**The aff’s approach to international patent law is a strategy the international capitalist empire employs to ensure the supremacy and colonial power of industrialized countries while leaving developing ones suffering. Their constant fine-tuning of IP-Law through the WTO ensures developing countries are never in a position to gain influence, ensuring the domination of the empire. Knezevic 07,**

Intellectual Property or Intellectual Poverty? Between Colonialism and Empire in the Context of AIDS and Public Health Crises

Boris Knezevic, UCL Faculty of Laws Medicine, Ethics and Law  
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**The central utilitarian claim from the pro-patent corporate lobby** as voiced by Resnik and Kettler among others – **that any downgrading of patent protection leads to less R&D and is** therefore **contrary to the interests of all humanity**; that without patents, important R&D simply would not get done at all by anyone – **amounts to moral blackmail, and presents** the poor **urban sufferers of the AIDS epidemic in Africa with a false choice: hegemony or death**. **Either enforce our patents, Big Pharma claims, or there will be no more medicines**. **This is clearly not the case prima facie, and it is still not the case following a careful analysis**. **Piracy**, as discussed above, **is the very mechanism that has enabled industrialized countries to develop their industries, and for many poor developing countries faced with the immediacy of public health crises it has been the primary means of survival** thus far, as they have themselves contended. **This is not merely a historical contingency—it is part of the very notion of of legal patents as a policy tool**. As Hardt and Negri put it, [my italics]“juridical concepts...always refer to something other than themselves. Through the evolution and exercise of right, they point toward the material condition that defines their purchase on social reality.”79 Moreover, “**every juridical system is in some way a crystallization of a specific set of values, because ethics is part of the materiality of every juridical foundation**.”80 **The juridical concept of a patent,** too, **cannot even in law be anything more than the sum of ethical, moral and political justifications** and rationalizations that animate it, **combined with the historical and political mechanisms that develop, evolve, and put it into practice**. Thus when Sterckx (2000) argues that a lower level of patent protection is 81 justified by national priorities at a lower stage of economic development ,this should not be read as merely a plea for an ethical treatment of patent enforcement or for an ethical concession to the poor in waiver of a legal norm. The idea (perhaps unwittingly for Sterckx) goes to the very core of the juridical notion of patent and may effectively turn the tables on Big Pharma and the industrialized world: **by attempting to impose global norms and values on developing countries through the international** (inter-governmental) **trade arena and ignoring their own history, industrialized countries are not merely conducting an unethical hegemonic project, they are in fact violating the very juridical notion of what it means to hold a patent as evidenced overwhelmingly by at least two centuries of state policy and practice, norm-generation, adjustment, and political discussion**. **When the ethical/political foundation on which a juridical norm is built begins to crumble, the substance of the claimed juridical right disintegrates along with it**. As Schüklenk and Ashcroft argue in more euphemistic terms, “**intellectual property rights are designed to promote innovation in the public interest...where they contravene the public interest, the justification for their enforcement in that context is removed**.”82 **The ethical debate over the enforcement of patents** in developing countries faced with the AIDS crisis and similar public health crises, this essay argues (in what may be seen as a Dworkinian turn), **is a debate over the very meaning of the notion of patent**. Multinational pharmaceutical corporations and the governments of **industrialized countries have misconstrued this meaning**. This is **especially the case given the obvious relevance of general international law to the subject-matter – enforcing pharmaceutical patents through international trade law – where state practice83 is crucial to determining valid and applicable legal norms**, and international human rights are acquiring greater importance. In fact, as a matter of international law it has been explicitly stated that “any intellectual property regime that makes it more difficult for a State party to comply with its core obligations in relation to health, food, education, especially, or any other right set out in the Covenant, is inconsistent with the legally binding obligations of the State party.”84 **The corporate-industrialized world nexus project in pushing the global IP agenda with a view to adopt a “common standard”85 or “one size fits all”86 model for patents regardless of the field of technology (in this case medicine) or socio-economic circumstances in question (AIDS epidemic in Africa) is not only hypocritical but dangerous,** and not just to immediate public health concerns. **It constitutes an attempt to sever the juridical notion of patent from its material historical source** – to deprive us of the language to articulate the un-ethics of the situation. **It seeks to monopolize the very language and thought-processes that permit us to ethically and effectively question the ‘rational’ decision-making of world leaders and corporations**. This is what Hardt and Negri refer to (in a reading of Foucault) as a ‘bio**politics’ of control, which permeates below the level of consciousness to the bios in order to manipulate** 87 [T]he problem of the new juridical apparatus is presented to us in its most immediate figure: a global order, a justice, and a right that are still virtual but nonetheless apply to us...**our internal moral disposition...tends to be determined by the ethical, political, and juridical categories of Empire...The means of the private and individual apprehension of values are dissolved**: with the appearance of Empire, we are confronted no longer with the local 89 This latter tension represents most faithfully the precise tension between the position of developing nations and that of industrialized nations in relation to pharmaceutical patents. **It is the tension between an adaptive conception that is modified as it is historically and socio-economically contextualized or ‘locally mediated’ – and on the other hand a conception that is in juristic terms rigid and by claiming for itself ‘concrete universality’ extinguishes all contextualized conceptions**. This tendency of the very limits of what we are capable of thinking. The sentiment is echoed in the comment cited above by Spiegel regarding the ‘Cuba taboo’ – a conspicuous silence which reflects an “inclination to narrow the boundaries of what are deemed to be possible approaches”88 to public health. Out of this universalized silence, the global order of ‘Empire’ unfolds [my italics]: [T]he problem of the new juridical apparatus is presented to us in its most immediate figure: a global order, a justice, and