## Framework

#### [ROJ & Dolmage 1] I negate. Disability HAS to be the first and last question of this debate – any other starting point mystifies a larger network of ableist knowledge production. The Role of the Judge is to Check Ableist Pedagogical Agendas, which means they must actively identify and respond to the ableist underpinnings of educational spaces.

**Dolmage 1:** Dolmage, Jay Timothy. [Associate Chair, Undergraduate Communication Outcome Initiative at University of Waterloo, Miami University] “Academic Ableism: Disability and Higher Education” *University of Michigan Press*, Chpt. 1, 2017. AZ **Brackets in original text**

Disavowing disability is in no body’s best interest. **Teachers recognize the diversity of the students they teach. But teachers must also recognize their roles within institutions, disciplines, and perhaps even personal pedagogical agendas, in which they may seek to avoid and disavow the very idea of disability—­to give it no place. This avoidance and disavowal brings with it its own spatial metaphors—­I use the steep steps to express this negative force.** That these steps are real in the lives of people with disabilities adds to the power of the metaphor. The steps have a strong connotation in the disability community, and not just for people who use wheelchairs and crutches. **When I say that the academy** build**s steep steps**, I hope that this verb entails many things—­most of all, I want to show that the steep steps are constructed for a reason. As I have already shown, not only did eugenics actually reshape the North American population through things like immigration restriction, not only did it reshape families through its campaigns for “better breeding,” not only did it reshape bodies through medical reinvention, but it reshaped how North Americans thought about bodies and minds. Here, for example, is a diagram of the steps that were created to distinguish between different grades of the “feeble-­minded” in the United States in the heyday of the eugenics movement before the Second World War. The definitions were used to classify a group of humans according to mental age, suggesting that development had been arrested and would proceed no further past the step at which the individual was placed. The mental age was determined based upon variations of a standard test, the Binet test, which asked literally hundreds of standard common-­knowledge questions, of increasing difficulty. The test was also designed to stop the subject once they had reached the stage or step of difficulty at which they could proceed no further. Fig. 3. “Exhibit of Work and Educational Campaign for Juvenile Mental Defectives.” American Philosophical Society, 1906. Fig. 3. “Exhibit of Work and Educational Campaign for Juvenile Mental Defectives.” American Philosophical Society, 1906. This image shows five people, each stationed on one of five very steep steps. The bottom person, slouched on the ground, is labeled an “idiot, mentally 3 yrs. old.” On the next step up, an individual is hunched over, looking downwards, labeled “low-­grade imbecile, 4 to 5 yrs. old.” Next step up, a “medium imbecile, mentally 6 to 8 yrs. old.” Then a “high grade imbecile, mentally 8 to 10 yrs. Old” is pictured on the next step up, now gazing upwards. Finally, we view a person, described in the caption as a “moron, mentally 10 to 12 years old,” attempting to climb above the final and topmost step but only getting halfway up. As the image reveals, the steps were also closely associated with forms of work, and thus classed citizens and linked their value to this labor-­output, but also placed almost all of the feebleminded below reason and judgment, not only in a space of rational vacuity, but deficit. You’ll also notice that the bodily bearing of these individuals conveys a message: the different levels of animation suggest physical and cognitive correlation. These people look tired. The disabled mind equates with the disabled body. These states correspond with affects: the slumped shoulders and downcast eyes suggest or physicalize depression. If these steps in the image on the next page represent the very bottom of the steep set we climb to the ivory tower, they nonetheless cannot be disconnected from the history of North American higher education. In fact, “morons,” “imbeciles,” and “idiots” were both rhetorically (and eugenically) constructed by the “fathers” of higher education, and those individuals who were given these labels were also studied and researched.[10] At the top of the steps were those who taught and studied at premier universities, and these people studied and experimented upon the bodies of those on the bottom steps. We may like to believe that, today, practices of eugenics have not only been rejected but that they’ve also been corrected. Yet the selectivity of this environment **must be continually interrogated or questioned. We must all evaluate the ways in which we ourselves continue to decide which bodies and which minds will have access to the considerable resources, privileges, and advantages we have and we bestow—and as we ask this question, we must wonder whether what we have to offer is truly worthwhile if it translates into** policies of exclusion, programs of incarceration, and reductive definitions of human worth. Interrogating the steep steps metaphor works to highlight not just how space and spatialization are exclusionary but also the ways that the distance between **a hypothetical “us” and a “them,” perhaps the able and the disabled, has a particular structure.** Yet we must look at the steps from other angles, along other axes. What are the attitudes, requirements, and practices that might represent boundaries, jumps on the graph, risers on the steps? Are there chutes, or are there ladders, set up to speed movement from top to bottom or bottom to top? What forces move up and down, affecting students’ progress? Should we even want to get to the top? How do students go back down the steps or out of the university gates and back to home communities? What makes this journey possible or impossible? What does it mean to skip the steps? Where do the steps actually start?

