## 1NC – T

#### Our interpretation is that the resolution should define the division of affirmative and negative ground and offense. It was *negotiated* and *announced in advance*, providing both sides with a reasonable opportunity to prepare to engage one another’s arguments.

#### ‘Resolved’ preceding a colon indicates a legislative forum.

Blanche Ellsworth 81, English professor at SFSU and M.A. in English from UC Berkeley, 1/1/1981, *English Simplified*, 4th Edition, cc

A colon is also used to separate 3. THE SALUTATION OF A BUSINESS LETTER FROM THE BODY, Dear Sir Dear Ms. Weiner NOTE: In an informal letter, a comma follows the salutation: Dear Mary, Dear Uncle Jack 4. PARTS OF TITLES, REFERENCES, AND NUMERALS. TITLE: Principles of Mathematics: An Introduction REFERENCE: Luke 3:4—13 NUMERALS: 8:15 PM 5. PLACE OF PUBLICATION FROM PUBLISHER Indianapolis: Bobbs-Merrill 6. THE WORD RESOLVED FROM THE STATEMENT OF THE RESOLUTION. Resolved: That this committee go on record as favoring new legislation.

#### Justice implies a desirable departure from the status quo – that means the aff must rectify an unjust social interaction

IHS n.d. [(Institute for Humane Studies at George Mason University, non-profit organization that engages with students and professors) “What is Justice?”] JL

One of the most influential accounts of the origin and nature of justice comes from Plato’s Republic. According to Plato’s account, we can think of the principles of justice as mutually agreed to principles for the coordination and structure of social interaction that would benefit all who are subject to them. What those principles are will depend on the society. In addition, there’s a second theory of justice that Plato offers that’s more general. According to this second theory, justice is “each getting what is rightfully theirs and no one getting what is rightfully another’s.” In other words, questions of justice always ask, “Who has a right to what?”

#### Justice is a policy question

Merriam Webster ND [(Mesrriam Webster) “Justice” https://www.merriam-webster.com/dictionary/justice] BC

Essential Meaning of justice

1: the process or result of using laws to fairly judge and punish crimes and criminals

#### “Appropriation of outer space” by private entities refers to the exercise of exclusive control of space.

TIMOTHY JUSTIN TRAPP, JD Candidate @ UIUC Law, ’13, TAKING UP SPACE BY ANY OTHER MEANS: COMING TO TERMS WITH THE NONAPPROPRIATION ARTICLE OF THE OUTER SPACE TREATY UNIVERSITY OF ILLINOIS LAW REVIEW [Vol. 2013 No. 4]

The issues presented in relation to the nonappropriation article of the Outer Space Treaty should be clear.214 The ITU has, quite blatantly, created something akin to “property interests in outer space.”215 It allows nations to exclude others from their orbital slots, even when the nation is not currently using that slot.216 This is directly in line with at least one definition of outer-space appropriation.217 [\*\*Start Footnote 217\*\*Id. at 236 (“Appropriation of outer space, therefore, is ‘the exercise of exclusive control or exclusive use’ with a sense of permanence, which limits other nations’ access to it.”) (quoting Milton L. Smith, The Role of the ITU in the Development of Space Law, 17 ANNALS AIR & SPACE L. 157, 165 (1992)). \*\*End Footnote 217\*\*]The ITU even allows nations with unused slots to devise them to other entities, creating a market for the property rights set up by this regulation.218 In some aspects, this seems to effect exactly what those signatory nations of the Bogotá Declaration were trying to accomplish, albeit through different means.219

#### Private entities are non-governmental corporations

UpCounsel ND [(UpCounsel is an interactive online service that makes it faster and easier for businesses to find and hire legal help solely based on their preferences. “Private Entity: Everything You Need to Know”, UpCounsel, https://www.upcounsel.com/private-entity#importance-of-private-entities, No Date] SS

A private entity can be a partnership, corporation, individual, nonprofit organization, company, or any other organized group that is not government-affiliated. Indian tribes and foreign public entities are not considered private entities.

Unlike publicly traded companies, private companies do not have public stock offerings on Nasdaq, American Stock Exchange, or the New York Stock Exchange. Instead, they offer shares privately to interested investors, who may trade among themselves.

#### Vote negative to preserve limits and equitable division of ground – the resolution is the most predictable stasis point for debates, anything outside of that ruins prep and clash by allowing the affirmative to pick any grounds for debate. That greenlights a race away from the core topic controversies that allow for robust contestation, which favors the aff by making neg ground inapplicable, susceptible to the perm, and concessionary. Two additional impacts:

#### Accessibility – Cutting negs to every possible aff wrecks small schools, which has a disparate impact on under-resourced and minority debaters. Counter-interpretations are arbitrary, unpredictable, and don’t solve the world of neg prep because there’s no grounding in the resolution

#### Link turns their education offense – getting to the third and fourth level of tactical engagement is only possible with refined and well-researched positions connected to the resolutional mechanism. Repeated debates over core issues incentivize innovative argument production and improved advocacy based on feedback and nuanced responses from opponents.

#### Prefer our impact: they’ve skewed the game which necessarily comes first because it makes evaluating the aff impossible. The role of individual debate rounds on broader subject formation is white noise – *can you remember what happened in doubles of the Loyola tournament your junior year?* – individual rounds don’t affect our subjectivity, so fairness is the only impact your ballot can resolve. You should presume all their truth claims false because they have not been properly tested

#### Defend a topical version of the aff – read a plan that bans private appropriation because space colonization entails develoing technologies that perpetuates ableism – 1AC Boucher

#### Their argument about statecraft’s grounding in capitalism doesn’t matter – TVA is negative state action that gets rid of things like the 2015 Space Act

#### They can’t get offense: we don’t exclude them, only persuade you that our methodology is best. Every debate requires a winner and loser, so voting negative doesn’t reject them from debate, it just says they should make a better argument next time.