a right that are still virtual but nonetheless apply to us...our internal moral disposition...tends to be determined by the ethical, political, and juridical categories of Empire...The means of the private and individual apprehension of values are dissolved: with the appearance of Empire, we are confronted no longer with the local mediations of the universal but with a concrete universal itself. Empire to extinguish and erase context and ‘local mediation’ is not directed merely at the Other – **the industrialized world which here is the agent of empire seeks to expunge its own context and history from the record, too, so long as the order that is universalized is the one it dominates at present**. The characteristic of Empire is that it is “formed not on the basis of force but on the basis of the capacity to present force as being in the service of right and peace.”90 **The only truly effective means to resist this process of Empire then is to deny it its ethical foundation by insisting on history**, both that of the developed and developing world, and in particular the complicity of the former in the plight of the latter, for example: Besides introducing new diseases, European colonial incursions created devastating ecological changes in Africa. Mining, plantation agriculture, irrigation schemes, and drainage ditches created good habitats for malaria- bearing mosquitoes. As Africans died from smallpox and famine, cultivated areas returned to bush, promoting the spread of tsetse flies... That, in short, is the sort of thing European ‘transfer of technology’ to Africa achieved in the 19th and early 20th century. Hunter goes on to note some further examples, among them this: it took until the 1960s to rid the Serengeti plain of the rinderpest virus brought there by the British and Italians in the 1880s, by which time most of the native domestic cattle and wild ungulates on which the Masai population depended were dead. From 1880 to 1933 the population of the Belgian Congo declined from around 40 million to 9.25 million. In another French colony it went from 20 million to 2.5 million in the space of 20 years, 1911-1931. On the heels of these ravages, “Western medicine matured at just the right time to be used as a ‘tool of empire’.”92 This configuration, it seems, persists today in what Hardt and Negri call the new ‘imperial paradigm’, which has migrated from “disciplinary society to a society of control.”93 It is the latter that operates at the level of bios, which rather than merely employing physical coercion, attempts to regulate from afar our very thought processes “to narrow the boundaries of what are deemed to be possible approaches.”94 **What is taking place here is the transition to an order wherein the agents of Empire need not instruct colonial subjects what to do or coerce them to it, but are able to ensure that goals are carried out merely by limiting the horizons of thought.** **It is clear that industrialized countries have taken every opportunity to adapt their patent systems and evolve them according to their immediate socio-economic or public health needs in different epochs**. **Developing countries should be allowed to do the same, especially given the historical complicity of developed countries in their demise and in the retardation of their development**. **The global model imposed by industrialized countries cannot serve the immediate public health needs of the developing world**. In this process and particularly in dealing with existing public health crises such as the AIDS epidemic, Cuba provides the best existing model for developing countries to learn from, given both its success and the country’s socio- economic identity with other developing countries, and there is no reason why this model could not be implemented without replicating its political environment. Over this entire complex, however, looms the hegemonic global order of Empire, with the industrialized world as agent, seeking to universalize its own conception. **In order to resist this universalizing process, developing countries should insist as a matter of right on managing their own public health networks matched by suitable patent regimes crafted to their immediate needs (i.e. compulsory licenses, import of generics) – rather than accepting the universalising imposition in return for ad hoc donations and other aid as a matter of charity or good will**. **Developing nations** should, in other words, **reject ad hoc utilitarian approaches of enforcing patents unconditionally at the service of the industrialized world designed to alleviate their suffering** but never allow them to stand on their own two feet, **leaving them always a step behind and at the mercy of corporate and international donors**. They should continue to assert their moral rights in the face of the global pharmaceutical lobby and insist on their unfettered discretion to determine the existence of health crises on their territories and design patent regimes appropriate to their immediate needs. They should implement “social and organizational priorities” shown to produce results toward the “social production of health” simultaneously investing (socially and financially) in their public health networks and in publicly financed institutions to conduct R&D programs crafted to their concerns, guided by public health needs and motives and not profit possibilities**. The attainment of public health goals is financially well within their reach merely by the implementation of appropriate policies**, as discussed above. This of course raises a number of issues relating to the willingness of African officials and governments to deal with the AIDS crisis in an effective way, and the various cultural and political 96 obstacles to this, however that this only makes the compendium of obstacles to the resolution of the AIDS crisis more complex;97 by removing the global obstacles (stringent pharmaceutical patent protection) and reducing the crisis to the level of national politics, the immediate technical responsibility is placed on the shoulders of leaders who in most cases are in one way or another politically accountable to the very populace afflicted by the epidemic, rather than on the shoulders of corporate executives thousands of miles away who answer primarily to shareholders. Thus if there is unwillingness among African politicians and elites to engage effectively with the epidemic (as some writers suggest), a more systematically ethical and less profit- oriented approach to patent enforcement by industrialized countries would be much more likely to expose this unwillingness and eliminate such politicians. **So long as industrialized countries insist on a ‘common standard’, they will remain the main scapegoat.** If they believe it to be in their interest to produce a greater confluence of norms relating to intellectual property, they should work from the opposite end to where they are now – by investing in the public health networks of developing countries with a view to making them sustainable and self-sufficient both in providing for immediate health needs and conducting R&D in the long term; that is, by working toward a ‘common standard’ in public health rather than in patent protection, for the former would in turn produce greater confluence in patent systems.