#### [ROB & Dolmage 2] The Role of the Ballot is to Endorse the Debater who Better Challenges the Exclusion of Educational Spaces. Interrogating ableism is key to understanding education itself.

**Dolmage 2:** Dolmage, Jay Timothy. [Associate Chair, Undergraduate Communication Outcome Initiative at University of Waterloo, Miami University] “Academic Ableism: Disability and Higher Education” *University of Michigan Press*, Chpt. 1, 2017. AZ **Brackets in original text**

They were “in every sense apart from society”; “All of the **institutional routines were** segmented into carefully defined blocks of time, scrupulously maintained and punctuated by bells”; The routine was based on “work and solitude . . . steady labor and isolation” in which individuals are enveloped in the same work in a parallel way; They began as orderly and eventually became overcrowded and corrupt; They all housed the lowest orders of society. (xxv) What is ironic about this list is that if you flip a few key points, you have a great description of the universities also being developed in the same period: **fully removed, rigidly patterned, isolating, labor-intensive, increasingly corrupted and corruptible, but for only the highest orders of society.** Perhaps the university should always have been thought of as similar to other “total institutions”—to borrow Erving Goffman’s term. **Perhaps the college or university is in fact exactly the same as the almshouse or asylum, organizationally and even architecturally. And yet it** i**s viewed as the opposite. Thus the subjects in** one total institution, the college, are elevated. The inmates in the other spaces are confined. Importantly: **one studies; the other is studied. As Sharon Snyder and David Mitchell have shown, “historically**, disabled people have been the objects of study but not the purveyors of the knowledge base of disability” (Cultural, 198). As Tanya Titchkosky writes, **“disabled people are socially organized under the rubric of knowledge bases . . . within the everyday practices and procedures of university environments, for example, [we think of] disability as a problem in need of a solution” and not as an “important form of critical knowledge production within the university” (Question, 70).** Disability is studied; people with disabilities have been research resources. More than this, higher education has been built upon such research. It is important to map the history of this research, but also to intervene in showing some of the ways that we might hope higher education can be redesigned. **We need to understand how universities work to fully understand disability. Inversely, we really need to understand disability to understand the history and the future of higher education.**

Links

#### [hedva 1] The aff’s appeals to change, progress, and revolution equate the political with action – that requires the oppressed to position themselves in the public sphere and “do something.”

- *The aff advocates for prefiat change- meaning the offense comes from reading the case in the public sphere*

- Poetry- standing up and reading not accessible for ppl w disabilities or ppl w anxiety who can’t perform in public spaces

- They want to change debate itself rather than reject incorporation into oppressive structures

hedva 1: hedva, johanna. [johanna hedva lives with chronic illness and their sick woman theory is for those who were never meant to survive but did] “Sick Woman Theory.” *Mask* Magazine, January 26, 2016. CH

