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#### Communicative arenas such as debate links disabled folk under modes of compulsive able-bodiedness. They are controlled by biopolitical systems of fluency which systematically smooths dysfluencies to maintain the fluid semiotic operation. Thus, the role of the ballot is to vote for the debater that best resists the technologies of fluency.

St. Pierre 17 [Becoming Dysfluent: Fluency as Biopolitics and Hegemony Joshua St. Pierre Journal of Literary & Cultural Disability Studies, Volume 11, Issue 3, 2017, pp. 339-356 (Article) Published by Liverpool University Press] //Lex VM

“Given that compulsory able-bodiedness emanates from everywhere and nowhere, it is perhaps more fruitful to parse this consensus through the mode by which compulsory able-bodiedness **circulates and is translated across different ideas, practices, and institutions** rather than isolating the specific sites where this consensus, this hegemony, is produced. For McRuer, **“the experience of the able-bodied need for an agreed-on common ground” is a common experience that “links all people with disabilities under a system of compulsory able-bodiedness”** (8), and I suggest that this “common ground” of disability oppression is a how as much as a where or a what. That is, a common ground is never just found, but must be cleared away and maintained with effort through time. **“Fluency” can accordingly be understood as a technology operating at the intersection of biopower and hegemony that smooths over and straightens discontinuous semiotics, temporalities, and materialities to eliminate frictions within productive, biopolitical systems and thus secure social order within the material realm. An attention to fluency moves beyond the orthodox focus on ideology as the essential vehicle of hegemony to locate**, alongside Jon Beasley-Murray’s notion of “posthegemony,” **the production of consensus and the security of social order not within the realm of representation but the governance of bodies and life itself. Fluency attempts to regulate and collapse not merely the time between encounters, but the embodied time of encounter and access and judgment.** Fluency attempts to cover over political spaces—to mitigate (when it cannot eliminate) interruption and disruption—**thus facilitating** in one move **the rationalization** and naturali- zation **of embodied difference** that seems to emanate from everywhere and nowhere, **as if everyone agrees.** But whatever else it may be, **fluency is first a process enacted and lived within the material and corporeal.** Here I start from the semiotic and expand outwards. **The vast array of rhythms, semiotic modes, tempos, dictions, and (racialized or disabled) accents that constitute practices of aural “communication” have become the objective domain of the biomedicalizing industry of Speech-Language Pathology.** Barry Guitar, in his well-used textbook on speech impediments, offers an exemplary definition of fluency: “simply as the effortless flow of speech” (13). Yet there is hardly anything simple about this definition, which is offered amid caveats and backtracking. Guitar readily admits (12) that **fluency is difficult to pin down and that** researchers within Speech-Language Pathology often focus **on what it is not—namely, dysfluency.** There are a few characteristics: **Fluent speech is marked by a lack of hesitation, and** Speech-Language Pathology is forced to make (dubious and highly arbitrary) distinctions between “normal” and “abnormal” hesitations (Goldman-Eisler) since breaks and hesitations crop up in all speech. Fluent speech is marked by rhythmical (read: thoroughly normalized) patterning. Fluent speech is similarly marked by **the lack of “extra sounds” interjected into culturally dominant phonetic patterns.** Fluency is defined by the overall rate of speech, which includes not just the rate of vocal flow but of information flow (Starkweather). And lastly, fluency is often defined by a lack of “effort” on the part of the speaker; **a conceit of mastery over language** that highlights the twinned meaning of “fluency.” Transposing this definition into a critical register, **the “effortless flow of speech” can be read as a coordinated—yet often strained—performance of bending the energies and capacities of bodies toward stable and univocal futures. Autistics are compelled to restrict stimming, to sit on their hands** (to have “quiet hands,” Bascom), **and thereby reroute bodily capacities to the smooth performance of so-called intelligible communication. Dyslexic bodies that process information piecemeal and slowly are forced out of social time** (Cosenza 7). As Zach Richter has argued, **the facial tics and erratic gestures of dysfluent speakers are likewise never communicative inflections, but are made abject and cast out of the communicative realm altogether by** what I am here calling **technologies of fluency. Tics** of loud cursing and grunting **from** a public speaker with Tourette’s are imagined as **an interruption to communication.** **Dysfluencies are erased from closed captions and courtroom transcripts. What is thus left is a univocal and fluid semiotic operation that instrumentalizes our relations with others.** Or more precisely, if fluency is a type of Foucauldian technology, then the function of this biopolitical strategy is to regulate and focus the communicative event toward specific, technical ends through the logic of optimization and closure.” (342-344)