**Cap is the root cause of identitarian oppression.**

**Marsh ’95** (James L., Professor of Philosophy at Fordham University, “Critique, Action, and Liberation p. 282-283)

Next, we must consider the question concerning the relationship among racism, sexism, and classism. A tendency now exists in leftist circles to talk about racism, sexism, and class domination as distinct, coequal forms of domination. Such a tendency is understandable in the light of the economism and reductionism of much of the Marxist left, but is finally not justified. 50 Three different models are possible here, a vulgar Marxist model that denies any autonomy at all to the sexual or racial domains, the three-sector model mentioned above, and a sophisticated Marxist model that asserts the dominance of class exploitation but allows relative autonomy on lived and ideological levels to the other two spheres. The sophisticated Marxist approach, in my opinion, is the best account. It allows some diversity, specificity, and autonomy between and among spheres. The sophisticated Marxist model thus retains the strengths of the other two while avoiding and overcoming their onesidedness. Why is class domination ultimately more fundamental and important and overriding? It is more universal, extending not only over the United States and Western Europe but also the Third World in Africa, Asia, and South America; not only over women and African-Americans but also most men and whites. Class struggle is the most antagonistic of conflicts – fundamental cooperation is emerging between the sexes and races but not between labor and capital. Racism and sexism in the West and North we are approaching rejecting in principle but not capital. The reign of capitalism up to this point has been nonnegotiable in the West. Capitalism defines the modern in a way that sexism and racism do not. Indeed, sexism and racism are holdovers from prior epochs and, as such, subordinate moments in the capitalistic mode of production. Also, an asymmetry exists between racism and sexism, on the one hand, and capitalism on the other. Progress in overcoming racism and sexism occurs up to the point where that overcoming infringes upon fundamental capitalistic social relations. The fate of Martin Luther King’s civil rights movement when it came North and began to be more openly economic in its orientation is one example; the fate of women professionals asking for salaries equal to men in a context of economic retrenchment is another. Capitalism will transform sexual and racial relations to achieve its goals, but the reverse is generally not true. Capital twists racism and sexism to its own ends, using the former to fragment the working class and the latter, of which American foreign policy in Vietnam and Nixon’s machismo in the Watergate tapes is a dramatic example, to legitimize a tough-minded, quantitative, technocratic, one-dimensional domination. Also, if Habermas is correct, late capitalism has more or less immunized the monopoly sphere of the economy from serious conflict. The result is that conflict has been displaced to other spheres more or less peripheral to this central monopoly sphere. Racism and sexism, then, to an extent are indirectly displaced forms of class domination and colonization, like the contradiction between symbolic interaction and purposive rational action. As such displaced forms, and in their own right as well, they are important and must be fought, but they are not equal in importance to class domination. Racism and sexism serve capital as ideology. If this fact is not recognized, then at a certain point the revolutionary élan of the civil rights and feminist movements is negated. We make the mistake of thinking that an African-American person is fully liberated if he becomes an NFL quarterback and a woman if she becomes an executive on Wall Street. Both movements at that point have simply degenerated into demands for equal participation in the rat race. Another way of putting the same point is to say that capitalism is a process of self-expanding value oriented to the production of surplus value. As such, capitalism, to the extent that it fully comes into its own, will relate racism and sexism to itself and incorporate them in various ways. Racism and sexism are like other holdovers from precapitalist epochs, like rent or interest, which come in fairly late in Marx’s analysis in volume 3 of *Capital*. Capital, because of its thirst for surplus value, has an infinity to it and tends to overcome limits and incorporate them into itself, twisting them to its own ends. In this respect, racism and sexism, without downplaying their tremendous moral evil and the enormous suffering they inflict in their contemporary manifestations, are no different from rent and interest. One does not get at what is specific and essential in capitalist modernity by talking about rent or interest or racism or sexism as such, but by understanding these phenomena as related to and incorporated into this process of capitalist valorization. As a glance at and reflection on the streets of Los Angeles after the 1992 riots shows (see below), capitalized racism is not the same as precapitalist racism. As reflection on the use of women in advertisements to sell products indicates, capitalized sexism is not the same as precapitalist sexism.

