### K: Neoliberialism

#### The aff’s technical care intervention depoliticizes health and masks broader structural violence imposed by neoliberalism.

Clare Bambra 5, professor of public health in the Institute of Health and Society at Newcastle University, 2-18-2005, "Towards a politics of health," Health Promotion International, Volume 20, Issue 2, 1 June 2005, Pages 187–193

WHY HAS HEALTH BEEN APOLITICAL? It is perhaps puzzling that despite its evident political nature, the politics of health has been underdeveloped and marginalized: it has not been widely considered or discussed as a political entity within academic debates or, more importantly, broader societal ones. There is no simple explanation for this omission; the treatment of health as apolitical is almost certainly the result of a complex interaction of issues. We describe some of these below, though we would not claim that our list is exhaustive. Health = health care Health is often reduced and misrepresented as health care (or in the UK, as the National Health Service). Consequently, the politics of health becomes significantly misconstructed as the politics of health care—see for example Freeman (Freeman, 2000). As an illustration, the majority of popular UK political discussions about health concern issues such as the ‘State or the market?’ debate about National Health Service (NHS) funding, organization and delivery, or the demographic pressures on the future provision of healthcare facilities (Rhodes, 1997). The same applies in most other—especially ‘developed’—countries. The limited, one-dimensional (Carpenter, 1980) nature of this political discourse surrounding health can be traced back to two ideological issues: the definition of health and the definition of politics. The definition of health that has conventionally been operationalized under Western capitalism has two interrelated aspects to it: health is both considered as the absence of disease (biomedical definition) and as a commodity (economic definition). These both focus on individuals, as opposed to society, as the basis of health: health is seen as a product of individual factors such as genetic heritage or lifestyle choices, and as a commodity that individuals can access either via the market or the health system (Scott-Samuel, 1979). This remains the case despite our sophisticated understanding of health promotion—as is evident if one ignores the rhetoric of the governments of ‘developed’ nations and looks instead at their health policies. Health in this sense is an individualized commodity that is produced and delivered by the market or the health service. Inequalities in the distribution of health are therefore either a result of the failings of individuals through, for example, their lifestyle choices; or of the way in which health care products are produced, distributed and delivered. In order to tackle these inequalities, political attention is directed towards the variable that is most amenable to manipulation—the healthcare system. It is important to note that this limiting, one-dimensional view of health is common across the ideological spectrum, with left-wing versus right-wing health debates usually consisting of a more versus less state intervention dichotomy. Orthodox UK left-wing politics is guilty of placing health care and the NHS at the centre of its discussions and struggles about health. This ‘NHS illusion’ has resulted in the naive perspective amongst health activists that societal ill-health can be cured by more and better NHS services. At best, this perspective is slowly changing, as is shown by the enthusiasm of some in the UK for New Labour's emphasis on tackling health inequalities through the NHS—while it simultaneously widens them through its neo-liberal macroeconomic, trade and foreign policies (Bambra et al., 2003). Health and politics Figure 2 outlines four broad definitions of politics. The first concept, which is the most prevalent definition within mainstream political discourse, places very restrictive boundaries around what politics is—the activities of governments, elites and state agencies—and therefore also restricts who is political and who can engage in politics (i.e. the members of governments, state agencies and other elite organizations). It is a ‘top-down’ approach that essentially separates politics from the community. This should be contrasted with the last definition, which offers a much more encompassing view of politics: politics is everything; it is a term that can be used to describe any ‘power-structured relationship’ (Millett, 1969). This is a ‘bottom-up’ approach as any and every issue is political and likewise anyone and everyone can engage in a political act. The dominance of the first conceptualization of politics, as the art of government and the activities of the state, influences which aspects of health are considered to be political. Health care, especially in countries like the UK where the state's role is significant, is an immediate subject for political discussion. Other aspects of health, such as health inequalities or health and citizenship, are excluded from this narrow popular definition of politics and are thereby seen as non-political. In order to increase which aspects of health are regarded as political, our understanding of politics needs to be contested and redefined. Health and political science Health has not been seriously studied within political science—nor for that matter, with a handful of exceptions (Signal, 1998; McGinnis et al., 2002; Navarro, 2002), has politics within health promotion. This has compounded its exclusion from the political realm. Health to a political scientist, in common with more widely held views, most often means only one thing: health care; and usually, only one minor aspect of health care: the health care system. Some political scientists will argue that they do study health as a political entity; however, what is actually under analysis is the politics of health care. The roots of this focus on health care derive from