#### New biopolitical developments in neoliberal capitalism has shifted the focus of normalizing the disabled body to profiting off of its capacitation through medicalization. Bodies are now evaluated in regard to their productivity and health blurring the distinction between abled and disabled forming gradations of capacity and debility.

Fritsch 15 [Fritsch, Kelly Michelle. "The Neoliberal Biopolitics of Disability: Towards Emergent Intracorporeal Practices." Diss. York U, Toronto, 2015. YorkSpace Institutional Repository. York University, 16 Dec. 2015. Web.] //Lex VM

Puar argues that all bodies in neoliberal capitalism are “being evaluated in relation to their success or failure in terms of health, wealth, progressive productivity, upward mobility, [and] enhanced capacity” (2011, 155). As such, there is no body that meets the standard of adequately able-bodied anymore, only “gradations of capacity and debility” (2011, 155) that blur the distinction between disabled and non-disabled. Puar contends that given biopolitical developments in neoliberal capitalism, normalizing the disabled body is no longer the major focus of medical intervention. She claims that a biopolitical shift has occurred focusing on the differential capacitation of all bodies, not the achievement of a normative able-bodiedness. That is, through capacitating processes like genetic therapies, surgeries, supplements, prosthetic enhancements, and healthism, there is a shift from regulative normality that cures or rehabilitates to ongoing biological control, where bodies are to be capacitated beyond what is thought of as the able-body. Capacitating or enhancing the body beyond the traditional boundaries of what has been marked and produced as the able-body can be traced through Dumit’s (2012) research. For example, Dumit attends to the ways in which cure is an intervention that occurs only once, and thus is limited in the scope of its potential profitability. In comparison, life-long interventions, such as being prescribed drugs for hypertension, diabetes, or high cholesterol are much more profitable because they are taken “not to cure the condition but to reduce the risk factor and potential future events, such as heart disease or heart attacks” (2012, 5). This profitability comes to influence our very understandings of health and the body, shifting the dichotomous terrain of the able/disabled, normal/abnormal. The imperative is for as many people as possible to constitute an “at risk” group, such as those requiring cholesterol lowering drugs, so as to lower their risk through taking drugs. As Dumit’s research shows, 106 through the production of risk, the use of statistics in clinical trials, and the power of the pharmaceutical industry, it has become commonly accepted within medical communities to prescribe cholesterol-lowering drugs to everyone over 30 in America (2012, 13). Even further, Dumit’s research shows that not only is this practice widely accepted but that the pharmaceutical industry itself, alongside public health discourses, have managed to morally obligate the use of preventative pharmaceutical treatments for those deemed “at risk” (13). According to Puar, neoliberalized biopolitics mobilizes the tension between capacity and debility to break down the binaries between normative/non-normative, disabled/abled because “debility is profitable to capitalism, but so is the demand to ‘recover’ from or overcome it” (2011, 154) through processes of capacitation, such as that of taking cholesterol drugs everyday. An economy of debility and capacity serves the interests of neoliberal biocapitalism and reshapes formations of disability. As a result, disability is not a uniformly oppressed identity category or form of embodiment that lacks or is abnormal. Although oppression may be part of the story, disability can be caught up in processes of both debility and capacity. Rather than clear distinctions being made between who is normal and who is abnormal, emphasis instead is placed on “variegation, modulation and tweaking;” (2011, 155) forms of inclusion/exclusion that involve modes of differential inclusion; and with self and other or subject and object displaced in favour of the “construction of micro-states of subindividual differentiation” (2011, 155). In contrast to the sub-subjective nature of debility and capacity, the disability rights perspective usually focuses on the ways in which disability has been cast as an oppressive identity through structural forms of ableism that produce disability as a diminished state of being. For example, the ways by which disabled people have been excluded from paid work 107 has led some disability activists and scholars to highlight the importance of disabled people’s inclusion in productive work (Gleeson 1999; Taylor 2004). This has been, and continues to be, an important fight for disabled people, for as Wilton and Schuer (2006, 187) note, “neoliberalism’s privileging of paid work as a marker of citizenship has intensified the costs associated with failing to access the workplace.”