**Tinkering around the edges doesn’t help. Thus the alternative is rejecting the international frame of IPR entirely.**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/

Wishing to replicate past successes, health advocates have pushed for broadening the scope of existing solutions to encompass additional diseases and health technologies and to expand the set of “eligible” countries for the exceptions created in earlier years. This has been welcomed by some of the organizations embodying those solutions, as they see it as an opportunity to expand their mandate and scope of activities across disease areas or to new territories and be able to tap into additional funding sources for sustainability. This applies for instance to Gavi, the Coalition for Epidemic Preparedness Innovations, the Global Fund, the Foundation for Innovative Diagnostics, and Unitaid, which positioned themselves as key players in the design, setup, and functioning of ACT-A together with the Gates Foundation and Wellcome. The same players are now advocating for ACT-A’s evolution into a permanent epidemic response infrastructure.[30](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r30) But **the replication and routinization of ad hoc and donor-driven solutions, bringing more and more public health areas under the control of self-declared global health institutions that focus on narrowly defined biomedical solutions, does not necessarily suit all current and future health challenges or take into account existing shortfalls or pitfalls of these mechanisms. It also does not address the governance gaps that exist in many international organizations that function more like untransparent public-private partnerships than institutions whose policies are dictated by public interest**. Because countries’ ability to set priorities and develop an integrated health policy are often hampered and skewed by donor subsidies and their priorities, there are growing voices from “beneficiary” countries calling for increased agency and participation, if not leadership and autonomy, in designing the solutions they deem most fit to promote the health and well-being of their populations—a movement that also includes #DecolonizeGlobalHealth.[31](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r31) **For the ongoing COVID-19 pandemic, it is clear that the established global health architecture is unable—and ill suited—to work out relevant and equitable solutions for the developing world**, as exemplified by ACT-A and its well-intended but so far ineffective COVAX facility, held hostage to supply restrictions by companies and the vaccine nationalism from those who created it in the first place.[32](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r32) Voluntary proposals that keep developing nations captive to the willingness of corporations and wealthy countries to access lifesaving public health tools are being increasingly criticized.[33](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r33) **The political tensions on an IP waiver on COVID-19-related technologies at the World Trade Organization are reopening an old battle that raged during the HIV epidemic 20 years ago between developing countries challenging monopolies on medical technologies and the wealthy countries defending the pharmaceutical corporations located in their countries.**[**34**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r34) **However, the COVID-19 vaccine scarcity affects people everywhere, rendering the flaws of the monopoly-based yet highly subsidized pharmaceutical economy visible to more people, and making it obvious that limited exceptions to the IP regimes (for a few patents, for one virus, for a few months, and so forth) will not fix the problems. The COVID-19 crisis illustrates the critical role of public contributions in the research, development, production, and deployment of medical innovations for global public health.**[**35**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r35) **The inequities in vaccine access that we are seeing due to the fact that control over such innovations was left in the hands of a few private companies highlights the colossal unbalance that exists between the public health interest and private profits. They illustrate how public resources are used without adequate checks and balances to ensure public value, and fail to prevent growing inequalities in access, even in the wealthiest countries. Tinkering in the margins of the status quo is unlikely to be successful.** **The market-based health, pharmaceutical, and medical innovation policies that our governments designed are unable to generate the relevant health technologies and make them available—at an affordable price—to all who need them.