the dominance of certain schools of thought within political science and of their corresponding definitions of the political. Figure 2 outlined the different schools of thought in political science and their respective conceptualizations of politics. These schools are not of equal weight within political science and the discipline is dominated, especially in the USA, by the behavouralist, institutionalist and rational choice strands. To adherents of these schools politics—and therefore political science—is concerned with the processes, conditions and institutions of mainstream politics and government. The politics of health care is therefore the politics of institutions, systems, funding and elite interactions. Health, in its broader sense, is therefore apolitical and should only be the concern of disciplines such as sociology, public health or medicine. In this way specified aspects of health, namely health care issues, are politically defined as political while all other aspects are not. Responsibility and authority The conceptualization of health as non-political is also in part due to medicalization—the transfer of power over and responsibility for health from individuals, the public and therefore political life, to powerful elites, namely the medical and health professions and the multinational pharmaceutical companies. When we conceive of ill-health as episodes of disease manageable by the delivery of healthcare, we are … transferring the responsibility for health from society as a whole to an elite possessing what we define as the necessary professional and technical expertise for the management of disease (Scott-Samuel, 1979). However, unlike the impression given in the above quote, this transfer of responsibility is not always voluntary. Drug companies and the medical profession have taken the power and responsibility for health for themselves (Illich, 1977). They have thus been able to determine what health is and therefore, how political it is (or, more usually, is not). Their historic power over the definition and management of health has contributed substantially to its depoliticization: health is something that doctors are responsible for, they are the providers, and we are the recipients. Their authority and responsibility over health has further emphasized its commodity status—when ill, an individual visits a doctor and/or purchases drugs (commodity) to regain health (another, albeit less obvious commodity). Ill-health is a transient state caused by the presence of disease. It can be ended by the appropriate application of medical technology. This depoliticization of health, via the transfer of power and responsibility to these professional and/or commercial groups, means that we do not acknowledge our power over our own health or our autonomy over our own bodies. Health policy Health policy, as currently popularly conceptualized, is usually synonymous with policy content. Certainly, it is relatively unusual to find discussions of health policy that are not focused on the pros and cons of particular courses of action in relation to particular political parties. In reality, however, health policy is part of a broader public policy agenda, whose practical aspects are inextricably linked with power and politics. Given this, the reduction of ‘health policy’ to ‘the content of health policies’ diverts attention from, and renders invisible the political nature of the policy process. Policy is formulated within certain preset political parameters, which define what is, and what is not, possible or acceptable. For example, the fundamental requirement within Western neo-liberal economies for inequality (between those who labour and those who profit) makes the meaning of UK government policies to ‘tackle inequalities’ at best highly questionable—no modern government will support a policy process that permits the full implementation of radical equity policy. Government policy in this area therefore consists of (loudly trumpeted) minor reform; no policy connections are ever made with the macro-political causes of the major economic, social and health inequalities, such as macroeconomic policy, trade policy, defence policy, foreign policy and international development. For example, none of these featured in the UK Treasury's Cross Cutting Spending Review on Health Inequalities (HM Treasury and Department of Health, 2002), which was intended to examine the impact on health inequalities of the expenditure programmes of all government departments. Nor are the actions of the World Trade Organization, of trans-national corporations, or of the World Bank usually taken into account. One conclusion regarding this failure to see the wood for the trees is that there is an important need for awareness of how the political context limits how health policy is formulated. Another is that this failure does not occur by chance: both the masking of the political nature of health, and the forms of the social structures and processes that create, maintain and undermine health, are determined by the individuals and groups that wield the greatest political power. TOWARDS A POLITICS OF HEALTH What this all adds up to is nothing less than a challenge to a wide range of actors—health promotion and public health specialists, policy makers, politicians, health and political scientists—to emerge from the closet and to begin the long overdue task of elaborating the practice, policy and theory of a newly identified discipline—health politics, the political science of health. We believe that we have more than adequately justified the need for health politics to emerge as a discipline and field of practice no less important than medical sociology or health economics on the one hand, or than political sociology or political psychology on the other. We are confident that the practice of health promotion and public health will gain immeasurably from the explicit recognition of this key determinant of health and its incorporation into evidence-based strategies, policies and interventions.