#### Speech and technologies of fluency has fueled the rise of Semiocapitalism which requires information to move quickly and effortlessly. This results in the capacitation of certain disabled bodies at the expense of debilitating dysfluent ones.

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Considered in terms of optimization, the function of fluency is quite familiar: technologies of normalizing embodied difference rely upon manageable or “docile” communication channels and semiotic protocols (Foucault, “The Subject and Power,” 135). Speech is now human capital (a flattened capacity that produces future return) and it is hardly surprising that technologies of fluency have come to play a central role in the productive machinery of semiocapitalism. This system requires not only vast quantities of information, but the ability to move it around quickly and effortlessly. Fluency is not a “repressive” but a productive force (Foucault, Discipline and Punish), one that impels modern subjects to be loquacious, to increase their information flow (see, for example, Starkweather above), and to maximize their communicative inputs and outputs. These transformations have created new forms of disability oppression. Many disabled people who could not work under industrialized capitalist conditions have benefitted from the fact that communication has become immanent to the production process (see Mitchell and Snyder, “Disability as Multitude,” 189) yet such changes, while empowering for some, shift the socioeconomic terrain in threatening ways for others. Call centers, for example, are a mainstay of immaterial labor yet effectively exclude people with communication disabilities from employment across the board. The ability to regulate informational and affective flow has become a baseline for postindustrial labor. Clare Butler argues that “Being a skilled verbal communicator is [now] treated as a justifiable requirement in the workplace” (720), such that the imperatives to “sound right” and possess “excellent communication skills” marginalize dysfluent laborers in postindustrial economies.” (344)

#### Biocapitalism creates a structure of value where the ideal Child that symbolizes the image of futurity is the one that embodies maximized productivity. In reality, this sacred Child is unobtainable and requires the death and enhancement of disability to give it meaning. This locks disability in a cycle of cruelly optimistic futures that are predicated on disabled death.

Fritsch 2 [Fritsch, Kelly Michelle. "The Neoliberal Biopolitics of Disability: Towards Emergent Intracorporeal Practices." Diss. York U, Toronto, 2015. YorkSpace Institutional Repository. York University, 16 Dec. 2015. Web.] //Lex VM

