### 1

#### Interpretation: Debaters may not specify that member nations ought to reduce protection on a subset of medicines

Nebel 19 Jake Nebel [Jake Nebel is an assistant professor of philosophy at the University of Southern California and executive director of Victory Briefs.] , 8-12-2019, "Genericity on the Standardized Tests Resolution," Briefly, <https://www.vbriefly.com/2019/08/12/genericity-on-the-standardized-tests-resolution/> SM

Both distinctions are important. Generic resolutions can’t be affirmed by specifying particular instances. But, since generics tolerate exceptions, plan-inclusive counterplans (PICs) do not negate generic resolutions. Bare plurals are typically used to express generic generalizations. But there are two important things to keep in mind. First, generic generalizations are also often expressed via other means (e.g., definite singulars, indefinite singulars, and bare singulars). Second, and more importantly for present purposes, bare plurals can also be used to express existential generalizations. For example, “Birds are singing outside my window” is true just in case there are some birds singing outside my window; it doesn’t require birds in general to be singing outside my window. So, what about “colleges and universities,” “standardized tests,” and “undergraduate admissions decisions”? Are they generic or existential bare plurals? On other topics I have taken great pains to point out that their bare plurals are generic—because, well, they are. On this topic, though, I think the answer is a bit more nuanced. Let’s see why. 1.1 “Colleges and Universities” “Colleges and universities” is a generic bare plural. I don’t think this claim should require any argument, when you think about it, but here are a few reasons. First, ask yourself, honestly, whether the following speech sounds good to you: “Eight colleges and universities—namely, those in the Ivy League—ought not consider standardized tests in undergraduate admissions decisions. Maybe other colleges and universities ought to consider them, but not the Ivies. Therefore, in the United States, colleges and universities ought not consider standardized tests in undergraduate admissions decisions.” That is obviously not a valid argument: the conclusion does not follow. Anyone who sincerely believes that it is valid argument is, to be charitable, deeply confused. But the inference above would be good if “colleges and universities” in the resolution were existential. By way of contrast: “Eight birds are singing outside my window. Maybe lots of birds aren’t singing outside my window, but eight birds are. Therefore, birds are singing outside my window.” Since the bare plural “birds” in the conclusion gets an existential reading, the conclusion follows from the premise that eight birds are singing outside my window: “eight” entails “some.” If the resolution were existential with respect to “colleges and universities,” then the Ivy League argument above would be a valid inference. Since it’s not a valid inference, “colleges and universities” must be a generic bare plural. Second, “colleges and universities” fails the upward-entailment test for existential uses of bare plurals. Consider the sentence, “Lima beans are on my plate.” This sentence expresses an existential statement that is true just in case there are some lima beans on my plate. One test of this is that it entails the more general sentence, “Beans are on my plate.” Now consider the sentence, “Colleges and universities ought not consider the SAT.” (To isolate “colleges and universities,” I’ve eliminated the other bare plurals in the resolution; it cannot plausibly be generic in the isolated case but existential in the resolution.) This sentence does not entail the more general statement that educational institutions ought not consider the SAT. This shows that “colleges and universities” is generic, because it fails the upward-entailment test for existential bare plurals. Third, “colleges and universities” fails the adverb of quantification test for existential bare plurals. Consider the sentence, “Dogs are barking outside my window.” This sentence expresses an existential statement that is true just in case there are some dogs barking outside my window. One test of this appeals to the drastic change of meaning caused by inserting any adverb of quantification (e.g., always, sometimes, generally, often, seldom, never, ever). You cannot add any such adverb into the sentence without drastically changing its meaning. To apply this test to the resolution, let’s again isolate the bare plural subject: “Colleges and universities ought not consider the SAT.” Adding generally (“Colleges and universities generally ought not consider the SAT”) or ever (“Colleges and universities ought not ever consider the SAT”) result in comparatively minor changes of meaning. (Note that this test doesn’t require there to be no change of meaning and doesn’t have to work for every adverb of quantification.) This strongly suggests what we already know: that “colleges and universities” is generic rather than existential in the resolution. Fourth, it is extremely unlikely that the topic committee would have written the resolution with the existential interpretation of “colleges and universities” in mind. If they intended the existential interpretation, they would have added explicit existential quantifiers like “some.” No such addition would be necessary or expected for the generic interpretation since generics lack explicit quantifiers by default. The topic committee’s likely intentions are not decisive, but they strongly suggest that the generic interpretation is correct, since it’s prima facie unlikely that a committee charged with writing a sentence to be debated would be so badly mistaken about what their sentence means (which they would be if they intended the existential interpretation). The committee, moreover, does not write resolutions for the 0.1 percent of debaters who debate on the national circuit; they write resolutions, at least in large part, to be debated by the vast majority of students on the vast majority of circuits, who would take the resolution to be (pretty obviously, I’d imagine) generic with respect to “colleges and universities,” given its face-value meaning and standard expectations about what LD resolutions tend to mean.

### 2

#### Settler colonialism is the permeating structure of the nation-state which requires the elimination of Indigenous life and land to which understandings of settler property are essential.

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, JKS, recut, ~~gendered language~~ [replaced])

Our intention in this descriptive exercise is not be exhaustive, or even inarguable; instead, we wish to emphasize that (a) decolonization will take a different shape in each of these contexts - though they can overlap - and that (b) neither external nor internal colonialism adequately describe the form of colonialism which operates in the United States or other nation-states in which the colonizer comes to stay. Settler colonialism operates through internal/external colonial modes simultaneously because there is no spatial separation between metropole and colony. For example, in the United States, many Indigenous peoples have been forcibly removed from their homelands onto reservations, indentured, and abducted into state custody, signaling the form of colonization as simultaneously internal (via boarding schools and other biopolitical modes of control) and external (via uranium mining on Indigenous land in the US Southwest and oil extraction on Indigenous land in Alaska) with a frontier (the US military still nicknames all enemy territory “Indian Country”). The horizons of the settler colonial nation-state are total and require a mode of total appropriation of Indigenous life and land, rather than the selective expropriation of profit-producing fragments.

Settler colonialism is different from other forms of colonialism in that settlers come with the intention of making a new home on the land, **a homemaking that insists on settler sovereignty over all things in their new domain**. Thus, relying solely on postcolonial literatures or theories of coloniality that ignore settler colonialism will not help to envision the shape that decolonization must take in settler colonial contexts. **Within settler colonialism, the most important concern is land**/water/air/subterranean earth (land, for shorthand, in this article.) Land is what is most valuable, contested, required. This is both because the settlers make Indigenous land their new home and source of capital, and also because the **disruption of Indigenous relationships to land represents a profound epistemic, ontological, cosmological violence.** **This violence is not temporally contained in the arrival of the settler but is reasserted each day of occupation.** This is why Patrick Wolfe (1999) emphasizes that **settler colonialism is a structure and not an event**. In the process of settler colonialism**, land is remade into** property **and human relationships to land are restricted to the relationship of the owner to his property**. Epistemological, ontological, and cosmological relationships to land are interred, indeed made pre-modern and backward. Made savage.

In order for the settlers to make a place their home, they must **destroy and disappear the Indigenous peoples that live there**. Indigenous peoples are those who have creation stories, not colonization stories, about how we/they came to be in a particular place - indeed how we/they came to be a place. **Our/their relationships to land comprise our/their epistemologies, ontologies, and cosmologies.** For the settlers, Indigenous peoples are in the way and, in the destruction of Indigenous peoples, Indigenous communities, and over time and **through law and policy, Indigenous peoples’ claims to land under settler regimes, land is recast as property and as a resource**. Indigenous peoples must be erased, must be made into ghosts (Tuck and Ree, forthcoming).

At the same time, settler colonialism involves the subjugation and forced labor of chattel slaves, whose bodies and lives become the property, and who are kept landless. Slavery in settler colonial contexts is distinct from other forms of indenture whereby excess labor is extracted from persons. First, chattels are commodities of labor and therefore it is the slave’s person that is the excess. Second, unlike workers who may aspire to own land, the slave’s very presence on the land is already an excess that must be dis-located. Thus, the slave is a desirable commodity but the person underneath is imprisonable, punishable, and murderable. The violence of keeping/killing the chattel slave makes them deathlike monsters in the settler imagination; they are reconfigured/disfigured as the threat, the razor’s edge of safety and terror.

The settler, if known by his actions and how he justifies them, sees ~~himself~~ [themselves] as holding dominion over the earth and its flora and fauna, as the anthropocentric normal, and as more developed, more human, more deserving than other groups or species. The settler is making a new "home" and that home is rooted in a homesteading worldview where the wild land and wild people were made for ~~his~~ [their] benefit. ~~He~~ [They] can only make ~~his~~ [their] identity as a settler by making the land produce, and produce excessively, because "civilization" is defined as production in excess of the "natural" world (i.e. in excess of the sustainable production already present in the Indigenous world). In order for excess production, ~~he~~ [they] needs excess labor, which he cannot provide himself. The chattel slave serves as that excess labor, labor that can never be paid because payment would have to be in the form of property (land). The settler's wealth is land, or a fungible version of it, and so payment for labor is impossible.6 The settler positions ~~himself~~ [themselves] as both superior and normal; the settler is natural, whereas the Indigenous inhabitant and the chattel slave are unnatural, even supernatural.