#### The belief in the Western Medicinal Practices is inherently flawed and will lead to continuing oppression of the working class’s ability to resist the domination by the elite, like big pharma and those that are hastening our death.

Illich 76 (Ivan, Austrian Philosopher, Roman Catholic Priest, and “Maverick Social Critic” of the institutions of contemporary Western culture, “Medical Nemesis: The Expropriation of Health,” Pantheon Books, New York, Random House, Inc.)/DS

**The undesirable side-effects of approved, mistaken, callous, or contraindicated technical contacts with the medical system represent just the first level** of pathogenic medicine. Such clinical **[I]atrogenesis includes not only the damage that doctors inflict with the intent of curing or of exploiting the patient, but also those other torts that result from the doctor's attempt to protect himself against the possibility of a suit for malpractice.** Such attempts to avoid litigation and prosecution may now do more damage than any other iatrogenic stimulus.¶ On a second level, **medical practice sponsors sickness by reinforcing a morbid society that encourages people to become consumers of curative, preventive, industrial, and environmental medicine.** On the one hand defectives survive in increasing numbers and are fit only for life under institutional care, while on the other hand, **medically certified symptoms exempt people from industrial work and thereby remove them from the scene of political struggle to reshape the society that has made them sick. Second-level iatrogenesis finds its expression in various**¶ **symptoms of social overmedicalization that amount to what I shall call the expropriation of health**. This second-level impact of medicine I designate as social iatrogenesis, and I shall discuss it in Part II.¶ On a third level, the so-called health professions have an even deeper, culturally health-denying effect insofar as they destroy the potential of people to deal with their human weakness, vulnerability, and uniqueness in a personal and autonomous way. The patient in the grip of contemporary medicine is but one instance of mankind in the grip of its pernicious techniques.71 This cultural iatrogenesis, which I shall discuss in Part III, is the ultimate backlash of hygienic progress and consists in the paralysis of healthy responses to suffering, impairment, and death. It occurs **when people accept health management designed on the engineering model, when they conspire in an attempt to produce, as if it were a commodity, something called "better health." This inevitably results in the managed maintenance of life** on high levels of sublethal illness. This ultimate evil of medical "progress" must be clearly distinguished from both clinical and social iatrogenesis.¶ I hope to show that on each of its three levels iatrogenesis has become medically irreversible: a feature built right into the medical endeavor. The unwanted physiological, social, and psychological by-products of diagnostic and therapeutic progress have become resistant to medical remedies. **New devices, approaches, and organizational arrangements, which are conceived as remedies** for clinical and social iatrogenesis**, themselves tend to become pathogens contributing to the new epidemic.** Technical and managerial measures taken on any level to avoid damaging the patient by his treatment tend to engender a self-reinforcing iatrogenic loop analogous to the escalating destruction generated by the polluting procedures used as antipollution devices.72¶ I will designate this self-reinforcing loop of negative institutional feedback by its classical Greek equivalent and call it medical nemesis. The Greeks saw gods in the forces of nature. For them, nemesis represented divine vengeance visited upon mortals who infringe on those prerogatives the gods enviously guard for themselves. Nemesis was the inevitable punishment for attempts to be a hero rather than a human being. Like most abstract Greek nouns, Nemesis took the shape of a divinity. She represented nature's response to hubris: to the individual's presumption in seeking to acquire the attributes of a god. Our contemporary hygienic hu

#### Extinction – neoliberalism/capitalism is unsustainable and the root cause of all violence and environmental destruction

Robinson 14 [William I. Robinson, Professor of Sociology, Global and International Studies, and Latin American Studies at UC-Santa Barbara, 2014, “Global capitalism and the crisis of humanity.” Cambridge University Press, https://www.cambridge.org/core/books/global-capitalism-and-the-crisis-of-humanity/5E69D07E53766BDCFBB9DF48C530267E]