1. In late 2014, I was sick with a chronic condition that, about every 12 to 18 months, gets bad enough to render me, for about five months each time, unable to walk, drive, do my job, sometimes speak or understand language, take a bath without assistance, and leave the bed. This particular flare coincided with the Black Lives Matter protests, which I would have attended unremittingly, had I been able to. I live one block away from MacArthur Park in Los Angeles, a predominantly Latino neighborhood and one colloquially understood to be the place where many immigrants begin their American lives. The park, then, is not surprisingly one of the most active places of protest in the city. I listened to the sounds of the marches as they drifted up to my window. Attached to the bed, I rose up my sick woman fist, in solidarity. I started to think about what modes of protest are afforded to sick people – it seemed to me that many for whom Black Lives Matter is especially in service, might not be able to be present for the marches because they were imprisoned by a job, the threat of being fired from their job if they marched, or literal incarceration, and of course the threat of violence and police brutality – but also because of illness or disability, or because they were caring for someone with an illness or disability. I thought of all the other invisible bodies, with their fists up, tucked away and out of sight. If we take Hannah Arendt’s definition of the political – which is still one of the most dominant in mainstream discourse – as being any action that is performed in public, we must contend with the implications of what that excludes. If being present in public is what is required to be political, then whole swathes of the population can be deemed a-political – simply because they are not physically able to get their bodies into the street. In my graduate program, Arendt was a kind of god, and so I was trained to think that her definition of the political was radically liberating. Of course, I can see that it was, in its own way, in its time (the late 1950s): in one fell swoop she got rid of the need for infrastructures of law, the democratic process of voting, the reliance on individuals who’ve accumulated the power to affect policy – she got rid of the need for policy at all. All of these had been required for an action to be considered political and visible as such. No, Arendt said, just get your body into the street, and bam: political. There are two failures here, though. The first is her reliance on a “public” – which requires a private, a binary between visible and invisible space. This meant that whatever takes place in private is not political. So, you can beat your wife in private and it doesn’t matter, for instance. You can send private emails containing racial slurs, but since they weren’t “meant for the public,” you are somehow not racist. Arendt was worried that if everything can be considered political, then nothing will be, which is why she divided the space into one that is political and one that is not. But for the sake of this anxiety, she chose to sacrifice whole groups of people, to continue to banish them to invisibility and political irrelevance. She chose to keep them out of the public sphere. I’m not the first to take Arendt to task for this. The failure of Arendt’s political was immediately exposed in the civil rights activism and feminism of the 1960s and 70s. “The personal is political” can also be read as saying “the private is political.” Because of course, everything you do in private is political: who you have sex with, how long your showers are, if you have access to clean water for a shower at all, and so on.

#### Further, their framing of the aff as a 6-minute revolution is a performative link – the aff is only revolutionary because they got up and read it in a public sphere.

## Impacts

#### [hedva 2] They adopt a “view from nowhere” – a myth of neutrality that frames the public as an open space for anyone willing to do the work to fight. These reps are rooted in Whiteness – what about people who CAN’T join the public sphere, or those who’ve tried and failed? And assuming progress is possible and things get better is ableist af.

hedva 2: hedva, johanna. [johanna hedva lives with chronic illness and their sick woman theory is for those who were never meant to survive but did] “Sick Woman Theory.” *Mask* Magazine, January 26, 2016. CH