Settlers are not immigrants. Immigrants are beholden to the Indigenous laws and epistemologies of the lands they migrate to. Settlers become the law, supplanting Indigenous laws and epistemologies. Therefore, settler nations are not immigrant nations (See also A.J. Barker, 2009).

Not unique, the United States, as a settler colonial nation-state, also operates as an empire - utilizing external forms and internal forms of colonization simultaneous to the settler colonial project. This means, and this is perplexing to some, that dispossessed people are brought onto seized Indigenous land through other colonial projects. Other colonial projects include enslavement, as discussed, but also military recruitment, low-wage and high-wage labor recruitment (such as agricultural workers and overseas-trained engineers), and displacement/migration (such as the coerced immigration from nations torn by U.S. wars or devastated by U.S. economic policy). In this set of settler colonial relations, colonial subjects who are displaced by external colonialism, as well as racialized and minoritized by internal colonialism, still occupy and settle stolen Indigenous land. Settlers are diverse, not just of white European descent, and include people of color, even from other colonial contexts. This tightly wound set of conditions and racialized, globalized relations exponentially complicates what is meant by decolonization, and by solidarity, against settler colonial forces.

#### Utilitarian analysis of disease legitimizes the settler state

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(Jillian Elizabeth Grisel, UNSETTLING INDIAN HEALTH SERVICES: SECULARISM, MODERN MEDICINE, & THE REPRODUCTION OF THE U.S. SETTLER STATE THROUGH THE 1954 TRANSFER ACT, https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1090&amp;context=amst\_etds, 7-12-19)//iLake-💣🍔

Modern medicine emerged as a key source of secular authority that **seeks to explain pain.** Because it follows a secular logic, modern medicine sacralizes human agency and denies supernatural influences and relationships. Asad argues that, under secularism, **pain is understood as something that compromises agency** by limiting one’s ability to act effectively in the real world. Asad posits that **overcoming pain is therefore necessary to preserving the “self-ownership of the individual to whom external power always signifies a potential threat.”** This speaks to the **myth of human redemption**, and opens space for the institution of modern medicine to define the limits and **potential for overcoming pain as a condition of a biocentric human.** Asad states that as pain was dissociated, under secularism, from Christian celebrations tied to “the myth of Christ’s suffering”, discourse about pain came to be “objectified” and “sited within an accumulating knowledge of the living body.”37 This allowed medical practitioners to “approach the question of pain without introducing religious obsessions.”38 Here Asad demonstrates that the secular orientation of modern medicine did not merely represent the “abandonment of a transcendental language” in the religious sense, but “the shift to a new preoccupation” where secular sensibilities of pain shifted to a state within/internal to the body observable and **solvable only in the reality of this world.**39

The profanation of religious pain was in effect the sacralization of modern medicine, which consequently played **a significant role in defining the constitution of a secular subject as a self-owning agent.** According to Asad, **the secular principle of eradicating pain required, and legitimated, technologies for disciplining people into being more governable in this world.** 40 As Wynter has articulated, such technologies take on distinct shapes, and serve distinct purposes, among Indigenous people. Asad states that in the modern world “traditional cultures [did] not spontaneously grow or develop.”41 They were rather “pushed, seduced, coerced, or persuaded into trying to change themselves into something else, something that allow[ed] them to be redeemed.”42 As part of this process—which was also a process of disenchantment-- medical descriptions and discourse alienated “traditional societies” from the possibility of tapping into health systems that rely on spiritual and ancestral reserves through place specific knowledge. **Medical practice entered as a means to convert humans to being sovereign.** Becoming a self-owning agent, and secular human, meant **mastering pain through systematic observations that were interpreted via institutional rules that in turn privileged rationality as a guide through all processes.**

In other words, **transcendence in modern medicine is not dead**. Under secularism one’s pain / **disease experience is reconfigured through internal bodily investigation, and measured against presumed universal human norms.** These norms were **developed in tandem with European colonialism, and they serve white settler society and capitalism by dislocating disease / pain from place and time, as well as contexts of relationality, to posit something solely resolvable in the body.** Consequently, secularizing processes and sensibilities play a significant role in modern medicine, which in turn **aides in constructing and normalizing settler dynamics.** In such contexts, modern medicine can work as an apparatus of state bodily control through its secular character, which **defines pain in ways that are both universalized and entangled with liberal concepts of the human.** Anything that impedes human agency, such as **pain and suffering, is “inimical to reason,” and erodes a secular society.**44 **Secular power is then galvanized by such sensibilities** around pain because it presents a "human condition that secular agency must eliminate universally.”45 For secularists, human agency can only reach its potential when void of pain, and because sovereign powers define it, the secular subject constructed. **This state-crafting of self-discipline**, participation, economy, and law puts into play different structures of "ambitions and fear that **regulate violence through law.**"46 **Conceptualizations of disease and pain are part of that constellation of power that is both secular and settler.**

#### Any position that uses the state implicitly sanctions it

Scott Lauria **Morgensen, 10** (Scott Lauria Morgensen, Settler Homonationalism, Journal of Lesbian and Gay Studies Vol. 16 Is. 1-2, https://read.dukeupress.edu/glq/article-abstract/16/1-2/105/34690/SETTLER-HOMONATIONALISMTheorizing-Settler, 4-1-2010)//iLake-💣🍔

**Denaturalizing settler colonialism will mark it as not a fait accompli but a process open to change. While settlement suggests the appropriation of land, that history was never fixed**: even the violence of allotment **failed to erase collective Native land claims**, just as land expropriation is being countered by tribal governments reacquiring sovereign land. In turn, as Thomas King and Paul Carter suggest, settlement narrates the land, and, as storytelling, it remains open to debate, such as in Native activisms that sustain Indigenous narratives of land or tell new stories to denaturalize settler landscapes.56 **The processes of settler colonialism produce contradictions, as settlers try to contain or erase Native difference** in order that they may inhabit Native land as if it were their own. **Doing so produces the contortions described by Deloria, as settler subjects argue that Native people or their land claims never existed, no longer exist, or if they do are trumped by the priority of settler claims**. Yet at the same time settler subjects study Native history so that they may absorb it as their own and legitimate their place on stolen land.57 These contradictions are informed by the knowledge, constantly displaced, of the genocidal histories of occupation. Working to stabilize settler subjectivity produces the bizarre result of people admitting to histories of terrorizing violence while **basing their moral systems on continuing to benefit from them. The difference between conservative and liberal positions on settlement often breaks between whether non-Natives feel morally justified or conscionably implicated in a society based on violence. But while the first position embraces the status quo, the second does nothing necessarily to change it**. As Smith pointedly argues, “It is a consistent practice among progressives to bemoan the genocide of Native peoples, but in the interest of political expediency, **implicitly sanction it by refusing to question the illegitimacy of the settler nation responsible for this genocide**.”58 In writing with Kehaulani Kauanui, Smith argues that this complicity continues,

#### Ommision of settler colonialism in queer studies naturalizes it through only focusing on sexuality

Scott Lauria **Morgensen, 10** (Scott Lauria Morgensen, Settler Homonationalism, Journal of Lesbian and Gay Studies Vol. 16 Is. 1-2, https://read.dukeupress.edu/glq/article-abstract/16/1-2/105/34690/SETTLER-HOMONATIONALISMTheorizing-Settler, 4-1-2010)//iLake-💣🍔

Settler colonialism is the open secret in most historical work in U.S. sexuality studies and queer studies. **Settler colonialism conditioned every aspect of the history of sexuality in the United States,** but only rarely has it been made a focus of study. My account has suggested a convergence between the sexual colonization of Native peoples and the growth in the United States of techniques of modern sexuality. These proliferated in the decades following the frontier’s “closure,” a time that in fact represented a heyday of state and religious efforts to institute a colonial education of desire, as in the events at the Crow Agency or during the 1879 – 1918 tenure of the Carlisle Indian School. **Far from reflecting finality, this period witnessed tense negotiations of active and contested settlement.** In such a time, any iteration of modern sexuality that placed Native people in the past knew itself to be a contingent claim that remained open to challenge. Thus scholars must recognize that modern sexuality is not a product of settler colonialism, as if it came into being in the United States after settlement transpired. **Modern sexuality arose in the United States as a method to produce settler colonialism**, and settler subjects, by facilitating ongoing conquest and naturalizing its effects. **The normative function of settlement is to appear inevitable and final.** **It is naturalized again whenever sexuality or queer studies scholars inscribe it as an unexamined backdrop to the historical formation of modern U.S. sexual cultures and politics.**