Cyclical, Structural, and Systemic Crises Most commentators on the contemporary crisis refer to the “Great Recession” of 2008 and its aftermath. Yet the causal origins of global crisis are to be found in over-accumulation and also in contradictions of state power, or in what Marxists call the internal contradictions of the capitalist system. Moreover, because the system is now global, crisis in any one place tends to represent crisis for the system as a whole. The system cannot expand because the marginalisation of a significant portion of humanity from direct productive participation, the downward pressure on wages and popular consumption worldwide, and the polarisation of income, has reduced the ability of the world market to absorb world output. At the same time, given the particular configuration of social and class forces and the correlation of these forces worldwide, national states are hard-pressed to regulate transnational circuits of accumulation and offset the explosive contradictions built into the system. Is this crisis cyclical, structural, or systemic? Cyclical crises are recurrent to capitalism about once every 10 years and involve recessions that act as self-correcting mechanisms without any major restructuring of the system. The recessions of the early 1980s, the early 1990s, and of 2001 were cyclical crises. In contrast, the 2008 crisis signaled the slide into a structural crisis*. Structural crises* reflect deeper contra- dictions that can only be resolved by a major restructuring of the system. The structural crisis of the 1970s was resolved through capitalist globalisation. Prior to that, the structural crisis of the 1930s was resolved through the creation of a new model of redistributive capitalism, and prior to that the struc- tural crisis of the 1870s resulted in the development of corpo- rate capitalism. A systemic crisis involves the replacement of a system by an entirely new system or by an outright collapse. A structural crisis opens up the possibility for a systemic crisis. But if it actually snowballs into a systemic crisis – in this case, if it gives way either to capitalism being superseded or to a breakdown of global civilisation – is not predetermined and depends entirely on the response of social and political forces to the crisis and on historical contingencies that are not easy to forecast. This is an historic moment of extreme uncertainty, in which collective responses from distinct social and class forces to the crisis are in great flux. Hence my concept of global crisis is broader than financial. There are multiple and mutually constitutive dimensions – economic, social, political, cultural, ideological and ecological, not to mention the existential crisis of our consciousness, values and very being. There is a crisis of social polarisation, that is, of *social reproduction.* The system cannot meet the needs or assure the survival of millions of people, perhaps a majority of humanity. There are crises of state legitimacy and political authority, or of *hegemony* and *domination.* National states face spiraling crises of legitimacy as they fail to meet the social grievances of local working and popular classes experiencing downward mobility, unemployment, heightened insecurity and greater hardships. The legitimacy of the system has increasingly been called into question by millions, perhaps even billions, of people around the world, and is facing expanded counter-hegemonic challenges. Global elites have been unable counter this erosion of the system’s authority in the face of worldwide pressures for a global moral economy. And a canopy that envelops all these dimensions is a crisis of sustainability rooted in an ecological holocaust that has already begun, expressed in climate change and the impending collapse of centralised agricultural systems in several regions of the world, among other indicators. By a crisis of humanityI mean a crisis that is approaching systemic proportions, threatening the ability of billions of people to survive, and raising the specter of a collapse of world civilisation and degeneration into a new “Dark Ages.”2 This crisis of humanity shares a number of aspects with earlier structural crises but there are also several features unique to the present: 1. The system is fast reaching the ecological limits of its reproduction. Global capitalism now couples human and natural history in such a way as to threaten to bring about what would be the sixth mass extinction in the known history of life on earth.3 This mass extinction would be caused not by a natural catastrophe such as a meteor impact or by evolutionary changes such as the end of an ice age but by purposive human activity. According to leading environmental scientists there are nine “planetary boundaries” crucial to maintaining an earth system environment in which humans can exist, four of which are experiencing at this time the onset of irreversible environmental degradation and three of which (climate change, the nitrogen cycle, and biodiversity loss) are at “tipping points,” meaning that these processes have already crossed their planetary boundaries. 