What Berardi (2011) and Edelman (2004) do not account for are the ways in which the Child as the image of the future is not only central to the notion of progress, but how this Child relies on an economy of disability that is deeply entrenched in neoliberal practices. As I have marked in other chapters, this not only to alludes to the multifaceted ways in which neoliberal practices produce disability or are complicit in rising rates of disabling conditions, but also marks the ways by which the practices of neoliberalism that demand that some succeed at the expense of others cannot be fully accounted for without addressing disability. This is to say, Paige’s withering is related to the enhancement of others and simply capacitating Paige within the context of neoliberal futurity does not address the myriad ways in which disability functions within neoliberal economies. Thus, while Edelman (2004) is correct in asserting that the contemporary political order favours heteronormativity in the ways in which it incites the Child as the image of the future, this image of the Child of the future also continuously incites compulsory enhanced bodiediness as the child of reproductive futurity is not only not to be disabled, but must be better than able-bodied. McRuer, in the context of Edelman’s work comments: “‘everybody,’ after all, or so the saying goes, ‘wants a healthy baby.’ At the same time, despite this commonplace desire, the imagined future is actually inescapably inaccessible; no real, flesh-and-blood child can ever embody the innocence, health, and ability associated with the sacred Child” (2008). I agree with Edelman’s sharp and scathing critique of 146 reproductive futurity, and while I also agree with McRuer that Edelman’s Child is ablebodied, what neither Edelman or McRuer elucidate is how reproductive futurity relies on both a capacitated and bodily enhanced Child that shapes the ways the political gets mobilized in the name of the future, and for some disabled children to grow up at the expense of others who are never intended to grow up. Edelman is right, then, about the ways in which the figure of the Child re-inforces heteronormativity but he fails to take stock of the ways in which the Child is also always, already able-bodied, or how the Child is capacitated and enhanced. While McRuer is right to point out that no child can fully embody the desirable able-bodied child, and, thus, sets up disability as the impediment to a desirable future, I am interested in how the better-than-able-bodied Child requires some disabled children to grow up at the expense of other disabled children in order to give the Child meaning. Thus, the disabled child is the figure of no future, as will be demonstrated in the case of Emily Rapp (2013) desiring to terminate pregnancy on the basis of disability, and in the case of infanticide and filicide on the basis of disability. However, the disabled child is also the figure of the future in that the suffering child creates particular neoliberal futures through the mobilization of biocapital, cure, and enhancement. Therefore, as I will go on to show, we are deeply invested in narratives of suffering children, but some of those children are always supposed to remain children, never growing up, while others are celebrated, enhanced, and capacitated precisely because they can be made to slide into the neoliberal promise of the future. As I will argue, it is precisely in sliding into neoliberalism’s forms of capacitation and enhancement that incapacitates and disables others.

#### This affective economy determines the value and circulation of social goods which allows biocapitalism to frame disability through a narrative of overcoming suffering. This produces disability as tragedy, pity, and disgust.

Fritsch 2The Neoliberal Biopolitics of Disability: Towards Emergent Intracorporeal Practices by Kelly Fritsch JUNE 2015 // UTDD