#### Decolonization needs to come first

Scott Lauria **Morgensen, 10** (Scott Lauria Morgensen, Settler Homonationalism, Journal of Lesbian and Gay Studies Vol. 16 Is. 1-2, https://read.dukeupress.edu/glq/article-abstract/16/1-2/105/34690/SETTLER-HOMONATIONALISMTheorizing-Settler, 4-1-2010)//iLake-💣🍔

In turn, Siobhan Somerville and Kevin Mumford have shown how popular stories and social practices in the early twentieth century **linked homosexuality to miscegenation**, including **representing it as emblematic of white “slumming”** for sexual adventure in African American districts of New York City and Chicago.50 Yet in the Northeast, blackness already connoted historical miscegenation with Indianness. Amy den Ouden has explained how in the wake of normative associations of Native people with blackness in New England, **Native communities with black family lines could be marked by white authorities as racially inauthentic, thereby delegitimating their Native identities and land claims.** In light of this, by the early twentieth century, how did discourses on sexual perversion tie Indianness and blackness to homosexuality, and how did they interlink? Did the histories of black-Indian communities and of their regulation shape modern racial theories of homosexuality? What would a queer history of homosexuality and miscegenation look like if Indianness—as an identity, or an object of colonial discourse—were crucial to analysis?51

**Queer studies must center settler colonialism and processes of settlement in order to pursue these directions in scholarship**. Settler colonialism appears in the relational of **colonial and modern sexual regimes**; in **narratives of sexuality and gender based on Native absence and disappearance, despite evidence of Native survival and resistance**; and in the **normative formation of settler sexual subjects**, cultures, and politics. I argue that queer accounts of settler colonialism will be supported by studying the colonial biopolitics of modern sexuality. The frame of colonial biopolitics makes the discursive and **institutional relationality of Native and settler subject positions relevant to any account of modern sexuality** in the United States. While such **accounts have tended to exclude Native people, biopolitics marks erasure as meaningful to narrating settlement, even as that move can be investigated for evidence of the irruption of Native people amid stories of their demise**. The frame of colonial biopolitics will also mark how **the power relations structuring “Native” and “settler” articulate diverse people, cultures, and politics across differences of race, nation, class, disability, gender, and sexuality** that exceed these two terms and their opposition. Yet the normativity of the terms within colonial biopolitics will still inform every U.S. formation of modern sexuality. Studying their relationality can recall that the locations they define for Native people always are exceeded by the discrepant histories and epistemologies of Native people’s interdependent and resistant lives. In turn, the term non-Native can help mark how subjects outside Native communities incompletely fit the term settler—whether excluded from it categorically or asked to pass through or appeal to it—as they negotiate varied non-Native lives in a settler society. Differences among non-Native people of color, or between them and white people, thus will not be erased by marking their shared inheritance of settler colonialism; indeed, doing so will mark those differences, even as their distinctive relationships to settler colonialism and its naturalization become relevant to study.52 In the process, **analyzing the colonial biopolitics of modern sexuality will focus queer studies on the work of denaturalizing settlement**. I mean here not just that settler colonialism will be marked as a condition of all modern sexual power in the United States but also that the meaningfulness of its naturalization will become a major area of study. We need many more, and more detailed accounts of the subjects, institutions, and power relations that form whenever settler colonialism is naturalized within modern queer projects in the United States.

My argument invites scholars to return to homonationalism and explain it as one crucial effect of the settler histories of modern sexuality in the United States. We will see that **if non-Native queers become sexual subjects of life**, they will do so by joining a colonial biopolitics of modern sexuality that functions to **produce modern queers as settler subjects in relation to Native peoples**. Normatively white and national queer politics will arise here by naturalizing settler colonialism, notably when **appeals to the settler state fail to trouble its colonial relation to Native peoples and its enforcement of a settler society**.53 To invoke Puar, the settler formation of U.S. queer projects will make them “queer as regulatory” over Native peoples, whose social lives will appear distant in time and space despite the continued existence of collective and allied Native activisms for decolonization and calls to non-Natives to join. Homonationalism will arise here, where the historical and contemporary activity of settler colonialism conditions queer modernities in the United States.54

#### Medical expansion is based on a fantasy of settler inclusion ultimately essential for settler futurity

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(Nadia Rhook, ‘The Chinese Doctor James Lamsey’: performing medical sovereignty and property in settler colonial Bendigo, Taylor &amp; Francis, https://www.tandfonline.com/doi/abs/10.1080/13688790.2020.1727823?journalCode=cpcs20, 3-1-2020)//ILake- 💣🍔