There is another problem too. As Judith Butler put it in her 2015 lecture, “Vulnerability and Resistance,” Arendt failed to account for who is allowed in to the public space, of who’s in charge of the public. Or, more specifically, who’s in charge of who gets in. Butler says that there is always one thing true about a public demonstration: the police are already there, or they are coming. This resonates with frightening force when considering the context of Black Lives Matter. The inevitability of violence at a demonstration – especially a demonstration that emerged to insist upon the importance of bodies who’ve been violently un-cared for – ensures that a certain amount of people won’t, because they can’t, show up. Couple this with physical and mental illnesses and disabilities that keep people in bed and at home, and we must contend with the fact that many whom these protests are for, are not able to participate in them – which means they are not able to be visible as political activists. There was a Tumblr post that came across my dash during these weeks of protest, that said something to the effect of: “shout out to all the disabled people, sick people, people with PTSD, anxiety, etc., who can’t protest in the streets with us tonight. Your voices are heard and valued, and with us.” Heart. Reblog. So, as I lay there, unable to march, hold up a sign, shout a slogan that would be heard, or be visible in any traditional capacity as a political being, the central question of Sick Woman Theory formed: How do you throw a brick through the window of a bank if you can’t get out of bed? 2. I have chronic illness. For those who don’t know what chronic illness means, let me help: the word “chronic” comes from the Latin chronos, which means “of time” (think of “chronology”), and it specifically means “a lifetime.” So, a chronic illness is an illness that lasts a lifetime. In other words, it does not get better. There is no cure. And think about the weight of time: yes, that means you feel it every day. On very rare occasions, I get caught in a moment, as if something’s plucked me out of the world, where I realize that I haven’t thought about my illnesses for a few minutes, maybe a few precious hours. These blissful moments of oblivion are the closest thing to a miracle that I know. When you have chronic illness, life is reduced to a relentless rationing of energy. It costs you to do anything: to get out of bed, to cook for yourself, to get dressed, to answer an email. For those without chronic illness, you can spend and spend without consequence: the cost is not a problem. For those of us with limited funds, we have to ration, we have a limited supply: we often run out before lunch. I’ve come to think about chronic illness in other ways. Ann Cvetkovich writes: “What if depression, in the Americas, at least, could be traced to histories of colonialism, genocide, slavery, legal exclusion, and everyday segregation and isolation that haunt all of our lives, rather than to be biochemical imbalances?” I’d like to change the word “depression” here to be all mental illnesses. Cvetkovich continues: “Most medical literature tends to presume a white and middle-class subject for whom feeling bad is frequently a mystery because it doesn’t fit a life in which privilege and comfort make things seem fine on the surface.” In other words, wellness as it is talked about in America today, is a white and wealthy idea. Let me quote Starhawk, in the preface to the new edition of her 1982 book Dreaming the Dark: “Psychologists have constructed a myth – that somewhere there exists some state of health which is the norm, meaning that most people presumably are in that state, and those who are anxious, depressed, neurotic, distressed, or generally unhappy are deviant.” I’d here supplant the word “psychologists” with “white supremacy,” “doctors,” “your boss,” “neoliberalism,” “heteronormativity,” and “America.” There has been a slew of writing in recent years about how “female” pain is treated – or rather, not treated as seriously as men’s in emergency rooms and clinics, by doctors, specialists, insurance companies, families, husbands, friends, the culture at large. In a recent article in The Atlantic, called “How Doctors Take Women’s Pain Less Seriously,” a husband writes about the experience of his wife Rachel’s long wait in the ER before receiving the medical attention her condition warranted (which was an ovarian torsion, where an ovarian cyst grows so large it falls, twisting the fallopian tube). “Nationwide, men wait an average of 49 minutes before receiving an analgesic for acute abdominal pain. Women wait an average of 65 minutes for the same thing. Rachel waited somewhere between 90 minutes and two hours,” he writes. At the end of the ordeal, Rachel had waited nearly fifteen hours before going into the surgery she should have received upon arrival. The article concludes with her physical scars healing, but that “she’s still grappling with the psychic toll – what she calls ‘the trauma of not being seen.’” What the article does not mention is race – which leads me to believe that the writer and his wife are white. Whiteness is what allows for such oblivious neutrality: it is the premise of blankness, the presumption of the universal. (Studies have shown that white people will listen to other white people when talking about race, far more openly than they will to a person of color. As someone who is white-passing, let me address white people directly: look at my white face and listen up.) The trauma of not being seen. Again – who is allowed in to the public sphere? Who is allowed to be visible? I don’t mean to diminish Rachel’s horrible experience – I myself once had to wait ten hours in an ER to be diagnosed with a burst ovarian cyst – I only wish to point out the presumptions upon which her horror relies: that our vulnerability should be seen and honored, and that we should all receive care, quickly and in a way that “respects the autonomy of the patient,” as the Four Principles of Biomedical Ethics puts it. Of course, these presumptions are what we all should have. But we must ask the question of who is allowed to have them. In whom does society substantiate such beliefs? And in whom does society enforce the opposite? Compare Rachel’s experience at the hands of the medical establishment with that of Kam Brock’s. In September 2014, Brock, a 32-year-old black woman, born in Jamaica and living in New York City, was driving a BMW when she was pulled over by the police. They accused her of driving under the influence of marijuana, and though her behavior and their search of her car yielded nothing to support this, they nevertheless impounded her car. According to a lawsuit brought against the City of New York and Harlem Hospital by Brock, when Brock appeared the next day to retrieve her car she was arrested by the police for behaving in a way that she calls “emotional,” and involuntarily hospitalized in the Harlem Hospital psych ward. (As someone who has also been involuntarily hospitalized for behaving “too” emotionally, this story feels like a rip of recognition through my brain.) The doctors thought she was “delusional” and suffering from bipolar disorder, because