#### At best, they are extra topical – they defend a change in the Jedi order’s actions, which is not a private actor OR they garner methodological offense from the reading of the 1AC – links to all of our offense because Frankenstein additions circumvent neg ground, explode limits, and distract from the core topic controversy

#### 1AC Conquergood – not in the context of ableism – voting for T doesn’t endorse that 1 mode of knowledge production is good – this critique is also intrinsic to debate which requires endorsing 1 side and rejecting another

## 1NC – NC

**The standard is maximizing expected wellbeing**

**First, pleasure and pain are intrinsically valuable. People consistently regard pleasure and pain as good reasons for action, despite the fact that pleasure doesn’t seem to be instrumentally valuable for anything.**

**Moen 16** [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281] SJDI

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that pleasure is intrinsically valuable and pain is intrinsically disvaluable. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues**.** This inclusion makes intuitive sense, moreover, for there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels, and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative.2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values**.** If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable**.** You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good.3 As Aristotle observes**:** “We never ask [a man] what his end is in being pleased, because we assume that pleasure is choice worthy in itself.”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that pleasure and pain are both places where we reach the end of the line in matters of value.

**Moral uncertainty means preventing extinction should be our highest priority.  
Bostrom 12** [Nick Bostrom. Faculty of Philosophy & Oxford Martin School University of Oxford. “Existential Risk Prevention as Global Priority.” Global Policy (2012)]  
These reflections on **moral uncertainty suggest** an alternative, complementary way of looking at existential risk; they also suggest a new way of thinking about the ideal of sustainability. Let me elaborate.¶ **Our present understanding of axiology might** well **be confused. We may not** nowknow — at least not in concrete detail — what outcomes would count as a big win for humanity; we might not even yet **be able to imagine the best ends** of our journey. **If we are** indeedprofoundly **uncertain** about our ultimate aims,then we should recognize that **there is a great** option **value in preserving** — and ideally improving — **our ability to recognize value and** to **steer the future accordingly. Ensuring** that **there will be a future** version of **humanity** with great powers and a propensity to use them wisely **is** plausibly **the best way** available to us **to increase the probability that the future will contain** a lot of **value.** To do this, we must prevent any existential catastrophe.

#### Not all judgements about well-being are rooted in pathologizations of madness – they are often critical to stopping material harm

Vehmas and Watson 13 Simo and Nick, Disability Studies at the Universities of Helsinki and Glasgow respectively, “Moral wrongs, disadvantages, and disability: a critique of critical disability studies”, Disability & Society (2013), http://www.tandfonline.com/doi/abs/10.1080/09687599.2013.831751)

Impairment sometimes produces practical, difficult ethical choices and we need more concrete viewpoints than the ideas provided through ableism, which offers very little practical moral guidance. It is questionable whether the notion of ableism would help the parents in deciding whether to have a child who has a degenerative condition that results in early death. Campbell (2009a, 39, 149 and 159), for example, discusses arguments about impairments as harmful conditions, the ethics of external bodily transplants as well as wrongful birth and life court cases (whether life with an impairment is preferable to non-existence), and how ableism impacts on discourse around these issues. Whilst her analysis of such ableist discourses suggests ethical judgements, she provides no arguments or conclusions as to whether, for example, external bodily transplants are ethically wrong or whether impairment may or may not constitute a moral harm. Under the anti-dualistic stance adopted by CDS, even the well-being/ill-being dualism becomes an arbitrary and nonsensical construct. Under ableism it can be constructed as merely maintaining the dominance of those seemingly faring well (supposedly, ‘non-disabled’ people), and labels those faring less well as having lesser value. There may not be a clear answer to what constitutes human well-being or flourishing, but in general we can and we need to agree about some necessary elements required for well-being. Also, as moral agents we have an obligation to make judgements about people’s well-being and act in ways that their well-being is enhanced (Eshleman 2009). This is why we have, for example, coronary heart disease prevention programmes because the possible death or associated health problems are seen as harms. Possibly these policies are based on ableist perspective, but if that is the case then the normative use of ableism is null; eradicating supposedly ableist enterprises such as coronary heart disease prevention would be an example of reductio ad absurdum. Denying some aspects of well-being are so clear that their denial would be absurd, and simply morally wrong. CDS raises ethical issues and insinuates normative judgements but does not provide supporting ethical arguments. This is a way of shirking from intellectual and ethical responsibility to provide sound arguments and conceptual tools for ethical decision-making that would benefit disabled people. If we are to describe disability, disablism, and oppression properly, we have to explicate the moral and political wrong related to these phenomena. Whilst CDS has produced useful analyses, for example, of the cultural reproduction of disability, it needs to engage more closely with the evaluative issues inherently related to disability. As Sayer has argued (against Foucault): while one could hardly disagree that we should seek to uncover the hidden and unconsidered ideas on which practices are based, I would argue that critique is indeed exactly about identifying what things ‘are not right as they are’, and why. (Sayer 2011, 244) By settling almost exclusively to analyses of ableism without engaging properly with the ethical issues involved, CDS analyses are deficient. The moral wrongs related to disablism or ableism are matters of great concern to disabled people, and CDS should in its own part take the responsibility of remedying current wrongs disabled people suffer from.

## 1NC – Case

### Solvency

#### Vote neg on presumption:

#### There’s no reason individual rounds spill up to change broader structures of debate or society for disabled people

#### Their critique of fiat has zero uniqueness – they’ve made a normative statement about the desirability of **imagining that the appropriation of outer space is unjust by citizens of Hubmarine and Neimoida**

#### The aff only affects

#### The role of the ballot is to vote for the better debater – anything else is arbitrary, self-serving, and an artificial impact filter that destroys clash