At the time of the commissioners’ visit, **medicine had emerged as an intense site of racial power in the colony.** The 1865 Medical Practitioners Statute stated that an applicant who wished to register as a doctor should have taken a ‘regular course of study’, where the meaning of ‘regular’ remained unstipulated.52 In the 1880s, attempts to modify the statute were not least shaped by an 1875 contest when members of the Victoria Medical Board refused a prominent Canton-trained Ballarat-based Chinese doctor Yee Quock Ping membership on the basis that his qualifications were not up to standard. Thy board argued it was their right to do so since he had not studied anatomy, and that ‘anyway there was nothing to prevent him from practicing among his own countrymen (the Chinese population) in Victoria’. 53 The trial thus raised questions of whether their decision to dismiss Yee Quock Ping’s qualification was just, as well as of the Medical Board’s powers broadly.54 Justice Stephens said that ‘**the Medical Board must be given perfect control over the admission of persons in their own body’**, 55 and in July the court decided that the board had discretionary power, and upheld its decision. Yee Quock Ping, however, then appealed, and Chinese people rallied to raise funds to support his case. Yee Quock Ping then evidently submitted another application and the board again claimed that he was not ‘sufficiently qualified’ and rejected the application.56 The question of Yee Quock Ping’s individual admission – and whether he would become the first Chinese person to become a board member – thus **bled into questions of sovereignty**. The upshot was that **the court admitted the sovereign powers of the Medical Board**; ‘sovereign’ here, as in **decisive, autonomous and discretionary.** Following the board’s refusal to grant Yee Quock Ping membership, the authority of practitioners of colour in Victoria in this era was never a settled matter – doctors of colour were regularly if unevenly subject to social and legal denigration, variously by European doctors and aggrieved settlers and, in turn, by the English-language press.57 Such was the impetus to keep Chinese practitioners subordinate that it would not be until the year 2000 that a Chinese medical board was established in Victoria.58 And yet, through the late nineteenth and into the twentieth century, Chinese herbalists continued to push against and contest the legislated exclusions of European dominance, and many advertised as doctors until instructed otherwise.Lamsey, who was likely aware of Yee Quock Ping’s story, persistently advertised as a ‘Chinese doctor’. 59 Other practitioners of Chinese descent too continued to display advertisements as ‘doctor’ or ‘Chinese doctor’ on the walls and doors of their houses and practices, and in doing so became susceptible to be charged under the 1890 Medical Act for advertising their services without being a registered doctor. For some judges and European commentators, though, the title of ‘Chinese doctor’ claimed a different medical authority to the unmarked ‘doctor’ – one recognisable as having authority, but an authority different enough to lie outside of the question of registration.60 At the same time as policing the perpetually unsettling authority claims of self-defined ‘Chinese doctors’, **European doctors were attempting to locate supreme medical authority** in the persons of surgeons, and between the walls of hospitals. In reality, ‘medical competition remained intense’, 61 **and medical power, knowledge and practice were not centralised** in the hospital but rather exercised by all of the diverse collection of pharmacists, chemists, dentists, homoepaths, masseurs and herbalists.It was in this context, where Chinese practitioners had learnt to test the racial boundaries of settler medical sovereignty, that Lamsey approached the clay brick exterior of the Bendigo Hospital. For Colquhan, located, as he was, within the white-ruled spatial centre of the medical profession, there was clearly something of gravity at stake in Lamsey’s potential entrance into the hospital. In his written defence of his decision, published in the Bendigo Advertiser and other newspapers, Colquhan described a need to push his authority as a medical officer with institutional privilege thus to **insist on medicine’s colonial racial boundaries**. [P]ersonally I had no option but to act as I did, in consideration of my position as an officer in charge of a public hospital. Although, unfortunately, the laws against unlicensed practitioners are frequently evaded, it is assuredly no part of the duty of a hospital surgeon to connive at such evasions. 62 **Lamsey had pushed the boundaries of inclusion into white settler and medical belonging** through his architectural choices. But his arrival outside the hospital – in the company of persons embodying imperial sovereignty, moreover – revealed that **he could only push this inclusion so far**. If, as Salter has argued of violations of sovereign borders; ‘**Entry is a moment of crisis – a moment of absolute surrender to the sovereign power of the state’,** 63 then the entrance of Lamsey through the hospital doors would have constituted **nothing less than a (temporary) crisis of settler medical sovereignty via spatial transgression**. Reports of Lamsey’s potential transgression sent affective ripples across and beyond the colony. One Queensland commentator on Colquhan’s exclusion of Lamsey from the hospital explicitly linked the action of this individual medical sovereign to questions of racial inequity and the sanctity of state sovereignty. Let us reverse the tables, and ask what that particular medical man would feel if he went to China and wished to visit a Chinese hospital in company of a sovereign; how would he feel if the medical superintendent treated him as so much dirt..?64 This micro-story of medical sovereignty was bound up with the autonomous engagement of Lamsey and other Chinese practitioners with settler-ruled boards and law. The practices of governmentality and medical regulation focused on here, beginning in early nineteenthcentury England and carried on in the Australian colonies, was a process whereby medical boards formed with rights to decide who could learn, be titled and practise as a ‘Doctor’. In 1815 England, the Apothecaries’ Act entitled the Society of Apothecaries to hold examinations and to grant medical licences. In 1838, the New South Wales Medical Board was formed via an Act of parliament which gave the governor the right to appoint members to the medical profession based on their training, and four years later settlers founded the Medical Register in Victoria, then called Port Phillip.65 The 1890 Medical Act was symptomatic of the way ‘**medical men of Victoria’ sought ‘a complete monopoly’ over the medical landscape**, to use the words of one contemporary legislator.66 It amended the 1866 Medical Practitioners Statute to empower board members to exercise discretionary power, ruling that only persons certified by the Victorian Medical Board could legally advertise themselves as doctors, with the board able, ‘from time to time [to] remove any member of such board and appoint another in his stead’. 67 The Act had explicit spatial dimensions – it prohibited unregistered practitioners from ‘holding an appointment’ in hospitals, lunatics asylums, gaols and ‘other public institutions’ – and implicit racial ones – it contained reference to Yee Quock Ping’s case, prescribing ‘that a diploma of a foreign university, conferring the degree of doctor of medicine, is not a sufficient qualification without proof that the applicant has passed through a regular course of medical study Ex paree Yee Quock Ping’. 68 Important to note for our purposes is that **European medical professionals sought to possess an exclusive right to practise and to profit from medicine**, a right with racial edges. The Medical Act was not the only socio-legal intensification of settler rights to exclude. In the same year, settlers passed the 1890 Chinese Act, which defined in Clause 15 a Chinese immigrant as ‘any male adult native of China or its dependencies or of any islands in the Chinese seas not born of British parents or any person born of Chinese parents’. 69 This Act also granted greater discretionary powers to justices to decide who was ‘Chinese’ or not, noting: that the justices adjudicating may decide upon their own view and judgment whether any person produced before them is a Chinese within the meaning of this Part of this Act … that a person named or referred to therein is a Chinese shall be sufficient proof thereof until the contrary is shown. Designed to limit Chinese migration, it was stipulated that, ‘No vessel shall enter any port of place in Victoria having on board a greater number of Chinese than one for every five hundred tons of the tonnage of such vessel’. 71 Read together, these Acts and board formations show how law licensed European settlers’ discretionary rights to exclude from membership people they deemed, to use common legislative parlance of the period, ‘undesirable’. It was in this thick legal context that Colquhan saw it as his duty to enforce the laws passed against ‘unregistered practitioners’. He wrote to McGowan and the director of the Bendigo Hospital Board justifying his decision on the basis that ‘I personally had no option but to act as I did, in consideration of my position as an officer in charge of a public hospital’. And further, ‘since the laws against unlicensed practitioners are so frequently evaded it is assuredly no part of the duty of a hospital surgeon to connive at such evasions’. 72 This incident might be put down to Colquhoun’s authoritative personality or to the hospital’s adherence to rules. But this was not just one man’s prejudice; rather, **it was a considered decision through which a collective consensus to exclude Lamsey was effected**. **In attempting to enter Bendigo Hospital** as a Chinese sovereign, Lamsey thus **exposed how settler sovereignty was located in the medical profession more diffusely**, for here we see **Colquhan acting as a medical sovereign, enforcing his position of institutional power.** 73 Colquhan’s action was read by contemporaries as carrying weighty meaning. The subsequent debate was over whether it stood in for the ethics of the professionalising medical community at large. ‘**Most of the committeemen disagreed with the stand which the doctor had taken**, but Dr. Hinchliff contended that Dr. Colquhan was justified in taking up the position as being in accordance with the ethics of the profession.’ 74 Colquhan and his allies upheld their decision, and Lamsey and company were ultimately barred from entering the hospital. But **not all Bendigo spaces were so policed by the flexing social muscles of white masculine settler sovereignty.** The following day the commissioners together with Lamsey visited the School of Mines and later that afternoon they ‘went to Lamsey’s, where refreshments were provided’ and some reportedly ‘pleasant’ interchanges took place with regard to Lamsey’s relatives. The press reported that the Consul General was an ‘intimate friend’ of Lamsey’s father and brother, who are both ‘considered in China as eminent medical men’. Then, before they departed from Bendigo, the commissioners granted Lamsey Mandarin Honours, and also wrote and signed a testimony to Lamsey’s character.75Following the commissioners’ departure, Lamsey’s architectural strategies to impress both white and Chinese eyes clearly continued to buy him respect. In 1888, a travelling journalist wrote that before one left Bendigo, one ‘must notice the well-known Chinese Doctor, who lives almost in the centre of the city. Lamsey is certainly clever, for he performs many cures and people come long distances to him’. 77 Lamsey, though, was not one to rest on his capital. Two years after the commissioner’s visit, he built the aforementioned residence, Jubilee Villa, a name that clearly referenced the British Crown’s Jubilee celebrations, in which Lamsey had participated. Designed by prominent Bendigo architect William Beebe, the Villa was just a block and a bit away from Howard Place on McCrae Street. While the move was a slight geographical shift – around 80 metres – it was a significant symbolic shift; it moved Lamsey from the fringe of the Chinese centre – a commercial and residential area prone to racially denigrating settler discourses –and into the heart of the Irish quarter, a place of relative respectability, though still removed from the hospital, the centre of settler medical power. The move also coincided with a change in Lamsey’s domestic life; a move towards creating a respectable nuclear family. Lamsey had evidently left a wife and a deceased child back in Toi San, and in the 1870s had been living in a de facto relationship with his housekeeper, Irish-born Jane Boyd. In 1889, he married Jane at All Saints Anglican Cathedral, and they soon after adopted a white daughter, Kitty Boyd-nee Lamsey.78 Pauline Rule has written that people of Irish descent in Victoria were ‘ultimately included’ in the English-dominated settler polity despite early attempts to denigrate them in the 1850s and 1860s.79 In marrying Jane, then, James married into (an internally heterogenous) whiteness, at the same time as he moved closer to its respectable spatial heart. The settler press celebrated Jubilee Villa, for its aesthetic virtues added value to the city of Bendigo at a time when there was a reported dearth of architectural progress, and when settlers often decried the buildings of nearby Chinatown as unkempt.80 Lamsey was seen as a respectable property owner in contrast to other Chinese Bendigo residents. In the hierarchy of modes of belonging, ownership was seen as superior to leasing – it was, after all, a literal en-title-ment, and Lamsey’s labour as a responsible home occupier and landlord was recognised in an 1887 Bendigo Advertiser article: There has been a terrible rumpus … over the … dwellings of the Chinamen … None of these men … are the owners of the properties occupied by them. They are all tenants. Four of the houses … are the property of the Chinese Doctor, James Lamsey, and they are in very good order … but some of the other buildings, which belong to Europeans, are in a very dilapidated condition.81 This spatially concentrated performance of possession was in accord with British and colonial property laws that prescribed ‘improvement’ as a condition of land occupation. Lamsey, the journalist suggested, was not only a more responsible proprietor than his fellow Chinese but a better proprietor than some Europeans. The use of red and white rather than stucco brick on the Villa was in vogue, and most of the design features were familiar for a settler readership accustomed to Victorian aesthetics. Settlers, though, did not assume this intelligible design meant that Lamsey, too, belonged in the city, for one of the Villa’s features was marked ‘strange’; ‘A strange feature in the design is a pressed cement lion placed … in the centre out of respect for the British nation – a figure the doctor selected’. 82 Lamsey informed confused journalists that the lion was a symbol of his loyalty to the British nation. While Lamsey’s statement was equivocal, the strangeness of the lion to settler eyes raises questions about the ambiguous meanings of this proud ornament. Perhaps, it suggested that Lamsey was even more loyal to the British Empire than the average settler; perhaps, it suggested power and protection, as it did in Yin and Yang philosophies or perhaps his outward-looking diasporic belonging. What is clear is that, in associating his name with the Howard Place practice and Jubilee Villa, **Lamsey aligned himself with both the British and the Chinese empires**, and, by a similar token, as both normal and exceptional. This racialised status of exceptionality was further evident in the 1887 nationalist volume Australian Representative Men, in which Lamsey is the only non-white person to appear.83 An entry titled ‘DOCTOR JAMES LAMSEY’ stated that the ‘Australian Anglo-Saxon does not desire to engage with [the Chinese] foreign element’, and ‘We owe little [to the Chinese]’. The author admitted that **Lamsey’s medical labour was desirable**, for he ‘excels … in the treatment of fractured bones’. 84 **The entry thus permitted Lamsey to enter the nation as an individual with healing skills in contrast to an unassimilated mass of Chinese people, situating Lamsey as a candidate for exemption from exclusion.** To recapitulate, **Lamsey’s ability to leverage political power, I am arguing, can be understood in view of his accrual of interlinked medical and proprietorial forms of capital**. Lamsey’s **medical work accorded with the imperative for white settlers to be healthy and to extend sovereignty through extending their lives.** In **supporting both white settler health** and urban architectural ‘improvement’, **Lamsey – in effect, if not in intent – supported the white settler-driven project to claim sovereignty over Indigenous land** in and through the biopolitical and spatial occupation of that land. Lamsey enacted sovereignty as an individual, but had, in the pages of the 1887 book, entered the white nation. Lamsey’s **white contemporaries recognised that medicine was a key site for the enactment and working out of sovereignty.** A 1904 newspaper article entitled ‘Medicine and the State’ related that Chinese doctors, herbalists, clairvoyants, cancer curers &c. plied their trade without hindrance … It was only just that the unregistered, untrained, and ignorant men should be prevented from entering into competition with the men who had complied with the State’s requirements as to training and mental equipment.85 Here, Chinese practitioners were construed as acting ‘without hindrance’, as if they practised a dangerously unchecked and wilful autonomy. In doing so, the writer articulated a racially variegated apex of medical authority, where **European surgeons and doctors possessed the rightful power to decide what constituted proper and desirable medicine and medical practice**. Lamsey clearly never accepted this hierarchy, and settler medical sovereignty was intermittently unsettled by his claims for membership of the medical profession. and settler medical sovereignty was intermittently unsettled by his claims for membership of the medical profession. In June 1894, a settler raised the question of whether or not the Engineer’s Board could accept a certificate from Lamsey, verifying that a member was unable to work. In response, Lamsey applied to register with the Pharmacy Board. His application was refused and the case went to the Supreme Court. Justice Isaacs compelled the board to register Lamsey, given that Lamsey’s claim that he had sold herbs from a shop in Heathcote for ‘not less than two months’ before January 1877 so satisfied the board’s requirements for admission. Two settlers testified that Lamsey had indeed done so, but the defence marked him as other. ‘There was no other evidence that he had carried on the ordinary business of a chemist. He could not read English, and, of course, knew nothing of Latin’. The board decided Lamsey failed to meet the registration criteria, but Lamsey’s counsel objected, and the magistrate suggested that the board members’ unsubstantiated ‘observations [of Lamsey] suggested a mind prejudiced against the applicant’ and he ‘could not accept the claims of anybody who was biased against the applicant on the basis of his nationality or any other reason’. 86 Lamsey’s refusal to accept his exclusion from the boards, and the legal cases that ensued had ongoing effects.87 In 1903, a dentist and chemist William Westall applied to register with the Dental Board. When it denied his request Westall took it to court, the court calling on them to state the grounds of exclusion. One solicitor, ‘Mr. O’Halloran went on to quote the case of Lamsey as precedence’. 88 The case was then transferred to a full court, where the Dental Board was pressured by the magistrate to accept Westall’s registration application, against which the Board argued they had a ‘quasi judicial duty to discharge’. 89 In this way, **the settler state’s investment of sovereignty in the medical**, dental and other such boards, granted in order to exclude non-white doctors from membership, **set up the universal legal conditions** under which all practitioners in Victoria would be governed and legally treated. This **expanded regulation of settler medicine was, in part, prompted by Lamsey’s claims to and enactments of medical sovereignty.** Lamsey’s enduring public position in the life of Bendigo and Victoria can be explained by **his autonomous enactment of medical sovereignty in a context where ‘doing’ property and maintaining the health and life of a non-Indigenous population were literally vital to the ongoing, transformative, project of dispossession.** Indeed, by the time that Federation produced the longfeared Immigration Restriction Act, Lamsey was a well-known and empowered figure. When he died age 83 in 1912, his obituary described him as the ‘well-known … Chinese herbalist’ who had ‘many years’ earlier been offered – and refused – ‘the position of Chinese Consul to Victoria’. 90 Lamsey continued to work as a medical sovereign in the uncertain times wrought by legally sanctioned white nationalist fervour