she claimed that Obama followed her on twitter – which was true, but which the medical staff failed to confirm. She was then held for eight days, forcibly injected with sedatives, made to ingest psychiatric medication, attend group therapy, and stripped. The medical records of the hospital – obtained by her lawyers – bear this out: the “master treatment plan” for Brock’s stay reads, “Objective: Patient will verbalize the importance of education for employment and will state that Obama is not following her on Twitter.” It notes her “inability to test reality.” Upon her release, she was given a bill for $13,637.10. The question of why the hospital’s doctors thought Brock “delusional” because of her Obama-follow claim is easily answered: Because, according to this society, a young black woman can’t possibly be that important – and for her to insist that she is must mean she’s “sick.” 3. Before I can speak of the “sick woman” in all of her many guises, I must first speak as an individual, and address you from my particular location. I am antagonistic to the notion that the Western medical-insurance industrial complex understands me in my entirety, though they seem to think they do. They have attached many words to me over the years, and though some of these have provided articulation that was useful – after all, no matter how much we are working to change the world, we must still find ways of coping with the reality at hand – first I want to suggest some other ways of understanding my “illness.” Perhaps it can all be explained by the fact that my Moon’s in Cancer in the 8th House, the House of Death, or that my Mars is in the 12th House, the House of Illness, Secrets, Sorrow, and Self-Undoing. Or, that my father’s mother escaped from North Korea in her childhood and hid this fact from the family until a few years ago, when she accidentally let it slip out, and then swiftly, revealingly, denied it. Or, that my mother suffers from undiagnosed mental illness that was actively denied by her family, and was then exasperated by a 40-year-long drug addiction, sexual trauma, and hepatitis from a dirty needle, and to this day remains untreated, as she makes her way in and out of jails, squats, and homelessness. Or, that I was physically and emotionally abused as a child, raised in an environment of poverty, addiction, and violence, and have been estranged from my parents for 13 years. Perhaps it’s because I’m poor – according to the IRS, in 2014, my adjusted gross income was $5,730 (a result of not being well enough to work full-time) – which means that my health insurance is provided by the state of California (Medi-Cal), that my “primary care doctor” is a group of physician’s assistants and nurses in a clinic on the second floor of a strip mall, and that I rely on food stamps to eat. Perhaps it can be encapsulated in the word “trauma.” Perhaps I’ve just got thin skin, and have had some bad luck. It’s important that I also share the Western medical terminology that’s been attached to me – whether I like it or not, it can provide a common vocabulary: “This is the oppressor’s language,” Adrienne Rich wrote in 1971, “yet I need it to talk to you.” But let me offer another language, too. In the Native American Cree language, the possessive noun and verb of a sentence are structured differently than in English. In Cree, one does not say, “I am sick.” Instead, one says, “The sickness has come to me.” I love that and want to honor it. So, here is what has come to me: Endometriosis, which is a disease of the uterus where the uterine lining grows where it shouldn’t – in the pelvic area mostly, but also anywhere, the legs, abdomen, even the head. It causes chronic pain; gastrointestinal chaos; epic, monstrous bleeding; in some cases, cancer; and means that I have miscarried, can’t have children, and have several surgeries to look forward to. When I explained the disease to a friend who didn’t know about it, she exclaimed: “So your whole body is a uterus!” That’s one way of looking at it, yes. (Imagine what the Ancient Greek doctors – the fathers of the theory of the “wandering womb” – would say about that.) It means that every month, those rogue uterine cells that have implanted themselves throughout my body, “obey their nature and bleed,” to quote fellow endo warrior Hilary Mantel. This causes cysts, which eventually burst, leaving behind bundles of dead tissue like the debris of little bombs. Bipolar disorder, panic disorder, and depersonalization disorder have also come to me. This means that I live between this world and another one, one created by my own brain that has ceased to be contained by a discrete concept of “self.” Because of these “disorders,” I have access to incredibly vivid emotions, flights of thought, and dreamscapes, to the feeling that my mind has been obliterated into stars, to the sensation that I have become nothingness, as well as to intense ecstasies, raptures, sorrows, and nightmarish hallucinations. I have been hospitalized, voluntarily and involuntarily, because of it, and one of the medications I was prescribed once nearly killed me – it produces a rare side effect where one’s skin falls off. Another cost $800 a month – I only took it because my doctor slipped me free samples. If I want to be able to hold a job – which this world has decided I ought to be able to do – I must take an anti-psychotic medication daily that causes short-term memory loss and drooling, among other sexy side effects. These visitors have also brought their friends: nervous breakdowns, mental collapses, or whatever you want to call them, three times in my life. I’m certain they will be guests in my house again. They have motivated attempts at suicide (most of them while dissociated) more than a dozen times, the first one when I was nine years old. That first attempt didn’t work, only because after taking a mouthful of sleeping pills, I somehow woke up the next day and went to school, like nothing had happened. I told no one about it, until my first psychiatric evaluation in my mid 20s. Finally, an autoimmune disease that continues to baffle all the doctors I’ve seen, has come to me and refuses still to be named. As Carolyn Lazard has written about her experiences with autoimmune diseases: “Autoimmune disorders are difficult to diagnose. For ankylosing spondylitis, the average time between the onset of symptoms and diagnosis is eight to twelve years. I was lucky; I only had to wait one year.” Names like “MS,” “fibromyalgia,” and others that I can’t remember have fallen from the mouths of my doctors – but my insurance won’t cover the tests, nor is there a specialist in my insurance plan within one hundred miles of my home. I don’t have enough space here – will I ever? – to describe what living with an autoimmune disease is like. I can say it brings unimaginable fatigue, pain all over all the time, susceptibility to illnesses, a body that performs its “normal” functions monstrously abnormally. The worst symptom that mine brings is chronic shingles. For ten years I’ve gotten shingles in the same place on my back, so that I now have nerve damage there, which results in a ceaseless, searing pain on the skin and a dull, burning ache in the bones.