2. The magnitude of the means of violence and social control is unprecedented, as is the concentration of the means of global communication and symbolic production and circulation in the hands of a very few powerful groups. Computerised wars, drones, bunker-buster bombs, star wars, and so forth, have changed the face of warfare. Warfare has become normalised and sanitised for those not directly at the receiving end of armed aggression. At the same time we have arrived at the panoptical surveillance society and the age of thought control by those who control global flows of communication, images and symbolic production. The world of Edward Snowden is the world of George Orwell; *1984 has arrived;* 3. Capitalism is reaching apparent limits to its extensive expansion. There are no longer any new territories of significance that can be integrated into world capitalism, de-ruralisation is now well advanced, and the commodification of the countryside and of pre- and non-capitalist spaces has intensified, that is, converted in hot-house fashion into spaces of capital, so that *intensive* expansion is reaching depths never before seen. Capitalism must continually expand or collapse. How or where will it now expand? 4. There is the rise of a vast surplus population inhabiting a “planet of slums,”4 alienated from the productive economy, thrown into the margins, and subject to sophisticated systems of social control and to destruction - to a mortal cycle of dispossession-exploitation-exclusion. This includes prison-industrial and immigrant-detention complexes, omnipresent policing, militarised gentrification, and so on; 5. There is a disjuncture between a globalising economy and a nation-state based system of political authority. Transnational state apparatuses are incipient and have not been able to play the role of what social scientists refer to as a “hegemon,” or a leading nation-state that has enough power and authority to organise and stabilise the system. The spread of weapons of mass destruction and the unprecedented militarisation of social life and conflict across the globe makes it hard to imagine that the system can come under any stable political authority that assures its reproduction. Global Police State How have social and political forces worldwide responded to crisis? The crisis has resulted in a rapid political polarisation in global society. Both right and left-wing forces are ascendant. Three responses seem to be in dispute. One is what we could call “reformism from above.” This elite reformism is aimed at stabilising the system, at saving the system from itself and from more radical re- sponses from below. Nonetheless, in the years following the 2008 collapse of the global financial system it seems these reformers are unable (or unwilling) to prevail over the power of transnational financial capital. A second response is popular, grassroots and leftist resistance from below. As social and political conflict escalates around the world there appears to be a mounting global revolt. While such resistance appears insurgent in the wake of 2008 it is spread very unevenly across countries and regions and facing many problems and challenges. Yet another response is that I term *21st century fascism*.5 The ultra-right is an insurgent force in many countries. In broad strokes, this project seeks to fuse reactionary political power with transnational capital and to organise a mass base among historically privileged sectors of the global working class – such as white workers in the North and middle layers in the South – that are now experiencing heightened insecurity and the specter of downward mobility. It involves militarism, extreme masculinisation, homophobia, racism and racist mobilisations, including the search for scapegoats, such as immigrant workers and, in the West, Muslims. Twenty-first century fascism evokes mystifying ideologies, often involving race/culture supremacy and xenophobia, embracing an idealised and mythical past. Neo-fascist culture normalises and glamorises warfare and social violence, indeed, generates a fascination with domination that is portrayed even as heroic.

