironic and disturbing thing about the whole situation is that the artemisinin farmers themselves are the ones who are most at risk of contracting malaria. In effect, they stand to not only have their incomes stripped by Western pharmaceutical companies but also to become physically dependent on the products of those very companies. [13] 16118463 - portrait of a burmese woman with thanaka powdered face working in farm Farmers livelihoods are threatened by the use of synthetic chemicals 2. ‘Biopiracy’ — stealing natural resources and plants The idea that modern medicine might be a form of colonialism seems at first to be quite outrageous! However, on closer inspection, it’s quite clear that a few nations continue to play the role of ‘missionary’, helping to save people in the ‘developing world’.[14] In some cases, though, the role of the ‘missionary’ becomes a little less clear. The second way that Western medicine takes from indigenous communities is something called ‘Biopiracy’. This is similar to the method we described above, however, in this case, what is taken is not knowledge but the actual plants and resources themselves. In biopiracy actions, plants and natural resources are stolen entirely from indigenous communities and are then used to develop drugs and medicines in the West. The indigenous communities benefit nothing from the theft of their resources. Medicines developed from stolen materials are often sold back to the very people from whom the original plant-sources were stolen — at exorbitant prices. Examples of medications that face biopiracy charges include: A drug for diabetes developed in the UK from a Libyan plant, Artemisia judaica A medicine for immunosuppression developed by GlaxoSmithKline which is derived from a chemical found in termite hills in Gambia An HIV treatment taken from bacteria found in central Uganda Antibiotic drugs developed from amoebas found in Mauritius and Venezuela Anti-diarrhea vaccines developed from Egyptian bacteria [15] According to Beth Burrows, president of Washington-based Edmond’s Institute: “Times have changed. It is no longer acceptable for the great white explorer to trawl across Africa or South America taking what they want for their own commercial benefit. It is no more than a new form of colonial pillaging. As there are internationally recognized rights for oil, so there should be for indigenous plants and knowledge.”[16] In an ideal world, knowledge and resources would be shared equitably. Both the indigenous cultures and the modern world would benefit from the sharing of knowledge and medicinal plants, which could leave the world a much better place. However, this is not the case in today’s world. More and more, we see evidence of pharmaceutical companies using rural communities as customers and guinea-pigs for medicine that was originally sourced from local knowledge.[17] Traditional medicine is pushed off the market and indigenous knowledge is ‘dumbed down’ through development programs. This forces the majority of the world to have to work through cartel-like pharmaceutical corporations who extract unbelievably large sums of money from people, which we’ll look at below.[18] 21736635 - shanty house in bangkok water canals along the river bank, thailand Those who benefit the least from pharmaceutical colonialism are the ones who need healthcare the most

#### Thus, the only alternative is decolonization.

Tuck and Yang 12

(Eve Tuck, Unangax, State University of New York at New Paltz K. Wayne Yang University of California, San Diego, Decolonization is not a metaphor, Decolonization: Indigeneity, Education & Society Vol. 1, No. 1, 2012, pp. 1-40, //recut FD WHS)

An ethic of incommensurability, which guides moves that unsettle innocence, stands in contrast to aims of reconciliation, which motivate settler moves to innocence. Reconciliation is about rescuing settler normalcy, about rescuing a settler future. Reconciliation is concerned with questions of what will decolonization look like? What will happen after abolition? What will be the consequences of decolonization for the settler? Incommensurability acknowledges that these questions need not, and perhaps cannot, be answered in order for decolonization to exist as a framework. We want to say, first, that decolonization is not obliged to answer those questions - decolonization is not accountable to settlers, or settler futurity. Decolonization is accountable to Indigenous sovereignty and futurity. Still, we acknowledge the questions of those wary participants in Occupy Oakland and other settlers who want to know what decolonization will require of them. The answers are not fully in view and can’t be as long as decolonization remains punctuated by metaphor. The answers will not emerge from friendly understanding, and indeed require a dangerous understanding of uncommonality that un-coalesces coalition politics - moves that may feel very unfriendly. But we will find out the answers as we get there, “in the exact measure that we can discern the movements which give [decolonization] historical form and content” (Fanon, 1963, p. 36). To fully enact an ethic of incommensurability means relinquishing settler futurity, abandoning the hope that settlers may one day be commensurable to Native peoples. It means removing the asterisks, periods, commas, apostrophes, the whereas’s, buts, and conditional clauses that punctuate decolonization and underwrite settler innocence. The Native futures, the lives to be lived once the settler nation is gone - these are the unwritten possibilities made possible by an ethic of incommensurability when you take away the punctuation he says of lines lifted from the documents about military-occupied land its acreage and location you take away its finality opening the possibility of other futures -Craig Santos Perez, Chamoru scholar and poet (as quoted by Voeltz, 2012) Decolonization offers a different perspective to human and civil rights based approaches to justice, an unsettling one, rather than a complementary one. Decolonization is not an “and”. It is an elsewhere.

#### The role of the ballot is to vote for who best centers indigenous scholarship and resistance - Any ethical commitment requires that the aff place themselves in the center of Native scholarship and demands.

They just talk about why intellectual property protections are bad theres nothing about medicines – so reduce intellectual property protections by decolonizing

### CASE

PLAN has no solvency – theres no way to guarantee that after the reduction of ipp for medicines indigenous peoples will get ownership – nor that it will spill over. Only the alt can solve because it does it all at once instead of spillover