#### Indigenous populations are framed as diseased making the affirmative a redemptive project of erasure

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(Jillian Elizabeth Grisel, UNSETTLING INDIAN HEALTH SERVICES: SECULARISM, MODERN MEDICINE, & THE REPRODUCTION OF THE U.S. SETTLER STATE THROUGH THE 1954 TRANSFER ACT, https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1090&amp;context=amst\_etds, 7-12-19)//iLake-💣🍔

**The language of “unequal development”**, as employed by the WHO, **masks the violence inflicted on oppressed peoples that both leads to disparities and cultivates the spread of infectious diseases.** Such language **recasts the political crisis around race and land within settler societies** by suggesting deviant populations, and **by focusing on infectious diseases as a security issue** framed through a secular rights-based approach to health. So, while containing infectious disease appeared to be about protecting human agency, **it implicitly scripted those with them as having a dangerous autonomy.** Dian Million describes this pivotal moment for Indigenous peoples as an evolving matrix “reorganized and heralded by a universalism ensconced in “Rights of Man”, or human rights, [that] was not less racist but posed and practiced racialization projects differently.” A totalizing definition of human rights reformulated how race was read –through **biological descriptive statements that replaced color with pathology and medical discourse**. In this way, the WHO definition of health and wellbeing **mandated processes of “development” that in turn required disciplining bodies in the lands Indigenous people lived.** **Health became a settler formation working under the guise of secular rhetoric.** In applying a biocentric universal mode of being that was naturalized by the WHO, the settler state could identify and target those who lacked.

The World Health Organization’s standardization of health was the bridge that extended human rights into medical discourse. As a political resource, the WHO definition of health would be diffused through the practice of biomedicine, where **it could be applied to bodies on a global level.** It deflected from the structural conditions that created deplorable health outcomes by posing biomedical treatment on individuals, in conjunction with nation-state interventions in the name of “development”, as the solution. Medical professionals in colonial nations like the United States came to read bodies through this lens, and to educate patients, and execute health practice within these parameters. Not only wealth but **health too was to be realized through material conditions of markets, development and consumption**. Meanwhile any spiritual / religious tenants connected to alternative ways of living continued to be relegated to private spheres, flattened out to characteristics of culture or ethnicity, and kept apart from approaches to health and healthcare. A secular definition of health was **the tool needed for settler states to reproduce the conditions necessary to reshape a new global order of capital**. Enforced by policy changes, this shift guided a field of action oriented around one’s personal liberty to redeem their own health, while **eradicating disease through development and market economies.** Secular health demanded the inclusion of marginalized people in its framework, yet **it lifted their struggles of life and death from the historical context** of extractive economies, forced labor, and elimination practices, and **it offered instead the beneficent nation-state.** A rights-based approach translated the health disparities characteristic among such people as a failure in agency– a mode of being that was destructive and threatening, and which required state intervention to remedy.

#### Try or die to decolonize. The continuation of the settler-dominated world perpetuates a transversal structural violence that culminates in extinction.