#### Thus, the role of the ballot is to unconditionally resist neoliberalism/capitalism

#### The alternative is to reject the aff in favor of organizing toward the Communist Party – only the Party can provide effective accountability mechanisms to correct unproductive tendencies, educate and mobilize marginalized communities, and connect local struggles to a movement for international liberation – that’s especially true in the context of settler colonialism

**Escalante 18**  
(Alyson Escalante is a Marxist-Leninist, Materialist Feminist and Anti-Imperialist activist. “PARTY ORGANIZING IN THE 21ST CENTURY” September 21st, 2018 <https://theforgenews.org/2018/09/21/party-organizing-in-the-21st-century/> cVs)

I would argue that within the base building movement, there is a move towards party organizing, but this trend has not always been explicitly theorized or forwarded within the movement. My goal in this essay is to argue that base building and dual power strategy can be best forwarded through party organizing, and that party organizing can allow this emerging movement to solidify into a powerful revolutionary socialist tendency in the United States. One of the crucial insights of the base building movement is that the current state of the left in the United States is one in which revolution is not currently possible. There exists very little popular support for socialist politics. A century of anticommunist propaganda has been extremely effective in convincing even the most oppressed and marginalized that communism has nothing to offer them. The base building emphasis on dual power responds directly to this insight. By building institutions which can meet people’s needs, we are able to concretely demonstrate that communists can offer the oppressed relief from the horrific conditions of capitalism. Base building strategy recognizes that actually doing the work to serve the people does infinitely more to create a socialist base of popular support than electing democratic socialist candidates or holding endless political education classes can ever hope to do. Dual power is about proving that we have something to offer the oppressed. The question, of course, remains: once we have built a base of popular support, what do we do next? If it turns out that establishing socialist institutions to meet people’s needs does in fact create sympathy towards the cause of communism, how can we mobilize that base? Put simply: **in order to mobilize the base which base builders hope to create, we need to have already done the work of building a communist party.** It is not enough to simply meet peoples needs. Rather, we must build the institutions of dual power in the name of communism. We must refuse covert front organizing and instead have a public face as a communist party. When we build tenants unions, serve the people programs, and other dual power projects, we must make it clear that we are organizing as communists, unified around a party, and are not content simply with establishing endless dual power organizations. We must be clear that our strategy is revolutionary and in order to make this clear we must adopt party organizing. By “party organizing” I mean an organizational strategy which adopts the party model. Such organizing focuses on building a party whose membership is formally unified around a party line determined by democratic centralist decision making. The party model creates internal methods for **holding party members accountable**, unifying party member action around democratically determined goals, and for educating party members in communist theory and praxis. A communist organization utilizing the party model works to build dual power institutions while simultaneously educating the communities they hope to serve. Organizations which adopt the party model focus on propagandizing around the need for revolutionary socialism. They function as the forefront of political organizing, empowering local communities to theorize their liberation through communist theory while organizing communities to literally fight for their liberation. A party is not simply a group of individuals doing work together, but is a formal organization unified in its fight against capitalism. Party organizing has much to offer the base building movement. By working in a unified party, base builders can ensure that local struggles are tied to and informed by a unified national and international strategy. While the most horrific manifestations of capitalism take on particular and unique form at the local level, we need to remember that our struggle is against a material base which functions not only at the national but at the international level. The formal structures provided by a democratic centralist party model allow individual locals to have a voice in open debate, but also allow for a unified strategy to emerge from democratic consensus. Furthermore, **party organizing allows for local organizations and individual organizers to be held accountable for their actions.