#### 1AC evidence concludes that natives were lifted from imperial Jedi rule – we’ve inserted it in blue

Circa 27,000 BBY, the Gossam of Castell developed the tumble hyperdrive, which allowed them to colonize several distant worlds including Felucia in the Outer Rim. Most worlds in the Colonies section of "the Slice" were colonized by 24,000 BBY. During the late Pre-Republic era, several wealthy Core worlds in the Arrowhead colonized various worlds in this region through the use of generation ships and carved up interstellar empires. Settlers from Humbarine colonized Balmorra and Commenor while the Corellians colonized Byblos and Loronar. The Duros colonists settled on Neimoidia and gradually evolved into a separate sub-species known as the Neimoidians by 15,000 BBY. Due to slow hyperspace travel and lack of communication, these colony worlds broke away from their colonial masters, which sparked some conflict.[2] The formation of the Galactic Republic in 25,000 BBY helped minimize conflict between the Core and breakaway Colony worlds, and expand colonization efforts within the region. This was greatly aided by the discovery of the Corellian Run and Perlemian Trade Routes, which led to the establishment of several new colony worlds including the shipyard base of Loronar, the Yabol Opa, Raithal, Arkania, and the agrarian worlds of the Delle system.[2] By 22,000 BBY, the Duros on Neimoidia had established a few colony worlds known as the "purse worlds." One of these worlds, Cato Neimoidia, joined the Republic that year. In 50 BBY, the Arkanian Revolution occurred in Arkanian space when a non-interventionist faction rebelled against the radical geneticist Arkanian Dominion. The revolutionaries amassed an army of cyborgs created from merging the body parts of various species. However, the Dominion appealed to help from the Jedi Order, and the revolution was brutally put down. However, some of their cyborg creations survived, including the bounty hunter Gorm the Dissolver.[6] Ten years before the Invasion of Naboo, the Commerce Guild took advantage of an economic recession on Castell to take control of the planet. One Gossam named Shu Mai used her aggressive business tactics to buy back Castell and gradually became the Guild's president.[7] Mai had each able Gossam serve as an indentured servant of the Commerce Guild for a portion of their lives in return for food, housing, and a modest income. Gradually, Castell recovered from the recession, but came under the influence of the Commerce Guild, which subsequently joined the Confederacy of Independent Systems during the Separatist Crisis and Clone Wars.[8] During the Clone Wars, Neimoidia and the "purse worlds" were battlegrounds between the Republic and the Confederacy of Independent Systems towards the end of the war in 19 BBY.[6] Under Emperor Palpatine's reign, the Galactic Empire was very forceful in controlling the Colonies, particularly developing a hard-line policy towards species and worlds that had supported the Confederacy. The Gossam species of Castell were a primary target of the Empire's humanocentric policies.[8] Consequently, the Alliance to Restore the Republic and its successor state the New Republic gained support in the region.[2] As part of its invasion of the Core Worlds from 5 ABY to 6 ABY, the Republic secured several undeveloped Colonies worlds as stepping stones.[5] Following the Battle of Endor in 4 ABY, the Gossam were liberated from Imperial rule.[8]

#### This means 1) vote neg on presumption – no reason the aff departs from the status quo and 2) disproves their critique of futurism – hope for a better world is not inherently ableist or cruelly optimistic

#### voStar Wars routinely uses disabilities to signal evil and reduces disabled characters to their ability – vote negative to reject their introduction of Star Wars into debate

**Calton 18** [(Cindee, an anthropologist, disability studies scholar, social justice advocate, science fiction aficionado and frequent ruiner of films living Minnesota. Her Ph.D. dissertation focused on the connection between ideologies about disability and ideologies about American Sign Language. Her other scholarship has included examining the role of ideology in the history of sign language linguistics and the intersection of disability and social class.) "Twisted and Evil: Ableism in Star Wars," The Geek Anthropologist, 9/14/18, https://thegeekanthropologist.com/2018/09/14/twisted-and-evil-ableism-in-star-wars/] “Seriously, Star Wars? Again?” was the exact phrase that ran through my mind the first time Dryden Vos appeared on screen during my first viewing of the movie Solo: A Star Wars Story (2018). By now, I am sick of the pattern that Vos so predictably followed: a character with a disability in a villainous role. The Star Wars franchise frequently uses physical disability as a signal of evil. The films, however, also use disability as a way to signal a character with a special connection to the Light Side of the Force.

The Star Wars franchise uses certain disabilities to signal evil: those disabilities that make strong appeals to our visual and auditory senses. Simultaneously, the films use other disabilities to signal a connection to the Light Side. This is no accident. The United States has a long history of adverse reactions to people with highly visible disabilities (Thomson, 1983).

Throughout the 19th and 20th centuries, many cities enacted so-called “ugly laws.” For example, Chicago passed an 1881 law that forbade people who were “diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object” (Schweik, 2010, 1) from being in public places. These laws singled out certain people with disabilities: those whose “alternative” physical appearance disturbed the senses. To look different, according to the norms of the time, triggered disgust or horror, as well as an assumption of moral corruption—cities therefore felt justified banning individuals with visible disabilities from public spaces.

The disabilities that the films single out as signs of evil in Star Wars are similar: they are “ugly” in contrast to the less visually obvious disabilities that characters associated with the Light Side might have. I argue that this is a part of a larger cultural pattern where the disabled body is “never simply itself, the exceptional body betokens something else” (Thomson 1996, 1). In short, the films’ creators rarely allow characters with disabilities to be characters with traits beyond their disabilities. Rather, the films exploit their disabilities for the sake of the narrative.

Like many public discourses about equity, people with disabilities are largely absent from public conversations about representation. The discrimination that people with disabilities face means that nondisabled people limit people with disabilities’ access to everything from housing to employment. Through the consolidation of power with the implicit bias of ableism, people with disabilities are summarily isolated—nondisabled people subsequently create a situation where there is no public place for people with disabilities to challenge stereotypes. That is why it is vital that we think critically about how people with disabilities are represented in films like Star Wars: for many nondisabled people, the media is often their only exposure to people with disabilities.

Disabled Body, Disabled Soul

As Jorain Ng argues, the phenomenon of the disabled body as a cue for a disabled soul is nothing new. Pop culture examples of villains like Wonder Woman’s Dr. Poison (2017), with her missing hand, and The Lion King’s (1994) Scar, employ visible “defects” to signal inner evil. While Ng points out that this trope of using disability as a cue for evil is becoming less popular in recent years, it remains alive and well in the Star Wars franchise, as evidenced by Vos. Vos is a one-dimensional crime lord whose only traits seem to be that he loves antiques, hates betrayal, and is a ruthless murderer. Vos’ face was deliberately and inexplicably disfigured to serve one role: to signal to the audience that he is evil. The film gives no explanation of his disfigurement.