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Western scientists\* are proclaiming the start of a ‘sixth mass extinction event’ that may involve the destruction of more than three quarters of earth’s currently-existing life forms. In their attempts to explain this phenomenon, most scientists have converged around four major, interlinked drivers: climate change, habitat destruction, species exchange, and the direct killing of plants and animals. In most cases, these drivers are understood as the unintended consequences of generic ‘human’ activity, and as a result of desirable trends such as development or urbanization (Wilson 2002; Barnosky 2014; Ceballos 2016). A crucial driver is missing from this list: transversal structural violence against Indigenous peoples and their relations, and colonial violence in particular. ‘Structural violence’ involves systemic forms of harm, exclusion and discrimination that disproportionately affect particular groups, and which can take many forms (physical, psychological, economic, gendered and others). They are embedded in and expressed through political, cultural, economic and social structures (Farmer 2009) that can persist across large spans of time and space. I use the term ‘transversal’ to refer to forms of structural violence that extend across multiple boundaries – not only those of nation-states, but also other kinds of nations (human and otherwise), communities or kinship groups, and temporalities. Prime examples of transversal structural violence include: settler colonialism, colonial genocides (Woolford et al 2014); environmental racism or ‘slow violence’, including toxification and pollution; and complexes of sexual, physical, communal, spiritual and land-based violence associated with the extractive industries. Each of these forms of violence is ecologically devastating, and their convergence in European projects of colonisation is even more so. Many formations of transversal structural violence are significant causes of the so-called ‘four horsemen’ of extinction mentioned above. For instance, ‘direct killing’ is carried out to clear land for settlement, and it occurs as a result of ecological damage caused by resource extraction. Settler colonialism, carbon-based economies and regimes of environmental racism also support forms of socio-economic organization (for instance, carbon and energy-intensive urbanized societies) that intensify climate change and increase habitat destruction. Meanwhile, colonization has played a significant role in the ongoing transfer of life forms across the planet – whether unintentionally (e.g. the transfer of fish in the bilge water of ships); as an instrument of agricultural settlement (e.g. cattle ranching), or as a deliberate strategy of violence (e.g. smallpox). However, transversal structural violence is a driver of extinction in itself, with its own distinct manifestations. First, it involves the disruption or severance of relations and kinship structures between humancommunities and other life forms, and the dissolution of Indigenous systems of governance, laws and protocols that have co-created and sustained plural worlds over millennia (Borrows 2010; Atleo 2012; Kimmerer 2013). Second, the destruction of Indigenous knowledges through policies of assimilation, expropriation, cultural appropriation and other strategies undermines these forms of order and the relationships they nurture. Third, the displacement of and/or restricted access to land by Indigenous peoples interferes with practices of caring for land or Country that are necessary for the survival of humans and other life forms (Bawaka Country 2015). Colonial genocides embody all of these forms of destruction by killing or displacing Indigenous communities, undermining Indigenous modes of governance and kinship systems, systematically destroying relationships between life forms and erasing knowledge. All of these modes of violence weaken co-constitutive relationships between Indigenous communities, other life forms and ecosystems that have enabled their collaborative survival. This results in disruptions to ecosystems – and climate – that Potawatomi scholar Kyle Powys Whyte (2016) has recently argued would have been considered a dystopia by his Ancestors. In other words, transversal structural violence, and colonial violence in particular, are fundamental drivers of global patterns of extinction. It stands to reason, then, that responses to extinction that focus on managing endangered species or populations, or ‘backing up’ genetic material, are insufficient: they leave the structures of violence intact and may add to their power. Instead, efforts to address extinction need to focus on identifying, confronting and dismantling these formations of violence, and on restoring or strengthening the relations they sever. Yet responses to global patterns of extinction are overwhelmingly rooted in Western scientific concepts of conservation – a paradigm that emerged within 20th century European colonial government structures (Adams 2004). Contemporary conservation approaches – from the creation of land and marine parks to the archiving of genetic materials – may exacerbate the destruction of relations between Indigenous peoples and their relations. For instance, conservation strategies often involve displacing Indigenous peoples from the land that they care for (Jago 2017, Brockington and Igoe 2006), or curtailing of processes such as subsistence hunting, fishing or burning that have enabled the co-survival of Indigenous groups, plants, animals and land for millennia. Meanwhile, ex situ and genetic forms of conservation (including zoos and gene banks) may violate these relationships by instrumentalizing or commodifying kinship relations. Increasingly popular conservation approaches based on Traditional Ecological Knowledge (TEK) approaches claim to center Indigenous communities and knowledges. However, they ultimately instrumentalize fragments of Indigenous knowledge systems (for instance, data on climatic change) to test or support Western approaches. As such, they leave the structures of colonization and other forms of transversal structural violence untouched, and may even exacerbate them. All of this suggests that confronting global patterns of extinction calls for decolonization and other ethos that work to eliminate transversal structural violence – and I don’t mean this metaphorically. Enabling the restoration of relations that can enable the ongoing flourishing of life on earth will require the transfer of land and power back into plural Indigenous peoples and their distinct modes of sovereignty, law and governance (Tuck and Yang 2012). These relationships and forms of order have enabled plural Indigenous peoples and their multitude of relations to co-flourish for millennia, including through periods of rapid climate change, and they are needed to ensure the continuation of this co-flourishing. This means that decolonization is not simply related to global patterns of extinction: it is necessary to ensuring the ongoingness of plural life forms on earth.

#### Repetitive practices of settler engagement disavow internalized violence within debate – decolonial practices are necessary to interrupt

Henderson, 15 - Professor at the Department of Political Philosophy at the University of Victoria [Phil, “Imagoed communities: the psychosocial space of settler colonialism”, Settler Colonial Studies, p. 12-13] mp

Goeman writes as an explicit challenge to other indigenous peoples, but this holds true to settler-allies as well, that decolonization must include an analysis of the dominant ‘self-disciplining colonial subject’. 73 However, as this discussion of subjective precarity demonstrates, the degree of to which these disciplinary or phenomenological processes are complete should not be overstated. For settler-allies must also examine and cultivate the ways in which settler subjects fail to be totally disciplined. Evidence of this incompletion is apparent in the subject’s arrested state of development. Discovering the instability at the core of the settler subject, indeed of all subjects, is the central conceit of psychoanalysis. This exception of at least partial failure to fully subjectivize the settler is also what sets my account apart from Rifkin’s. His phenomenology falls into the trap that Jacqueline Rose observes within many sociological accounts of the subject: that of assuming a successful internalization of norms. From the psychoanalytical perspective, the ‘unconscious constantly reveals the “failure”’ of internalization.74 As we have seen, within settler subjects this can be expressed as an irrational anxiety that expresses itself whenever a settler is confronted with the facts regarding their colonizing status. Under conditions of total subjectification, such charges ought to be unintelligible to the settler. Thus, the process of subject formation is always in slippage and never totalized as others might suggest.75 Because of this precarity, the settler subject is prone to violence and lashing out; but the subject in slippage also provides an avenue by which the process of settler colonialism can be subverted – creating cracks in a phantasmatic wholeness which can be opened wider. Breakages of this sort offer an opportunity to pursue what Paulette Regan calls a ‘restorying’ of settler colonial history and culture, to decanter settler mythologies built upon and within the dispossession of indigenous peoples.76 The cultivation of these cracks is a necessary part of decolonizing work, as it continues to panic and thus to destabilize settler subjects. Resistance to settler colonialism does not occur only in highly visible moments like the famous conflict at Kanesatake and Kahnawake,77 it also occurs in reiterative and disruptive practices, presences, and speech acts. Goeman correctly observes that the ‘repetitive practices of everyday life’ are what give settler spaces their meaning, as they provide a degree of naturalness to the settler imago and its psychic investments.78 As such, to disrupt the ease of these repetitions is at once to striate radically the otherwise smooth spaces of settler colonialism and also to disrupt the easy (re)production of the settler subject. Goeman calls these subversive acts the ‘micro-politics of resistance’, which historically took the form of ‘moving fences, not cooperating with census enumerators, sometimes disrupting survey parties’ amongst other process.79 These acts panic the subject that is disciplined as a product of settler colonial power, by forcing encounters with the sovereign indigenous peoples that were imagined to be gone. This reveals to the settler, if only fleetingly, the violence that founds and sustains the settler colonial relationship. While such practices may not overthrow the settler colonial system, they do subvert its logics by insistently drawing attention to the ongoing presence of indigenous peoples who refuse erasure. Today, we can draw similar inspiration from the variety of tactics used in movements like Idle No More. From flash mobs in major malls, to round dances that block city streets, and even projects to rename Toronto locations, Idle No More is engaged in a series of micro-political projects across Turtle Island.80 The micro-politics of the movement strengthen indigenous subjects and their spatialities, while leaving an indelible imprint in the settler psyche. Predictably, rage and resentment were provoked in some settlers;81 however, Idle No More also drew thousands of settler-allies into the streets and renewed conversations about the necessity of nation-to-nation relationships. With settler colonial spaces disrupted and a relationship of domination made impossible to ignore, in the tradition of centuries of indigenous resistance, Idle No More put the settler subject into serious flux once more. Settler colonialism has been distinguished from colonialism proper by what Wolfe calls its ‘logic of elimination’, which requires the erasure of indigenous peoples from the colonized territory. This is accomplished through a variety of mechanisms that range from outright violence to policies of gradual elimination. Ultimately, settler colonialism is perpetuated through a double move: to erase indigenous peoples and then to disappear settlers by naturalizing the violence inherent their existence in colonized territory. This is accomplished through the production of spatialities bereft of indigeneity. Out of this spatial logic, an imago of settler society is produced that binds settlers both psychically and socially to each other and to the colonized spaces. The continual (re)production of a settler colonial imago is necessary to secure the psychic horizons of the settler subject; it is also inextricably bound up with an insatiable need to constantly renew the erasure of indigenous peoples. Thus, in order to secure its continued survival as a subject, the settler must always strive to maintain the conditions of settler colonialism. Total erasure of indigeneity is the grotesque desire of the settler that must be constantly disrupted. Where indigenous peoples have persisted as an insurgent presence in the settler imago, they are always already threatening this disruption of the settler subject at its very core. For while the affirmation of indigeneity can induce panic, and subsequently rage, in the settler, it also opens a crack within the imago – that is, within the settler subject itself – through which an ethic of decolonization can emerge. While it seems that settler colonialism is propelled by a tightly circuitous movement of subject formation, projection, and (re)formation, the presence of indigenous peoples in ongoing and sovereign relationship with the land serves as a powerful blockage of to the smoothness of this process.