“Indebted to the work of Henri- Bergson, Baruch Spinoza, and Gilles Deleuze and Felix Guarttari, affect can be conceptualized as pre-individual forces that augment or diminish a body’s capacity to act, engage, or connect. For Ahmed (2010), **happiness involves affects in order for the objects of happiness to become social goods.** That is, she argues that **feelings do not reside within individual subjects and then move outwards** towards particular objects but rather, she contends, **objects create impressions through feelings** (14). **To feel happiness “is to recognize that happiness starts from somewhere other than the subject who may use the word to describe a situation”** (21). And, as Ahmed continues, **“If happiness creates its objects, then such objects are passed around, accumulating positive affective value as social goods”** (21). Through the production of happiness, objects become social goods that have positive affective qualities. “To be affected ‘in a good way’ thus involves an orientation to something as being good” (24). Happiness is an affective economy that allows us to have contact with good objects. **Since “we move toward and away from objects through how we are affected by them”** (24), **happiness orients what objects we come into contact with. That objects are considered happy or are considered the cause of happiness “means they already circulate as social goods before we ‘happen’ upon them, which is why we might happen upon them in the first place”** (28). **That is to say, the objects we encounter are never neutral. In order to happen upon an object, its affective value is already in place; the object is already invested with positive and negative value** (34). As happiness is a shared social orientation toward what is good (56), going along “with happiness scripts” is a way of getting along; “to get along is to be willing and able to express happiness in proximity to the right things” (59). The ISA is, I argue, a site of affective happiness within neoliberalism and functions in such a way as to hamper the conditions necessary to dismantle ableism and compulsory able-bodiedness. In what follows, I trace the ways in which the production of disability has been built upon positive affects, and in turn, how the ISA is imbued with happy affects that capacitate certain forms of disability inclusion. I conclude by considering where the “cruel optimism” (Berlant 2010) of the ISA leaves disability scholars and activists who seek disability justice. **The contemporary production of disability has been built on positive affects**. The circulation of positive affects in the production of disability does not replace other modes of producing disability, but rather is layered within them. This is to say, **the ways in which disability is produced through tragedy, pity, or disgust, are all tangled up with positive affects; all these forms of producing disability work together and re-enforce one another. From the demand to overcome shame and embody pride** (Kolarova 2012), **to the medically driven imperative to overcome suffering and embody an expression of hope** (Fritsch 2013), **the disabled have been positioned as the inspiring and courageous crip, the ones who will be cured through positive thinking, and as an individualized problem that is solvable. Disability is caught up in the ableist turn towards healthism and the imperative for everyone to have intensively enhanced bodies** (see Chapter 3). From the oft-cited “Jerry’s Kids” (see Chapter 5), to the culturally ubiquitous inspirational quotes that mark disability as something to conquer and fight, **happy affects of cure, overcoming, and progress are embedded in dominant conceptions of disability.** Happy affects drive what McRuer (2006) has termed “compulsory able-bodiedness,” not only because **people are invested in the “happiness scripts” of biological cures, narratives of overcoming, and the allure of technological advances**, but because **compulsory able-bodiedness is always, already, a social good in neoliberal capitalism**. As such, **the happy affects circulating by way of pride, hope, cure, or progress, end up retrofitting disability as “a vector of neoliberal governance”** (Kolarova 2012, 268). Disability as thing, or disability as contained by the International Symbol of Access is not only knowable and profitable, but it is also the site of happy affects. By having the wheelchair symbol adorn a bus or a building, the problem and uncomfortableness of the difference of disability appears to be taken care of. With the appearance of the ISA, happy affects of having “done our duty for the disabled” circulate, even in the face of contested understandings of disability or accessibility.” (82-84)

#### Vote aff to enact dysfluencies in communicative spheres to create frictions that disrupt the semiotic flow of debate. Our politics resists the spell of the linguistic by using dysfluent systems of grammar, norms and communication to escape the totalizing demands of fluency.

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“In conclusion, we might consider that for McRuer, following Eve Kosofsky Sedgwick, **“disability” can refer to “the open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of bodily, mental, or behavioral functioning aren’t made** (or can’t be made) **to signify monolithically”** (156–57). **An attention to dysfluent voices as material enunciations offers one specific way to think about this crip excess, particularly as resistance to hegemony. Fluent voices presume to signify monolithically and thus anticipate and linearly sustain the givenness of what is**—**fluency must be decomposed for a crip politic to flourish.** Yet **while fluency may have the first word** (my speech arrives always a hesitation), **it certainly never has the last—the impulse of fluency is totalizing but “something always escapes!”** (Beasley-Murray xxi). Chris Eagle has written that **an attention to dysfluency within disability studies would “understand mastery over language as always already tenuous, fragile, and partial”** (6) and **we might in this way begin to imagine dysfluency not as a communicative “breakdown” but as a type of escape or,** **in Deleuzio-Guattarian terms, flight.** In Lexicon of the Mouth: Poetics and Politics of the Voice and the Oral Imaginary, Brandon LaBelle suggests that **by “considering interrupted speech, we enter into a politics of the mouth. By tripping over the word, stuttering evidences the deep performative drive of the mouth under the spell of the** linguistic. It stumbles precisely over a syllable, a grammar, a phoneme; the mouth gasps along the fault lines of a given vocabulary, to lisp over words, and in doing so, raises the volume on the very question as to what constitutes ‘proper speech’” (139; emphasis added). I have always imagined LaBelle’s offhanded remark a playful engagement with the Germanic fable the “Pied Piper.” In many versions of this classic tale, the piper leads all but three of the entranced village children into the river to drown. These are three crips, in fact: the first, physically disabled who could not keep pace; the second, deaf, who like Odysseus who could not hear the piper’s song; and the third, blind. Only those transformed by disability could resist the irresistible, the linear pull into deep water. In a similar way, **the spell of fluency lures and strings words from our mouths in the lock-and-file order of “proper speech,” intelligibility, and surplus value.** To what world and what dangers does this straightening syntax lead? **The crip mouth, on the other hand, stumbles over and along the major grammar. It cannot follow and in this excess forms a collective site of material agency that stubbornly resists the spell of the linguistic. Against the liberal sirens (those masters of consensus) the agential capacity of dysfluency lies precisely in its flight from understanding and intelligibility.**” (353-354)