If you’ve seen Solo, you might be questioning whether or not Vos is truly disabled. After all, while his face is significantly maimed, it does not seem to cause any functional problems. You might also wonder if the other characters I argue are a part of this pattern of “evil” characters with disabilities. Emperor Palpatine of the original trilogy and the prequels, and Supreme Leader Snoke of the new trilogy, for example, have no functional impairments. Thomson (1996), however, has argued that in many ways disability has more to do with appearance than function in the United States. The Americans with Disabilities Act acknowledges this question of function when it states that the ADA’s protections extend to those who are “regarded” to have a functional impairment. This is with good reason: a person with a disability’s main problem isn’t their[1] body, it’s an ableist society. In an ableist society, everything, from institutions to actual physical structures, is structured with the presumption that everyone is “normal.” Although what is “normal” shifts from place to place and time to time (see for example Groce, 1985), by an ableist society’s standards people with disabilities are not “normal” despite their prevalence. An ableist society assumes that those who are not “normal” should overcome their differences, rather than society make itself more accessible. Although style guides generally consider using “their” for the third person singular grammatically “incorrect,” I choose to use it for singular people of unknown gender to acknowledge the broad range of gender diversity.

Characters like Vos remind me of progressive writer and anti-war activist Randolph Bourne (1886-1918). Bourne’s disability “involved little functional impairment” (Longmore 2002, 35). Despite his lack of functional impairment, Bourne found himself extremely socially impaired. Bourne was socially disabled by those around him because of his curved spine and a twisted facial structure that resulted from spinal tuberculosis as a child, traits which Longmore describes as “highly visible” (Longmore 2002, 35). Bourne experienced difficulties in accessing schooling, work, and social capital. It should be noted that Bourne’s disability was entirely socially constructed: his physical differences hindered him only because of how people reacted to him, not because he was physically unable to accomplish tasks. Bourne’s story highlights the fact that, like so many other social identities, disability is socially constructed: it is created and defined by society, not some objective physical reality. Like other social categories, “society establishes the means felt to be ordinary and natural” (Goffman 1963, 2).

There are also Star Wars villains with functional disabilities. There is, for example, the villain General Grievous, who has some striking similarities to Darth Vader. In Attack of the Clones (2002), we are introduced to Grievous, who is part biological and part machine. Like Darth Vader, he has problems with breathing. While Grievous is not himself connected to the Dark Side, he is working with the Sith, who are closely connected to the Dark Side. Grievous is “ugly” in appearance. What is perhaps “uglier” is his hacking cough.

Darth Vader is the ultimate example of a narrative using disability to signify a connection to the Dark Side. When Vader first makes his appearance in A New Hope (1977), his unusual breathing becomes a signal for his menacing presence. In the words of his old mentor, Obi Wan Kenobi, in The Empire Strikes Back, “he’s more machine than man now: twisted and evil” (Kurtz 1980). What makes the use of Vader’s disability as a sign of evil so telling is the timing of it. In Revenge of the Sith (2005), Vader’s disability starts at the exact same time as his final fall from grace as a promising Jedi and defender of the Light Side of the Force.

The films even use disability to show that non-villains are morally ambiguous. Saw Gerrera of Rogue One: A Star Wars Story (2016) is the perfect example of a morally ambiguous character. Gerrera uses prosthetic feet and a cane to walk. Perhaps more telling, though, is his similarity to Vader. Like Darth Vader, Gerrera has a breathing problem complete with a mechanical device for breathing. Though not a villain, Gerrera is considered to be an extremist. He is also not above torture to get information out of someone. He represents a key example of how the Star Wars franchise has conditioned the viewer to distrust characters, even non-villains, based on their “ugliness,” be it visual or auditory.

Supercrips

I would be remiss in discussing disability in Star Wars if I only explored the use of disability to signify evilness. There are other characters with disabilities in Star Wars that fall into another trope: a disabled person whose disability seems to give them some sort of supernatural powers. Disability studies scholars sometimes described a similar phenomenon as a “supercrip.” Supercrip seems to have a broader meaning in disability studies, describing both real life people and cinematic characters (Schalk 2016). In both cases, nondisabled people benefit from what Stella Young refers to as “inspiration porn”: when the stories of people with disabilities, be they real-life or not, are used to make nondisabled people feel better about their lives.

It is easy to see why the link between disability and evil characters is problematic. It is less apparent why we should care about the supercrip trope. Just having disabled characters with skills and talents might seem like a good thing. However, Ng argues that this “implies that a person with disability only deserves respect if he or she can overcome the disability and perform extraordinary acts” (2014). So, in essence, be superhuman.

The most prominent example of this phenomenon in Star Wars is Master Yoda, who appears in Episodes I-III, V, VI and VIII. Unlike the characters with disabilities discussed so far, Yoda’s disability is not “ugly” like Palpatine’s facial deformities or Vader’s breathing. In fact, people might even describe his appearance as “cute.” Yoda’s disabilities are truly functional: he walks with a cane and he is small in stature. One might argue that Yoda’s size is probably “normal” for his species, and that may very well be the case. However, as I lay out, Star Wars films treat his combination of size and skill as a highly unlikely combination. Our introduction to Yoda in The Empire Strikes Back (1980) serves to intensify our surprise that a person with a disabled body could have such extraordinary skills. The movie first portrays him as comical. Luke dismisses his offer for help by saying he is looking for a great warrior and Jedi Master, who we soon discover is Yoda. Despite his perceived physical weakness, Yoda is unrivaled in his connection with the Force. For example, he famously proclaims to Luke that “size matters not” (1980) and proceeds to lift Luke’s starfighter out of the water without touching it.

Yoda proves he is very wise throughout the episodes he appears in. Sayings like “size matters not” and “do or do not, there is no try” (1980) are oft-repeated tokens of Yoda’s wisdom. He predicts the future on more than one occasion, including seeing the darkness in Anakin Skywalker’s future in The Phantom Menace (1999). Similarly, he says he has “watched” Luke a long time in The Empire Strikes Back, despite living nowhere near him.

It is questionable whether the Star Wars universe considers a connection with the force a skill. In The Last Jedi, Luke Skywalker dismisses Rey’s assertion that the Force is “a power that Jedi have” as “vanity,” instead describing it as an “the energy between all things” and the “balance that binds the universe together” (2017). Thus, Yoda being strong with the Force is not a talent, but a connection with the universe.