#### The alternative is an ethic of incommensurability.

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)

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.

### Case

#### 1] **Squo solves – investment and innovation high now means medicines inevitable become cheaper.**

Austin et al 21, David Austin and Tamara Hayford Joseph Kile, Lyle Nelson, and Julie Topoleski. Christopher Adams, Pranav Bhandarkar, and David Wylie, April 2021, “Research and Development in the Pharmaceutical Industry”

The pharmaceutical industry devoted $83 billion to R&D expenditures in 2019. Those expenditures covered a variety of activities, including discovering and testing new drugs, developing incremental innovations such as product extensions, and clinical testing for safety-monitoring or marketing purposes. That amount is about 10 times what the industry spent per year in the 1980s, after adjusting for the effects of inflation. The share of revenues that drug companies devote to R&D has also grown: On average, pharmaceutical companies spent about one-quarter of their revenues (net of expenses and buyer rebates) on R&D expenses in 2019, which is almost twice as large a share of revenues as they spent in 2000. That revenue share is larger than that for other knowledge-based industries, such as semiconductors, technology hardware, and software. The number of new drugs approved each year has also grown over the past decade. On average, the Food and Drug Administration (FDA) approved 38 new drugs per year from 2010 through 2019 (with a peak of 59 in 2018), which is 60 percent more than the yearly average over the previous decade. Many of the drugs that have been approved in recent years are “specialty drugs.” Specialty drugs generally treat chronic, complex, or rare conditions, and they may also require special handling or monitoring of patients. Many specialty drugs are biologics (large-molecule drugs based on living cell lines), which are costly to develop, hard to imitate, and frequently have high prices. Previously, most drugs were small-molecule drugs based on chemical compounds. Even while they were under patent, those drugs had lower prices than recent specialty drugs have. Information about the kinds of drugs in current clinical trials indicates that much of the industry’s innovative activity is focused on specialty drugs that would provide new cancer therapies and treatments for nervous-system disorders, such as Alzheimer’s disease and Parkinson’s disease.

#### [4] Settler colonialism structurally denies access to healthcare – the 1AC through race-neutral logic obscures the way healthcare is settler move to innocence through putting the audience in a position of indigeneity

Haim **Yacobi, 5-3** – professor of development planning University College London, UK

(Haim Yacobi, Beyond ‘causes of causes’: Health, stigma and the settler colonial urban territory in the Negev/Naqab, https://journals.sagepub.com/doi/pdf/10.1177/00420980211005679, 5-3-2021)//iLake-💣🍔

In this section we present the findings of studies revealing the relationship between land, (non-)planning, infrastructure and the deteriorated health of the Bedouin population. Despite the recognition of some Bedouin villages and the urbanisation which was accompanied by the supply of infrastructure and services, health disparities between the Bedouins and the general Israeli population still exist (Filc, 2009). A telling illustration lies in the difference in life expectancy between the Arab and Jewish populations in Israel. The Central Bureau of Statistic’s report indicate that **the life expectancy of Jewish women is 85.1 and 81.8 for Jewish men, while in the Arab population this number is 81.9 for women and 78.1 for men** (Koch-Davidovich, 2020: 5).9 Since in Israeli statistics the Bedouins are included in the general Arab population, no exact numbers can be found regarding this specific population. However, their life expectancy is significantly lower even in relation to other Arab communities (Alpasi-Henly, 2016). The statistics regarding the different regions in Israel support this claim, with the southern region of Israel (including the Negev/ Naqab) having the lowest life expectancy in Israel)

We will explore the space-health nexus that emerges from these studies, highlighting the role of infrastructure, environmental (in)justice and health care provision and their effect on everyday life and health. Our main argument here is that the right to land – and hence recognition and the provision of urban infrastructure – is the condition for the right to health, and that inaccessibility to water, electricity, or proximity to environmental hazards, are not neutral facts but rather the results of policy and planning (Yacobi, 2019).

Infrastructure

As widely discussed, infrastructure connects people and goods and is also a focal element through which we can understand the formation of the political (Annand, 2018). However, infrastructure also has a violent side (Rodgers and O’Neill, 2012), restricting access to essential resources and services to the marginalised. The latter, in our case, is based on the state’s ‘Dead Negev Doctrine’, that is, the use of **Western and colonial land claims by the state to dispossess the Bedouins** (Kedar et al., 2018) and **justifies the state’s withdrawal from any responsibility of providing services**. A telling illustration is reflected in the inaccessibility of clean water and electricity that has a critical influence on the Bedouin population’s health. According to a UN Resolution from 2010, ‘equitable access to safe and clean drinking water and sanitation’ are ‘an integral component of the realisation of all human rights’. The UN therefore ‘recognises the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights’ (United Nations, 2010).

**Water infrastructure is not provided to the unrecognised villages,** which consequently suffer severe water shortages for drinking, cooking and hygiene purposes. A special committee of the Israeli Water Authority is responsible for approving such connections due to ‘humanitarian considerations’. Between 1997 and 2010 only 106 out of 675 submitted requests were approved (Bas Spektor, 2011). The committee usually argues that these connections weaken water pressure in the pipeline, or that **such connections will make it more difficult to evict inhabitants from the unrecognised villages**. Importantly, as of 2015, nine villages were still not connected to any water system (Rotem, 2015: 5).

Water supply is also provided by ‘water centres’, as the one presented in Figures 1 and 2, that consist of central pipes to which families can connect a water metre and a secondary pipe. Water centres operate in the recognised villages of the Abu Basma Regional Council.10

In 2010, a request was submitted to the Parliamentary Finance Committee to order the establishment of ten more such water centres in the Abu Basma localities, stating that water centres will constitute ‘an efficient temporary solution for more than 90% of the unrecognised villages’ residents’ (Physicians for Human Rights, 2010). A common way of transporting water is via plastic or metal tanks, filled outside the village and delivered to houses by trucks. Other than the problems caused by the high price of water and its transportation, these tanks are kept outside, exposed to the sun, and tend to **develop mould, rust, algae and other** **infections that cause gastrointestinal diseases.**

As mentioned at the opening, **electricity is not provided to Bedouin localities (both recognised and unrecognised).** Some residents use generators, which operate between 1 and 4 hours a day, or solar systems that provide low outputs. Both alternatives are expensive and are therefore rare. **Lack of electricity is particularly detrimental to the health of chronic patients**, who receive regular medications but are unable to store them in proper conditions. A survey (Abas and Alon, 2008) found that 21% of the Bedouin population had chronic diseases, out of which 58% were children. The most common diseases were respiratory, diabetes, heart diseases and mental disorders. **Electricity is essential for the treatment of respiratory diseases:** electric oxygen generators are cheap and efficient replacements for expensive oxygen tanks. BIPAP machines, which regulate air pressure in patients’ lungs, do not have a non-electric alternative and their absence causes frequent hospitalisations, deterioration in health and death

**State unrecognition of land ownership means a lack of services such as the collection of waste and sewage disposal facilities,** such as presented in Figure 3, which pose severe risks to the Bedouin’s health.

Improvised septic pits used in unrecognised villages attract pests, constitute a smell hazard and cause the seepage of sewage into water sources. The estimated amount of waste produced in the Bedouin localities (as opposed to the assumptions of the Strategic National Plan) is an average of 0.73kg per person per day: less than half the average in Israel. In spite of this relatively small amount of waste, improvised solutions for its disposal, such as burning, cause both air pollution and intense smell hazards. House demolitions also constitute an environmental risk linked to waste disposal, since the debris is never cleared from such sites (Abu-Ras, 2011)

Environmental (in)justice

Analyses of the influence of environmental conditions on the Bedouins’ lives reveal the devastating effects of environmental injustice on the community’s health and life. The lack of recognition of the villages plays a major role in their increased exposure to environmental hazards and their effect on health. A factor in the Bedouin population’s degraded health is living in desert conditions with no infrastructure, thus exposing the people to extreme temperatures, sandstorms and poisonous animals. These conditions are worsened in many localities by their proximity to industrial plants and chemical waste disposal areas, to quarries and phosphate mining areas and to army training zones.