#### Voting affirmative engages in a heterotopic imagination of disability. This is a method of imagining disability differently outside of the current neoliberal conditions. The product is a figure of disability not as something to overcome but as a life worth living.

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Challenging the undesirability of disability is a shared responsibility and goes beyond the inclusion of disabled people within the exploitative and individualized relations of neoliberal capitalism. That is, challenging the undesirability of disability requires more than individualized access to education, employment, or vibrant social lives. Challenging the undesirability of disability requires that disability be imagined differently, that is, imagined in ways that ensure that disability can be collectively practiced and experienced differently. In order to imagine disability differently, it is imperative to understand how the neoliberal hegemonic social imagination both works to curtail who is considered desirable and informs the production of a good, individualized neoliberal subject that limits disabled and able-bodied people alike. Neoliberal policies and practices individualize both able-bodied and disabled bodies through forms of debility and capacity (Puar 2011) and through the economization of social relations and life itself (Murphy 2013) such that being critical of these forms of social, economic, and political relations is not enough to extricate ourselves from our role in maintaining and reproducing these relations. In order to desire disability differently, we must begin with marginal, heterotopic imaginations whereby disability is practiced as not something to overcome or merely tolerate, but rather as a part of a life worth living. Building on Michel Foucault’s concept of heterotopia (1998), a concept that marks “outside places” by their discontinuity and multiplicity, and drawing on the work of Mel Chen (2012) and Rod Michalko (1999), I argue that the heterotopic imagination reconfigures how disability emerges, with whom it emerges, and where. When disability is viewed through the lens of the heterotopic imagination, it becomes an intracorporeal, non-anthropocentric, multiplicity that exceeds the individualized human body inscribed by 175 neoliberal biocapitalism. To elaborate on disability as this emergent multiplicity, I read Chen’s and Michalko’s work alongside Thomas Lemke’s (2015) work on Foucault’s concepts of the milieu and government of things, as well as the agential realism of feminist materialist Karen Barad (2007; 2008). Desiring disability differently does not merely allow the current formulation of disability to become desirable. On the contrary, desiring disability differently through the heterotopic imagination radically alters what disability is, how it is practiced, and what it can be.

### Underview

#### 1] Ideal theory is ableist – [A] ignores material violence and the existence of semiocap in the external world which lets violence permeate [B] Ivory tower – theorizing about a world that will never exist due to structural problems in society is a form of futurism that leads to cruel optimism

#### 2] Form over content distinction – ALM is true on a level of content, but its form is to exclude black, disabled etc. lives means regardless of the flow vote for us for confronting ableism.

#### 3] Ideal theory lacks accountability, forgets the value to know the unknown, and contains generalizations that exclude material suffering – prefer an ethic of care which brings humility and provides the necessary empirical realities that stipulate the definitions of your idealized world.