More recently, we’ve met Chirrut Îmwe in Rogue One: A Star Wars Story. Îmwe (who is predictably played by an actor who is not himself blind) has blindness and is represented as having a powerful connection with the Force, despite not being a Jedi. He constantly proclaims, “I’m one with the Force, the Force is with me.” He does several seemingly miraculous things in the movie, including taking on a squadron of stormtroopers armed only with a stick. During the climactic fight scene at the end of Rogue One, Îmwe walks across a battlefield completely out in the open with shots firing all around him and arrives at his destination completely unscathed. His chanting of his catchphrase, “I am one with the Force and the Force is with me,” while walking across the battlefield implies that it is his connection with the Force that allows him to “see” what others cannot.

Îmwe’s connection with the force does not just help with combat—the films also portray him as having special wisdom. When Cassian Andor tells him that he is in a prison for the first time, Îmwe tells him “there is more than one sort of prison, captain. I sense that you carry yours wherever you go.” Later in the film, he also seemingly “senses” that Andor is about to kill someone because “the Force moves darkly near a creature that’s about to kill.” Like Yoda, Îmwe has the ability to intuit using the Force. However, also like Yoda, this is portrayed not so much as a skill, but as a oneness with the universe. In either case, it plays on the assumptions of people without disabilities that people with disabilities are incapable of everyday tasks. We are therefore supposed to be surprised when they can do extraordinary things.

Conclusion: The Good, the Bad and the Ugly

This article argues that the Star Wars franchise uses disabilities as markers of a connection to both the Dark Side and the Light Side. Ironically, the writers who created Îmwe probably thought they were doing a good thing by including a person with a disability in their story. They may have also considered the character empowering for people with disabilities. However, simply adding characters with disabilities to a story does not fix problems of representation. Not only does Îmwe’s character fall back on the supercrip trope, it does not make up for Star Wars’ continued use of “ugly” disabilities as sign of evil. It reinforces the notion that people with disabilities’ primary trait is their disability and not their personalities, their experiences or other characteristics that complete a picture of person’s whole self. Reducing a person to just their disability erases their rich existence.

#### Ontology is a worse explanation – implicit and cultural biases are malleable and a product of legal inequalities that normalize ableism

Adam Gaffney 16, MD from New York University, 3/7/2016, 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/#!

At the same time, the government’s persistent failure to create a public health care system played a foundational role in structuring American health care inequalities, both by class and race. Despite high hopes that the New Deal might realize such a system, Franklin Roosevelt failed to make health reform a priority (among other issues, he wasn’t enthusiastic about the prospects of confronting the rather reactionary doctors’ lobby).[5] At the end of World War II, a major campaign for national health insurance did emerge, backed by both Harry S. Truman and — critically — organized labor.[6] “Our new economic bill of rights,” Truman proclaimed to Congress in 1945, “should mean health security for all, regardless of residence, station, or race – everywhere in the United States.”[7] Yet this bold vision was soon smothered, the victim of a toxic redbaiting campaign pursued by the American Medical Association (AMA).[8] All that survived of it, at least in the short term, was the Hill-Burton Act, a law that funded a massive campaign of hospital-building throughout the nation. But Hill-Burton was permeated with racism from its birth. While in theory it forbid discrimination by race, the law nonetheless made an allowance for “separate but equal” facilities.[9] The implications were clear: explicit medical segregation had received the imprimatur of the law, together with generous public subsidization.¶ 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 policy 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 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.”

#### 1AC Siebers – root cause arguments only matter insofar as they solve all of ableism, but they don’t

#### Utopianism is necessary --- their theory comes from a position of privilege that serve no practical application.

Ruti 17—Professor of critical theory and of sexual diversity studies at the University of Toronto [Mari, *The Ethiscs of Opting Out: Queer Theory’s Defiant Subjects*, New York: Columbia University Press, p. 88-93]

Let me put some of my cards on the table right away: I think that **this critique** misses its mark quite drastically in the sense that, whatever **faith** Munoz and Dean might have **in new social collectivities**, they do not**, as Edelman implies, support liberal humanism's dreams of redemption through greater inclusion; they do not believe that simply allowing previously marginalized subjects to enter the existing system would miraculously conjure away the system's problems**. Quite the contrary**, both are deeply critical of the homonormative quest for social respectability that characterizes much of liberal gay and lesbian politics**. In Cruising Utopia (2009), **Munoz** in fact **explicitly condemns homonormative gays and lesbians who allow themselves to be seduced by the material and symbolic rewards of neoliberal capitalism**. One could of course point out that Edelman could not have known in 2006 what Munoz was going to say in a book that was published three years later. But this does not change the fact that **Edelman's accusation** rings false **for the simple reason that it is aimed at two progressive critics who are so well versed in the basics of posthumanist theory that they in many ways take the demise of the humanist self for granted**. **I cannot think of a single critic within queer theory who naively endorses the sovereign subject of liberal humanism**. **If anything**-as I have already noted and will discuss in greater detail in the next chapter-**the field, like the rest of American progressive theory, seems to be caught up in a** compulsive cycle **of needing to repeatedly expunge this subject even when** very little of it remains. Furthermore, **the idea that utopian thinking is by definition liberal, that there is no room for utopianism within posthumanist paradigms, is an indication of the extent to which certain strands of posthumanist theory have solidified into** lifeless patterns **that** no longer serve a critical function; in such instances, **the** monotonous repetition **of** poststructuralist dogmas**-in Edelman's case, "hopefulness bad, negativity good"** (**which**, notably, **has** the same **starkly binaristic structure** as Butler's "autonomy bad, relationality good")-**serves to** bar alternative perspectives **that might revitalize contemporary theory by** allow**ing us to** think beyond bad-good archetypes. In this sense, **Munoz's statement regarding Edelman's "well-worn war chest of poststructuralist pieties"** (2009, 10) **is right on target**, as is his rebuke of **the "various romances of negativity"** that **have, within queer theory, become so predictable as to be** "resoundingly anticritical" (12). If Edelman's accusations against Munoz are relatively easy to dismiss, the reverse is not the case, for **Munoz's indicts Edelman for perpetuating a clandestine-and therefore all the more** insidious-form **of white gay male identity politics: a politics that flees from the (supposedly) contaminating impact that a consideration of gender, racial, economic, and global inequalities might have on queer theory and that refuses to recognize that the white gay male subject is just as "identitarian" as any other subject**. Munoz asserts that the only reason Edelman is able to dodge the specter of identity politics is that, in Edelman's work, white masculinity falsely configures-as it has always done-the "universal;' "neutral" subject position that (seemingly) resides beyond identitarian concern. More generally speaking, Munoz believes that **antisocial queer theories "**reproduce **a** crypto-universal white gay subject **that is** weirdly atemporal**"** (2009, 94). Hiram Perez makes an analogous point when he criticizes not only the ways in which **whiteness, in the work of many white gay men, "makes itself transparent"** (2005, 187) **but also the ways in which poststructuralist rhetoric is used to level charges of essentialism against anyone who dares to call attention to this problem**. Along the same lines, Halberstam rails against the "invisible identity politics of white gay men," adding that when "white men (gay or straight) pursue the interests of white men (gay or straight), there's a heap of trouble for everyone else" (2006, 231). **Munoz adds a final blow when he concludes that "imagining a queer subject who is abstracted from the sensuous intersectionalities that mark our experience . . . is** a ticket whose price most cannot afford**"** (2009, 96). The battle lines are thus clearly drawn between those-(some) white gay men-for whom sexuality is the sole axis of theoretical investigation and those for whom sexuality is just one among many such axes. **Munoz does not pull his punches**, notoriously **calling**-in the course of the PMLA exchange-**the antisocial thesis "the gay white man's last stand"** (2006, 825). In Cruising Utopia, he in turn argues that Edelman "anticipates and bristles against his future critics with a precognitive paranoia'' by predicting that some identitarian critics might contest his polemic by arguing that it is "determined by his middle-class white male positionality" (2009, 95). Munoz's candid assessment of Edelman's efforts to inoculate himself against this critique is that it "does not do the job'' (95). **The stakes of Munoz's accusation are high, revolving around the question of** who can afford **to relinquish all hope of a better future in the**