**Lack of recognition ‘means the failure to consider the location of these populations in the planning process of industrial and military infrastructures’** (Bas Spektor, 2011: 16). The industrial plant (IP) Ramat Hovav, for example, includes about 20 chemical industry facilities. The minimal safety radius around such a plant should be 5km, while the unrecognised village of Wadi al-Na’am is located only 1km away. According to epidemiological researches, Bedouin populations residing up to 20km away from the IP suffer from **increased mortality rates due to symptoms/ill-defined conditions and nonexternal causes** (Karakis et al., 2008; Sarov et al., 2008) (Figure 4).

A study by The Ministry of Health (2011) indicates that living up to 20km from Ramat Hovav is related to significantly higher rates of Bedouin infants suffering from congenital malformations and severe defects in their nervous, heart and skeletal systems. These may cause mental retardation, disability, miscarriage and the death of the infants. **Neighbours of Ramat Hovav also suffer from significantly higher rates of respiratory diseases such as asthma and pneumonia.** These findings include both adults and children, and are characteristic of Bedouin communities as well as Jewish Kibbutzim in the region. Another hazard that is expected to pose severe potential health risks to the residents of Bedouin localities is the planned phosphates mining site in Sde-Barir, to which several objections were submitted. Professional reviews demonstrate that the mining of phosphates at such proximity to villages will expose the population to respirable particles containing radioactive materials, causing respiratory illnesses and lung cancer (Spektor Ben-Ari, 2013). The plan for Sde-Barir will clearly have detrimental effects on the health of the adjacent Bedouin communities such as Al-Furaa’, where the school is located only 1.5km away.

Our discussion above echoes Nixon’s notion of ‘unimagined communities’ presented at the opening of this paper and exemplifies how **the toxic and polluted environment, which is actually an outcome of the state’s policy**, not only risks the health of the Bedouins, but also excludes them from resources such as land that previously offered them livelihood and health.

Health services

Non-recognition also has a major effect on the accessibility of health services. In accordance with the Israeli National Health Insurance Law, most of the Bedouin population is insured in one of the Health Funds operating in Israel (Filc, 2009). The first clinic was established in 1994 in the unrecognised village of Al-Grien. Most other clinics were established following petitions to the Supreme Court by a coalition of human rights NGOs. By 2011 there were 12 clinics in such villages. According to some reports (Abas, 2009, Davidovich, 2020), the clinics operate in temporary structures such as caravans. Though they are connected to water infrastructure and have adequate sanitation, electricity is not regularly supplied, and it is impossible to keep equipment and medication that requires cooling (KochDavidovich, 2020) (Figure 5).

The doctor-population ratio in Israel is one doctor to every 1200–1400 people, whereas in the Bedouin localities this ratio is one doctor to every 3116.7 people. According to the 2009 survey, clinics operate 13 weekly hours to every 1000 people, while clinics in neighbouring Jewish localities operate 21 weekly hours. The doctors working in the clinics in the Bedouin villages are general practitioners; there are no specialists such as gynaecologists or paediatricians. Research conducted in 2008 found that ‘Bedouin children arrive to the emergency room in critical stages of the disease, due to late diagnosis resulting from the lack of medical services’ (Abu-Sharab, 2008: 8). Furthermore, the lack of pharmacies in the localities limits the medicine inventory available.

The lack of convenient transport infrastructure further affects accessibility to health services. For example, residents of Tal al-Malah, where there is no clinic, use the clinic in Kseifa, located 15–18km from their houses. The average arrival time using public transport is 2.5 hours in each direction. Transportation problems also affect the arrival of the staff to the clinics, causing ‘late arrivals and early departures of some of the staff, thus shortening the clinic’s official reception hours’ (Abas, 2009: 15).

The health crisis in the Bedouin population most prominently affects two vulnerable groups: children and women. For example, mother-child health stations providing antenatal care are essential in a community with high birth rates such as the Bedouin community. However, only after a petition was filed to the Supreme Court (High Court Appeal 7115/97), six stations were established in the villages in 2001. In 2015, there were still only six active stations in the localities. A portable station, which had travelled between the villages, had stopped operating (Rotem, 2015: 11) and the active stations had similar problems to the other clinics. The lack of specific health services for women such as gynaecologists and antenatal care in their communities (given that, as mentioned by Gottlieb et al.(2011), women are dependent on male chaperoning to go outside of their communities), has indeed a critical effects on women’s health.

The physicians of space: Promoting stigmatisation and dispossession

In an attempt to regulate the Bedouin localities, seven townships were built by the state during the 1970s and 1980s: Tal Sheva (Tal al-Saba’, established in 1968), Rahat (1972), Segev Shalom (Shqeib al-Salam, 1979), Kseife (1982), Ar’ara BaNegev (‘Ara’ra alNaqab, 1982), Lakiya (1985) and Hura (1989). The state’s formal narrative for moving the Bedouins to these townships was access to services and infrastructure, which the unrecognised localities lacked. In critically examining the findings reviewed in the previous section, we conclude that the lack of infrastructure, the intensive exposure to environmental hazards and **the lack of accessibility to health services are therefore not the result of negligence or a ‘blind spot’ in the planning of the region. They are inherent to the mobilisation of spatial planning to the settler colonial production of space and the effort to dispossess the Bedouins and push them into the designated, limited area of the new townships.**

The systematic violation of the Bedouins’ right to health, we conclude, has to be understood not solely as public health concerns. They should be contextualised within the **settler colonial planning and urban framework, which is the very ideological and legal basis for the production of informal urban territories.** In their analysis of inequalities in non-communicable diseases between population groups in Israel, Muhsen et al. (2017) conclude that despite universal health coverage and improvements in the overall health of the Israeli population, **substantial inequalities persist. This fact, they suggest, might be explained by gaps in the social determinants of health** (SDoH)-namely people’s ‘access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities’ (CSDH, 2008: 1). The SDoH are defined by the World Health Organization (WHO) as ‘the causes of causes’ of health inequality. Reducing health inequalities by improving SDoH is possible, according to the WHO, by tackling ‘Inequitable distribution of power, money, and resources’ (CSDH, 2008: 2). To this end, it is necessary to have ‘a strong public sector that is committed, capable, and adequately financed. [...] legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action’ (CSDH, 2008).

SDoH as an explanatory framework for health inequalities and the active approach for their amelioration are therefore defined and understood in the context of liberal socio-political conditions. Applying this approach in analysing health disparities in Israel, specifically in regards to the Bedouin population, fail to consider the very political context in which they are produced. **Settler colonialism is about the erasure and replacement of indigenous communities** based on the devaluation of their claimed rights to the land (Milner, 2020). Providing solutions for the Bedouin health crisis in the spirit of the **WHO’s understanding of SDoH stands, hence, in stark contradiction to the political logic of this project.**

Rather than SDoH as the ‘causes of causes’ of health inequalities in the Negev/ Naqab, we therefore conclude that the **settler colonial logic and ideology is the main cause.** **Access to water, electricity and services, or proximity to environmental hazards, are not neutral facts but rather the results of intentional policy.** As illustrated throughout this article, since health determinants are spatial, the colonial project of appropriating, controlling and ordering space is crucial to understanding the institutional foundations that produce health disparities:

In contrast to the abundant research mapping prevalence of health outcomes and deploying ostensibly definable and quantifiable explanatory variables, there has been little substantive exploration, if any, of what it would mean to incorporate settler colonialism into our models of health. We must stimulate new ways of integrating understandings of settler colonialism’s logics and mechanisms into our public health research and, perhaps to some degree, data. (Qato, 2020: 10)

Furthermore, **planners, policymakers and similar ‘physicians of space’** (Lefebvre, 1996: 99) **play a major role in defining these policies**, and therefore in the settler colonial project as **the ‘cause of causes’ of health inequalities.** Under the guise of professional, benevolent neutrality, **planners use their authority and expertise to promote the goals of the settlers** (Njoh, 2009: 4), clearly exposing the oppressive side of planning.

The systematic production of health inequalities, we further suggest, shape the stigma of Bedouins as invaders and criminals who threaten not only urban residents but also the well-being of the environments in which they live. Israel’s Strategic National Plan frames the Bedouin population as an ‘environmental hazard’, devoting a distinct section to the negative effect of the Bedouins on the environment that results not solely from ‘over-usage’ of resources and the increased production of waste (Abu-Ras, 2011) but also as an outcome of natural growth (The National Development Strategic Plan for the Negev, 2005: 9–10). The health inequality created in the Bedouin community, we suggest, is part and parcel of the work of settler colonialism, aspiring to dispossess the Bedouins and to forcefully relocate them into townships, where conditions are not necessarily better. **Producing health inequalities facilitates the stigmatisation of the Bedouins as backward and unhealthy**, a community that should be contained in designated areas where it can be forced into modernisation and urbanisation. This stigma is then **mobilised for justifying the dispossession of the Bedouins through forced urbanisation** and an attempt to transfer them into the planned townships.