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Consider the first maxim, epistemic responsibility. **Philosophy, by many accounts, is concerned with ‘truth’**. **The truth cannot be served if philosophers do not acquaint themselves with the basic facts about the subject** under consider. As I have indicated, both Singer and McMahan fail to do so in their discussions of individuals with mental retardation. One might ask, ‘Why is such a clear violation of a philosophical value tolerated?’ Here a pernicious effect of idealization displays itself. **Empirical realities give way to idealized descriptions and ‘stipulative definitions**,’ in order to construct a theory which then can be ‘applied’ to the real world. But **these idealizations and stipulative definitions may well construct a theory that is not applicable, or not applicable to that part of the real world that it purports to cover**. Consider, in contrast, the way in which a naturalized care ethics is theorized. The practice of caring requires attention to the actual condition of the individuals who need care. **Broad generalizations and presumptions—such as ‘the severely mentally [disabled] cannot have aesthetic experiences’—cannot be the basis of good care** for the severely mentally [disabled], **since the principal source of joy for many people with cognitive impairments derives from aesthetic experiences**. A carer intent on giving good care must reject stereotypes and be attentive to what and how the 142 E.F. Kittay person in front of her responds. (Certainly this no less true of health care situations, although practical pressures result in a considerable relaxation of this demand of care.) **A care ethic thus expresses the central values of attentiveness and responsiveness to actual conditions**, and with that the responsibility to make oneself knowledgeable about the facts on the ground. That is to say, it values epistemic responsibility of the sort that I discuss above. Not only do we need to be responsible and insure that our philosophizing does not ignore salient empirical realities that are known, **we have to be humble in the face of that which is as yet unknown** (the third maxim). It seems hardly necessary to remind philosophers of what Socrates taught, that the greatest wisdom is to know what one does not know. Yet **idealized theorizing, with its tendency to prefer clear lines of definition** and opposition, **makes it easy to forget to keep a focus on knowing what we do not know. Humility in the face of ignorance also reflects a value**, one might say a necessary virtue, in the practice of caring. When we presume to know what we don’t know we are likely to fail in truly meeting the needs of the one for whom we care. In the practice of medical care, such hubris can easily cost lives. With respect to the third maxim, we can point out a dominant philosophical position is that of liberalism. Central to liberalism is the recognition of a plurality of goods. **This elevates the avoidance of an arrogance of imposing one’s own values as the true and sole values to a central precept of contemporary philosophy**. Reasonable value pluralism (as distinguished from value relativism, where anything goes) is, if you will, the received view. But philosophers frequently neglect this very maxim by presuming the overriding value of reason. An antidote for such presumption is found in the very practice of care. Many who need care are not in a position to exercise their rational functioning (to whatever degree they possess it). Yet for the carer who does good care the value of, and respect owed, the person is never in doubt. **The very act of care** (when it is good care and not a merely perfunctory carrying out of assigned duties) **attests to the value we place on the person’s** life and well-being whether or not they are capable of **rational deliberation**. Caring for one who is seriously dependent on our ministrations can, however, tempt one to presume to know what is good for another and what is of value. It can tempt us to think that we can (or even should) impose our own view on the other. However, such caring, I maintain, is not respectful caring, caring that respects another’s agency. Thus, I believe, **best practices of care equally demand that we do not presume that what we value is the only thing that is valuable**.21 Finally, there is the issue of accountability, the final maxim. Most practices require some accountability. **The need for accountability is inherent** in any practice, for **without it, one cannot guarantee a consistency of standards**. This is evident in practices of care. Parents are held accountable for their children’s actions when harmful actions were foreseeable and preventable. In medical practice, physicians similarly must be held accountable for foreseeable consequences. Any ethic of care must include the importance of being accountable for what we do. **Yet, philosophical practice has been strangely inattentive to the importance of accountability**. In this **philosophers appear to take their cue from theoretical science**, 8 The Ethics of Philosophizing 143 in **which practitioners claim that they are only after the truth**, and if others use their discoveries in a harmful fashion, that is not the pure scientist’s concern.