**way that Edelman's rendering of queer negativity**-with includes the derisive critique of the child as a sentimental emblem of reproductive futurity that I mentioned in chapter 1-**calls for**. Munoz suggests that only those who "have" a future in the first place have the luxury of flirting with the idea of rejecting it; conversely, **those whose futures are concretely (empirically) threatened are** unlikely to advocate **the annihilation of these futures**. More specifically, Munoz contends that **it would be** disastrous **to** "hand over futurity **to** normative white reproductive futurity," arguing that **the fact that this version of futurity is currently winning "is** all the more reason **to call on a** utopian political imagination **that will** enable us to glimpse another time **and place: a 'not-yet' where** queer youths of color actually get to grow up**"** (2009, 95-96). In this manner, Munoz alerts us to the fact that **while Edelman elevates the child to an icon of reproductive futurity,** "the future" has never been the province of all children; that is, though Munoz agrees with the broad outlines of **Edelman's critique** of reproductive futurity, he reminds us that this critique does not apply **to the** vast majority **of the world's children, that "racialized kids, queer kids, are not the sovereign princes of futurity''** (95). Like Edelman, Munoz admits that the world as it stands is "not enough" (2009, 96), not able to offer adequate resources for subjective flourishing. But in his view, **the way to deal with the world's insufficiency and messiness is** not to reject the future wholesale but rather to reconfigure its parameters. **This**, Munoz asserts, **can only be done by resurrecting "various principles of hope that are, by their very nature, relational"** (94). As he elaborates, **relationality may not always be "pretty," "but the option of simply opting out of it, or describing it as something that has never been available to us, is imaginable** only if **one can frame queerness as a** singular abstraction **that can be subtracted and isolated from a larger social matrix"** (94).

#### Psychoanalysis has no empirical basis.

Paris 17 [Dr Paris is Professor, Department of Psychiatry, McGill University, and Research Associate, Department of Psychiatry, Jewish General Hospital. "Is Psychoanalysis Still Relevant to Psychiatry?" https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5459228/]

The proposal to establish a discipline of neuropsychoanalysis also met with a mixed reception from traditional psychoanalysts, who did not want to dilute Freud’s wine with neuroscientific water.42 Neuroscientists, who are more likely to see links to psychology as lying in cognitive science,43 have ignored this idea. In summary, neuropsychoanalysis is being used a way to justify long-standing models, without attempting to find something new or to develop an integration of perspectives on psychology.

However, Eric Kandel,44 influential in the light of his Nobel Prize for the study of the neurochemistry of memory, has taken a sympathetic view of the use of biological methods to study psychoanalytic theory. Kandel had wanted to be an analyst before becoming a neuroscientist.45 But Kandel, who does not actively practice psychiatry, may be caught in a time warp, unaware that psychoanalysis has been overtaken by competitors in the field of psychotherapy.

Another attempt to reconcile psychoanalysis with science has come from the literature on neuroplasticity.46 It is now known that neurogenesis occurs in some brain regions (particularly the hippocampus) during adulthood and that neural connections undergo modification in all parts of the brain. There is also evidence that CBT can produce brain changes that are visible using imaging.47 These findings have not been confirmed in psychoanalytic therapies. However, Norman Doidge, a Canadian psychoanalyst, has argued that psychoanalysis can change the brain.48 This may be the case for all psychotherapies. However, more recently, Doidge49 has claimed that mental exercises can reverse the course of severe neurological and psychiatric problems, including chronic pain, stroke, multiple sclerosis, Parkinson’s disease, and autism. While these books have been best-sellers, most of their ideas in the second volume,49 based on anecdotes rather than on clinical trials, have had little impact in medicine. This story underscores the difficulty of reconciling the perspectives and methods of psychoanalysis with scientific methods based on empirical testing.

Psychoanalysis and the Humanities

Psychoanalysis claimed to be a science but did not function like one. It failed to operationalize its hypotheses, to test them with empirical methods, or to remove constructs that failed to gain scientific support.1 In this way, the intellectual world of psychoanalysis more closely resembles the humanities. Today, with few psychiatrists or clinical psychologists entering psychoanalytic training, the door has been opened to practitioners with backgrounds in other disciplines, including the humanities.