** Therefore, we need transparent R&D and access policies and governance that are no longer captive to the current, Western-driven global health order. The design of needs-driven research and production of pharmaceuticals could be organized to deliver health commons, not market commodities, making the best of public capacities and setting up transparent and fair collaboration with the private sector for the public interest.[36](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r36) [Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/) Conclusion The inability of the current health innovation and access ecosystem to provide equitable access to lifesaving technologies has never been so clear. The conditions that made it possible to develop multiple COVID-19 vaccines in less than a year, while at the same time fostering extreme inequities in access and disregarding human dignity and the right to health, call for transformative change in the pharmaceutical economy. **Reforming R&D, production, and availability of pharmaceuticals in the public interest must rely on the following key elements: Rebalance the power dynamics between public and private actors in the medical innovation ecosystem and redesign the governance of knowledge and financial resources to prioritize the public interest over private and financial interests. This** will require an end-to-end approach to medical innovation and access, as well as full transparency over economic and scientific inputs and outputs throughout the innovation-to-access chain, for which the World Health Assembly’s 2019 transparency resolution is a pivotal starting point.[37](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r37) Establish adequate governance mechanisms for issues ranging from R&D to access that reflect the reality of medical innovation as a collective effort and of public health as a fundamental democratic and human rights matter. Such governance must be participative and inclusive of all concerned actors, including health professionals, users of health systems, civil society groups, governments, other payers and funders, researchers, and industry. For global governance mechanisms, there should be a particular emphasis on Global South representation**. Shape economic, industrial, and financing policies in line with health policies, and design them with the explicit purpose of delivering solutions to address people’s health needs in equitable way**s. Embrace the idea that one size does not fit all. Instead, the diversification, deconcentration, and devolution of health innovation and manufacturing must be catalyzed, allowing for locally and regionally driven solutions adapted to specific health needs and contexts, and fostering countries’ agency, resilience and autonomy in improving the health of their own communities. These elements form a solid basis for a new health innovation ecosystem charged with providing access to health products to the populations who need them, in fulfilment of the rights to health and to the benefits from scientific advancement, which are rooted in the principles of equity, nondiscrimination, and transparency. They can also help shape governance and financing models that are fit for purpose to reach this objective, as well as an economic model that is sustainable for health systems. Importantly, they would change the political economy against which the right to medicines is currently articulated, removing the risk of undermining health equity. Courts in a number of countries have explicitly recognized that human rights impose obligations on states to find solutions to the provision of even high-cost medicines. For example, a high court in India has stated that “no government can wriggle out of its core obligation of ensuring the right of access to health facilities for vulnerable and marginalized section[s] of society … by saying that it cannot afford to provide treatment for rare and chronic diseases.”[38](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/#r38) In conclusion, we need to reassert the purpose of medical innovation so that it aims to improve people’s health outcomes everywhere, including through equitable access to adapted health technologies, and actively shape the innovation ecosystem toward achieving that goal. This will allow us to develop out-of-the-box solutions that revisit the articulation between industrial and health policies, including financing. **Such solutions must also reimagine the governance of medical R&D and access between different public and private actors, and include individual citizens as co-creators of solutions to improve their health**. [Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8233016/)

**The role of the ballot is to vote for the debater that best resist capitalism. The struggle against capitalism defines our modern ontological condition.**