** It allows criticism to function not as one independent group criticizing another independent group, but rather as comrades with a formal organizational unity working together to sharpen each others strategies and to help correct chauvinist ideas and actions. In the context of the socialist movement within the United States, such accountability is crucial. As a movement which operates within a settler colonial society, imperialist and colonial ideal frequently infect leftist organizing. Creating formal unity and party procedure for dealing with and correcting these ideas allows us to address these consistent problems within American socialist organizing. Having a formal party which unifies the various dual power projects being undertaken at the local level also allows for base builders to not simply meet peoples needs, but to pull them into the membership of the party as organizers themselves. The party model creates a means for sustained growth to occur by unifying organizers in a manner that allows for skills, strategies, and ideas to be shared with newer organizers. It also allows community members who have been served by dual power projects to take an active role in organizing by becoming party members and participating in the continued growth of base building strategy. It ensures that there are formal processes for educating communities in communist theory and praxis, and also enables them to act and organize in accordance with their own local conditions. We also must recognize that the current state of the base building movement precludes the possibility of such a national unified party in the present moment. Since base building strategy is being undertaken in a number of already established organizations, it is not likely that base builders would abandon these organizations in favor of founding a unified party. Additionally, it would not be strategic to immediately undertake such complete unification because it would mean abandoning the organizational contexts in which concrete gains are already being made and in which growth is currently occurring. What is important for base builders to focus on in the current moment is building dual power on a local level alongside building a national movement. This means aspiring towards the possibility of a unified party, while pursuing continued local growth. The movement within the Marxist Center network towards some form of unification is positive step in the right direction. The independent party emphasis within the Refoundation caucus should also be recognized as a positive approach. It is important for base builders to continue to explore the possibility of unification, and to maintain unification through a party model as a long term goal. In the meantime, individual base building organizations ought to adopt party models for their local organizing. Local organizations ought to be building dual power alongside recruitment into their organizations, education of community members in communist theory and praxis, and the establishment of armed and militant party cadres capable of defending dual power institutions from state terror. Dual power institutions must be unified openly and transparently around these organizations in order for them to operate as more than “red charities.” Serving the people means meeting their material needs while also educating and propagandizing. It means radicalizing, recruiting, and organizing. The party model remains the most useful method for achieving these ends. The use of the party model by local organizations allows base builders to gain popular support, and most importantly, to mobilize their base of popular support towards revolutionary ends, not simply towards the construction of a parallel economy which exists as an end in and of itself. It is my hope that we will see future unification of the various local base building organizations into a national party, but in the meantime we must push for party organizing at the local level. If local organizations adopt party organizing, it ought to become clear that **a unified national party will have to be the long term goal of the base building movement.** Many of the already existing organizations within the base building movement already operate according to these principles. I do not mean to suggest otherwise. Rather, my hope is to suggest that we ought to be explicit about the need for party organizing and emphasize the relationship between dual power and the party model. Doing so will make it clear that the base building movement is not pursuing a cooperative economy alongside capitalism, but is pursuing a revolutionary socialist strategy capable of fighting capitalism. The long term details of base building and dual power organizing will arise organically in response to the conditions the movement finds itself operating within. I hope that I have put forward a useful contribution to the discussion about base building organizing, and have demonstrated the need for party organizing in order to ensure that the base building tendency maintains a revolutionary orientation. The finer details of revolutionary strategy will be worked out over time and are not a good subject for public discussion. I strongly believe party organizing offers the best path for ensuring that such strategy will succeed. My goal here is not to dictate the only possible path forward but to open a conversation about how the base building movement will organize as it transitions from a loose network of individual organizations into a unified socialist tendency. These discussions and debates will be crucial to ensuring that this rapidly growing movement can succeed.