This trend is related to a hermeneutic mode of thought,50 which focuses on meaningful interpretations of phenomena, rather than on empirical testing of hypotheses and observations. Since the time of Freud, the typical psychoanalytic paper has consisted of speculations backed up with illustrations, similar to the methods of literary theory and criticism.

One model currently popular in the humanities is “critical theory.”51 This postmodernist approach uses Marxist concepts to explain phenomena ranging from literature to politics. It proposes that truth is entirely relative and often governed by hidden social forces. In its most radical form, in the work of Michel Foucault,52 critical theory and postmodernism take an antiscience position, denying the existence of objective truth and viewing scientific findings as ways of defending the “hegemony” of those in power.

Some humanist scholars have adopted the ideas of Jacques Lacan, a French psychoanalyst who created his own movement and whose eccentric clinical practice resembled that of a cult leader.53 Moreover, recruitment of professionals and academics with no training in science could lead to an increasing isolation of the discipline. While only a few contemporary psychoanalysts have embraced postmodernism, the humanities have made use of psychoanalytical concepts for their own purposes as a way of understanding literature and history.

#### Legislative advocacy changes disability policy and attitudes – empirics prove

Landmark et al 17 (Leena Landmark, Professor at Ohio University. Dalun Zhang, Professor at Texas A&M University. Song Ju, Professor at the University of Cincinnati. Melissa Yi, MS from Texas A&M University. Timothy C. McVey, BA from Ohio University. “Experiences of Disability Advocates and Self-Advocates in Texas”. Journal of Disability Policy Studies 2017, Vol. 27(4) 203–211) swap

Legislative advocacy is a prime channel for disability advocates to affect civil rights and disability-related legislation and policy that leads to improved quality of life for individuals with disabilities. To highlight the current status of disability legislative advocacy, this study examined advocacy experiences based on recent data from one state that involved 113 disability advocates and self-advocates. Analyses were conducted to examine the characteristics of advocates, the causes advocated, leadership positions, level of engagement, and frequency of engagement in the legislative advocacy process. Relations among advocates’ characteristics and advocacy experiences were also examined. Results revealed that individuals with disabilities mostly relied on their peers in the advocacy process, and the type of disability was associated with the causes advocated. In addition, holding a leadership position was associated with engagement in the legislative advocacy process. Quality of life is an important goal for all people. For individuals who have disabilities, the degree to which they are satisfied with their lives may have increased importance because they have not always been afforded the opportunity to live according to their desires (Francis, Blue-Banning, & Turnbull, 2014; Verdugo, Navas, Gomez, & Schalock, 2012). Self-determination, one of the comprising domains of the quality-of-life construct, has been linked to positive adult outcomes for individuals with disabilities. Individuals who possess self-determination tend to achieve greater independent living and employment outcomes than individuals who are not as self-determined (Wehmeyer & Palmer, 2003). As a component element of self-determination, self advocacy is essential for improving quality-of-life outcomes. Self-advocacy (including parent advocacy) and leadership skills have played important roles in the history of special education and disability rights. As early as the 1930s, local groups of parents banded together to obtain educational services for their children with disabilities (Yell, Rogers, & Rogers, 1998). By the 1970s, individuals with developmental disabilities announced they were people first, and the self-advocacy movement was spawned in the United States (Longhurst, 1994). An early victory in the effort to gain services required for independent living was the passage of Section 504 of the Rehabilitation Act of 1973, which prohibited establishments receiving federal funding from discrimination against people with disabilities. One of the greatest victories was the passage of the Americans with Disabilities Act of 1990, a civil rights law prohibiting discrimination against people with disabilities. The advocacy movement has allowed people with disabilities the opportunity to explore their group identity, gain a sense of empowerment, and learn how to stand up for equal rights (Browning, Thorin, & Rhoades, 1984). Landmark legislation such as Section 504 of the Rehabilitation Act of 1973, the Education for All Handicapped Children Act of 1975 (renamed the Individuals With Disabilities Education Act in 1990), and the Americans with Disabilities Act of 1990 would not have been enacted without the advocacy efforts of individuals with disabilities and their families. Through legislative advocacy, Americans with disabilities have shaped public policy and made their lives better.\

#### Disengagement makes every impact worse and only robust academic scrutiny paired with a push for increased access to health care solves the case

**Block and Friedner 2017** (Pamela, Professor and Director of the Concentration in Disability Studies for the Ph.D. Program in Health and Rehabilitation Sciences, a former President of the Society for Disability Studies (2009-2010), and a Fellow of the Society for Applied Anthropology and Michele, PhD and Assistant Professor of Health and Rehabilitaion Sciences, Anthropology and Disability Studies at Stony Brook University, "Teaching Disability Studies in the Era of Trump," <http://somatosphere.net/2017/08/teaching-disability-studies-in-the-era-of-trump.html>, August 23, 2017)spaldlose

Countless hundreds of thousands in the US – and millions worldwide suffered and died at the hands of eugenics ideologies and practices (Kevles 1998, Lifton 1986). There is potential for suffering in the current practices of making inconvenient populations disappear, in incarcerating and ejecting on a grand scale, in determining who is and is not entitled to what kinds of health, education and social supports, and in the gutting of the already-thin social safety net. We know that already vulnerable people will die. We know many disabled people are vulnerable. We are already seeing it unfold. Although disabled people are not specifically targeted (at this point anyway) – disability is used as a justification to contain other populations, immigrant populations who are represented as criminals, unstable, and violent. Both targeted immigrant groups, Muslims and those from Central and Latin America, have a history of being pathologized and dehumanized in ways that incorporate disability (Block, Balcazar and Keys 2001, Patel 2014). We can also see a familiar way that gender, sexuality, addiction, mental illness and criminality are brought into play to identify urban black populations as threatening (Ben Moshe et al. 2014). A consistent similarity between eugenics and the Trump era is this deployment of intersectional characteristics and the mobilization of disability as a means of making broader claims to discredit other kinds of differences. Disability functions as what Snyder and Mitchell (2013) call narrative prosthesis – in other words as a prop with no real engagement with material conditions or experiences of disability and disablement. While we saw forms of able-nationalism (Snyder and Mitchell 2010) before, there is something distinct happening under Trump whereby it does not even seem that there is a mask of benevolence: disability has been discredited starting from Trump’s actions mocking a disabled reporter on the campaign trail to Jeff Sessions’ and Betsy DeVos’ comments about disabled children in schools. However, it is possible that the lack of benevolence will provide an opportunity for politics to emerge. Indeed, we have seen the mobilization of disabled voters with #cripthevote #Iamapreexistingcondition and the January 2017 Women’s March, which planners argued was the largest gathering of disabled people in the United States, an interesting claim to consider. There appears to be a great deal of grass roots activism as well, in school district meetings, in local disability groups forming to lobby local representatives, and on college campuses. We know that we are in for some hard times; we know that people will die and indeed are already dying from the ever-growing holes in the US health system. The largest provider of mental health services in the country is the US prison system and the already active school-to-prison pipeline and for-profit incarceration centers for prisoners of all sorts have ample opportunity for growth in this era (Ben Moshe et al. 2014). We grew up in the age of deinstitutionalization but we are living in a time now in which there are both vocal calls and quiet structural changes that entrap disabled people in institutions of various sorts. Thus it is our (sad) responsibility as anthropologists and disability studies scholars to direct our students to study these trends and as activists to prepare to resist them.