**Hardt & Negri 17**

**“Assembly” by Michael Hardt and Antonio Negri 2017 Oxford University Press // LHPDD**

**“One key struggle on the terrain of social production plays out over the uses, management, and appropriation of the common, that is, the wealth of the earth and the social wealth that we share and whose use we manage together. The common is increasingly today both the foundation and primary result of social production. We rely, in other words, on shared knowledges, languages, relationships, and circuits of cooperation along with shared access to resources in order to produce, and what we produce tends (at least poten- tially) to be common, that is, shared and managed socially. There are primarily two approaches to the common today, which point in divergent directions. One affirms the right to appropriate the common as private property, which has been a principle of capitalist ideology from the outset. Capitalist accumulation today functions increasingly through the extraction of the common, through enormous oil and gas operations, huge mining enterprises, and monocultural agriculture but also by extracting the value produced in social forms of the common, such as the generation of knowledges, social cooperation, cultural products, and the like. Finance stands at the head of these processes of extraction, which are equally destructive of the earth and the social ecosystems that they capture. The other approach seeks to keep access to the common open and to manage our wealth democratically, demonstrating the ways that the multitude already is relatively autonomous and has the potential to be more so. People together are ever more able to determine how they will cooperate with each other socially, how they will manage their relations to each other and their world, and how they will generate new combinations of human and nonhuman forces, social and digital machines, material and immaterial elements. From this standpoint we can see, in fact, that transforming the common into private property, closing access and imposing a monopoly of decision-making over its use and development, becomes a fetter to future productivity. We are all more productive the more we have access to knowledges, the more we are able to cooperate and communicate with each other, the more we share resources and wealth. The management of and care for the common is the responsibility of the multitude, and this social capacity has immediate political implications for self-governance, freedom, and democracy. And yet—whispers some evil genius in our ears—the conditions in the world today are not propitious. Neoliberalism seems to have absorbed the common and society itself under its dominion, posing money as the exclusive measure of not only economic value but also our relations to each other and our world. Finance rules over almost all productive relations, which it has thrust into the icy waters of the global market. Maybe, the evil genius continues, your inversion of political roles could have made some sense if entrepreneurs were like what capitalists boasted about in the old days, that is, figures who promoted the virtues of innovation. But those entrepreneurs are fewer and fewer. The venture capitalist, the financier, and the fund manager are the ones who now command—or more accurately, money commands and those are merely its vassals and administrators. Today’s capitalist entrepreneur is no Ahab leading his ship in uncharted seas but a sedentary priest officiating over an unending orgy of financial accumulation.  Moreover, neoliberalism not only has imposed a reorganization of production for the accumulation of wealth and the extraction of the common toward private ends but also has reorganized the political powers of the ruling classes. An extraordinary violence that compounds and exacerbates poverty has been structured into the exercise of power. Police forces have become kinds of militias that hunt the poor, people of color, the miserable, and the exploited; and, correspondingly, wars have become exercises of global police, with little concern for national sovereignty or international law. From the politics of exception have been stripped every varnish of charisma, if there really ever was any, and the state of exception has become the normal state of power. “Poor little deluded ones,” concludes our evil genius, with all the arrogance, condescension, and disdain of the powerful for the rebels’ naiveté.  And yet there is much more at play. Fortunately, there are myriad forms of daily resistance and the episodic but repeated revolt of potent social movements. One has to wonder if the contempt with which the powerful hold the travails of rebels and protesters (and the insinuation that they will never succeed in organizing if not subordinated to traditional leadership) does not mask their dread that the movements will proceed from resistance to insurrection—and thus their fear of losing control. They know (or suspect) that power is never as secure and self-sufficient as it pretends to be. The image of an omnipotent Leviathan is just a fable that serves to terrify the poor and the subordinated into submission. Power is always a relationship of force or, better, of many forces: “subordination cannot be understood,” Ranajit Guha ex- plains, “except as one of the constitutive terms in a binary relationship of which the other is dominance.”2 Maintaining social order requires constantly engaging and negotiating this relationship. This conflict is today part of our social being. It is, in this sense, an ontological fact. The world as it is—this is how we understand ontology—is characterized by social struggles, the resistances and revolts of the subordinated, and the striving for freedom and equality. But it is dominated by an extreme minority that rules over the lives of the many and extorts the social value created by those who produce and reproduce society. In other words, it is a world constructed in social cooperation but divided by the domination of the ruling classes, by their blind passion for appropriation and their insatiable thirst for hoarding wealth. Social being thus appears as either a totalitarian figure of command or a force of resistance and liberation. The One of power divides into Two, and ontology is split into different standpoints, each of which is dynamic and constructive. And from this separation also follows an epistemological divide: on one side is an abstract affirmation of truth that, however it is constructed, must be considered a fixed order, permanent and organic, dictated by nature; on the other is a search for truth from below that is constructed in practice. The one appears as the capacity of subjugation and the other as subjectification, that is, the autonomous production of subjectivity. That production of subjectivity is made possible by the fact that truth is not given but constructed, not substance but subject. The power to make and to construct is here an index of truth. In the processes of subjectivation that are developed and enacted in practice, a truth and an ethics thus arise from below.” (xvi-xviii)**