### NC: Bioterror

#### Securitizing biological risks ties health to the protection of global capitalism. ‘Disease as threat’ narratives militarize responsibility for public health, replicating past colonial structures to secure neoliberalism.

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The globalization of economies has produced accelerated patterns of movements of capital, goods, services, materials, and labor, simultaneously resulting in the accelerated production and circulation of anxieties constituted around these movements. Neoliberal organizing of health manifests itself in the development and deployment of surveillance, management, and coordination networks that see health primarily in the realm of threats posed by diseases dispersed through global networks, networks of bioterror, emerging infectious diseases, and biowarfare (Salinsky, 2002). The response of health systems therefore is formulated in the form of network structures of biodefense and homeland security, performing functions of surveillance, information gathering, and information dissemination, constituted around the economic logics of growth and efficiency. The protection of the economic opportunities of globalization becomes the function of public health systems formulated in the narrative of geosecurity and implemented in the form of programs controlled by the police-military complex within structures of biodefense, biosecurity and geosecurity. With this emphasis on security, the mandate for health depicts continuity with colonial implementations of public health administration to manage erstwhile colonies, increasingly being set within the military metaphor of health, turning health into a geosecurity threat for the new configurations of empire, and therefore, deploying military interventions to address health issues. Consider the following depiction in a report issued by the U.S. National Intelligence Council (NIC) that offers a picture of the global health threats posed by infectious diseases: New and reemerging infectious diseases will pose a rising global health threat and will complicate U.S. and global security over the next twenty years. These diseases will endanger U.S. citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests. (Gordon, 2000) [END PAGE 167] The protection of human health is seen as a function of the military, tied to the goals of defending global capitalism against the threats to health and reflecting the colonial undertones of health containment measures deployed by the instruments of empire. In this instance of the report published by the NIC, knowledge about health is constituted in the realm of intelligence gathering to protect the interests of national security of the United States. Framed as threats to the health of citizens at home and abroad and to the health of the armed forces deployed overseas, infectious diseases are seen as contributors to social and political instability in key strategic regions of significant value to the United States. International relations are understood in the language of security, casting interpenetrating networks as targets of surveillance and management. The portrayal of infectious diseases as threats to geosecurity deploys valuable health resources into the hands of the military, placing the power of disease management under military structures and framing the responses to disease in military interpretations. Moreover, the juxtaposition of epidemic narratives amid narratives of war and bioterror heighten the concerns for geosecurity, foregrounding and necessitating a variety of military response strategies (Aaltola, 2012). The interpenetrating relationship between health and the military constitute one element of the consolidation of power in the hands of the global elite achieved through neoliberal transformations. The military emerges as a global organizational structure for the management of health, simultaneously justifying the deployment of resources to the military and the deployment of military strategies to address health issues. This emphasis on the military framed within the realm of protecting geostrategic interests constructs health in the realm of threats, simultaneously erasing questions of fundamental human rights to health. Similarly, in the president's Emergency Plan for AIDS Relief, a significant proportion of resources are housed in the military in order to deploy military-to-military interventions within the broader umbrella of protecting the geostrategic interests of the United States. Consider, for instance, the workings of the U.S. Africa Command to address HIV/ AIDS prevention as a security threat in Africa. The U.S. Africa Command (AFRICOM) is the result of an internal reorganization of the U.S. military command structure, creating one administrative headquarters that answers to the Secretary of Defense and is responsible for U.S. military relations with 53 African countries. AFRICOM recognizes that HIV/AIDS has an enormous impact on economic and political stability across the continent, and, by degrading military medical readiness, weakens the national security of individual countries. HIV/ AIDS programming will be a key component of AFRICOM's security cooperation and humanitarian assistance activities. (www.pepfar.gov/about/agencies/ cl 9397.htm) [END PAGE 168] Critical to the deployment of a militarized form of governance in addressing health is the consolidation of power within elite structures, working through militarized systems of governance to control disease to protect the economic interests of the status quo. The military, as an instrument of power and control, functions within the narratives of security cooperation and humanitarian assistance activities to assert its power and control in global governance. Intelligence gathering emerges as an instrument for the generation of data to secure and protect zones of economic function. This gathering of targeted intelligence and the deployment of targeted interventions becomes particularly critical within the context of maintaining open zones of communication and economic exchange within the neoliberal structuring of economic relationships. Knowledge and technical interventions in this sense are constituted amid the paradoxical agenda of needing to protect boundaries and at the same time ensuring transnational spaces of movement of capital, labor, services, materials, and markets. In this chapter, we closely interrogate the meanings that circulate around the militarization of health, and attend to the communicative processes through which the militarization of health is achieved. The surveillance of spaces and the militarization of responses, I argue, are continuous with colonial logics of controlling spaces in distant locales of imperial governance, and are discontinuous from the colonial forms of governance because of the paradoxes of networked flows in neoliberal governance.

### AT: Compulsory/Voluntary Licensing

#### Compulsory/Voluntary Licensing programs fail – multiple warrants

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Opponents of the waiver also claim that IP-related obstacles can be addressed through existing arrangements for ‘compulsory licensing’ under the WTO’s Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).[26](https://gh.bmj.com/content/6/6/e006504.full#ref-26) But the past evidence suggests that this process is slow, cumbersome and subject to various shaming practices by the international community.[27 28](https://gh.bmj.com/content/6/6/e006504.full#ref-27) Some point instead to the possibility of voluntary licensing. But voluntary licenses are often executed secretly and are limited to companies or governments that can afford them. The University of Pennsylvania, which owns IP rights relating to the mRNA vaccines, is helping Chulalongkorn University in Bangkok develop a vaccine production facility. This partnership was possible because Thailand—unlike other middle-income countries—was able to put up the money.[29](https://gh.bmj.com/content/6/6/e006504.full#ref-29) Poorer countries are left out. Sharing of IP and technology transfers can and will accelerate global vaccine production. The question is on whose terms. Organisations such as the WHO and African Union are currently mobilising support and resources to accelerate production in low-income and middle-income countries.[30 31](https://gh.bmj.com/content/6/6/e006504.full#ref-30) But these efforts will be to waste unless IP for COVID-19 technologies is shared broadly and quickly.