#### Disability must be politicized---this is the only way to secure collective rights---the retreat from politics reifies ableist tropes of charity politics and naively tries to wish problems away

Ruckelshaus 17, (Jay Ruckelshaus is a Rhodes Scholar and graduate student in political theory at the University of Oxford, and the founder and president of Ramp Less Traveled, a nonprofit organization that helps students with spinal cord injuries pursue higher education, The Non-Politics of Disability, https://www.nytimes.com/2017/01/18/opinion/denouncing-trump-wont-help-disability-rights.html)

Disability rights enjoy a seemingly ironclad moral consensus, an ostensible unanimity that is striking given America’s entrenched polarization and the antagonism surrounding other identity movements. Many are wary of L.G.B.T. rights or the Black Lives Matter movement, but it seems beyond the pale — almost cruel — to oppose disability rights. Nobody wants to be anti-disability. Initially, this harmony would seem helpful. Free from partisan discord, advancements for the approximately 57 million Americans with disabilities should be easier to achieve, borne aloft by the wings of certain progress. Why, then, do rampant unemployment and educational disparities endure, and why does success remain the exception? I think part of the reason is the insulation of our pro-disabled political consensus. Its logic is rooted not in any deep belief in the equal worth of citizens with disabilities, but rather in a general aversion to disability.

#### Even if political liberalism currently excludes the disabled, discussing questions of implementation can revise it and bailing on it is worse

Badano 13 (Gabriele – PhD candidate at the Centre for Philosophy, Justice and Health at University College London – “Political liberalism and the justice claims of the disabled: a reconciliation,” Critical Review of International Social and Political Philosophy, April 2013, http://www.tandfonline.com/eprint/tHKkbrxhGYIWAxTcJrAW/full#.UxyV-PldX-4)

I argue that any proposal abandoning the language of political justice would not seem to do enough for those individuals with disabilities who fall outside the basic idea of persons as depicted by Rawls. In fact, the intuitions supporting the idea that concepts like rights and opportunities are indispensable are very strong.11 Let us go back to the examples of individuals falling outside Rawls’s idea of persons because their disabilities prevent them from being a net beneﬁt to social cooperation. They are individuals who need multiple carers to work, or whose disabilities prevent them from providing a beneﬁt to social cooperation that is large enough. To put the point more sharply, it is worth noticing that the disabilities in question are compatible with being in full possession of one’s logical and moral powers. Now, should we accept that those individuals ought to be given no rights or opportunities? An afﬁrmative answer would strike us as implausible, and for a good reason. In a liberal society, having one’s rights, opportunities and basic distributive entitlements acknowledged is one and the same as being recognized as an equal. And what is missing from Rawls’s political liberalism is precisely the idea that falling below a threshold of full cooperation should not be enough to prevent the disabled from being regarded as persons on an equal footing with anyone else.

In sum, Rawls’s political liberalism is not amenable to any extension that, keeping the basic ideas of society and persons intact, is able to include a concern with the status of individuals with disabilities. In addition, the proposal that the interests of the disabled are not for public reason to protect is not satisfactory. Consequently, a substantial revision is the only way to reconcile political liberalism with our intuitions concerning what is due to the disabled.

5. Revising political liberalism I: beyond Hartley’s contractualism The aim of this section and the next is to propose a substantial revision of Rawls’s theory that accommodates the justice claims of the disabled while upholding the project of political liberalism. A question that needs to be answered at this point is: why should we uphold the project of political liberalism, rather than endorsing a different model that more neatly ﬁts with our intuitions concerning what is due to the disabled? First, the general project of political liberalism is compelling. Rawls’s political liberalism aims to identify a common ground of political ideas that can work as the basis on which the most important political decisions should be made. This project is of the greatest importance because, if successful, it creates legitimacy by building institutions on the basis of concepts that are acceptable to each reasonable individual. Moreover, it promotes stability in societies that are characterized by deep pluralism.

Second, despite Rawls’s failure to take the interests of the disabled into consideration, political liberalism is well suited to support the justice claims of individuals with disabilities. This is because the idea that the disabled are citizens who deserve our respect is part of the common culture of our societies. In other words, there is an overlapping consensus on the idea that rights, opportunities and distributive shares must be granted to individuals who are not fully cooperating members of society, including those who fall below full moral powers. It is widely believed that those with physical disabilities should have the same rights as their fellow citizens, live in a social environment that does not excessively limit their opportunities and receive beneﬁts that help meet their special needs. Besides, although the state or third parties are given exceptional rights to interfere with the autonomy of individuals with severe cognitive disabilities, it is widely recognized that the mentally disabled are citizens whose basic interests must be protected by the law.12 In the public space, any proposal that individuals who are not fully cooperating members of society should have their basic interests neglected would be widely received with outrage. Such proposal would be said to ﬁt a fascist society, not a decent one. Among other legal documents, the United Nations Convention on the Rights of Persons with Disabilities (UN General Assembly, A/61/611) can be taken as the epitome of this widespread attitude. Adopted in 2006, the Convention requires that all individuals with disabilities should share in the enjoyment of equal fundamental rights.