## Alternative

#### [hedva 3] Reject their representations of liberation and endorse Sick Woman Theory as a survival strategy for oppressed people. This means re-centering the discussion to oppose incorporation into oppressive structures. It is NOT the burden of the oppressed to fix the world around them – instead, an ethic of care for self and others should replace the call for public protest.

hedva 3: hedva, johanna. [johanna hedva lives with chronic illness and their sick woman theory is for those who were never meant to survive but did] “Sick Woman Theory.” *Mask* Magazine, January 26, 2016. CH

Despite taking daily medication that is supposed to “suppress” the shingles virus, I still get them – they are my canaries in the coalmine, the harbingers of at least three weeks to be spent in bed. My acupuncturist described it as a little demon steaming black smoke, frothing around, nestling into my bones. 4. With all of these visitors, I started writing Sick Woman Theory as a way to survive in a reality that I find unbearable, and as a way to bear witness to a self that does not feel like it can possibly be “mine.” The early instigation for the project of “Sick Woman Theory,” and how it inherited its name, came from a few sources. One was in response to Audrey Wollen’s “Sad Girl Theory,” which proposes a way of redefining historically feminized pathologies into modes of political protest for girls: I was mainly concerned with the question of what happens to the sad girl when, if, she grows up. Another was incited by reading Kate Zambreno’s fantastic Heroines, and feeling an itch to fuck with the concept of “heroism” at all, and so I wanted to propose a figure with traditionally anti-heroic qualities – namely illness, idleness, and inaction – as capable of being the symbol of a grand Theory. Another was from the 1973 feminist book Complaints and Disorders, which differentiates between the “sick woman” of the white upper class, and the “sickening women” of the non-white working class. Sick Woman Theory is for those who are faced with their vulnerability and unbearable fragility, every day, and so have to fight for their experience to be not only honored, but first made visible. For those who, in Audre Lorde’s words, were never meant to survive: because this world was built against their survival. It’s for my fellow spoonies. You know who you are, even if you’ve not been attached to a diagnosis: one of the aims of Sick Woman Theory is to **resist the notion that one needs to be legitimated by an institution**, so that they can try to fix you. You don’t need to be fixed, my queens – it’s the world that needs the fixing. I offer this as a call to arms and a testimony of recognition. I hope that my thoughts can provide articulation and resonance, as well as tools of survival and resilience. And for those of you who are not chronically ill or disabled, Sick Woman Theory asks you to stretch your empathy this way. To face us, to listen, to see. 5. Sick Woman Theory is an insistence that most modes of political protest are internalized, lived, embodied, suffering, and no doubt invisible. Sick Woman Theory redefines existence in a body as something that is primarily and always vulnerable, following from Judith Butler’s work on precarity and resistance. Because the premise insists that a body is defined by its vulnerability, not temporarily affected by it, the implication is that it is continuously reliant on infrastructures of support in order to endure, and so we need to re-shape the world around this fact. Sick Woman Theory maintains that the body and mind are sensitive and reactive to regimes of oppression – particularly our current regime of neoliberal, white-supremacist, imperial-capitalist, cis-hetero-patriarchy. It is that all of our bodies and minds carry the historical trauma of this, that it is the world itself that is making and keeping us sick. To take the term “woman” as the subject-position of this work is a strategic, all-encompassing embrace and dedication to the particular, rather than the universal. Though the identity of “woman” has erased and excluded many (especially women of color and trans and genderfluid people), I choose to use it because it still represents the un-cared for, the secondary, the oppressed, the non-, the un-, the less-than. The problematics of this term will always require critique, and I hope that Sick Woman Theory can help undo those in its own way.

They add:

6. I used to think that the most anti-capitalist gestures left had to do with love, particularly love poetry: to write a love poem and give it to the one you desired, seemed to me a radical resistance. But now I see I was wrong. The most anti-capitalist protest is to care for another and to care for yourself. To take on the historically feminized and therefore invisible practice of nursing, nurturing, caring. To take seriously each other’s vulnerability and fragility and precarity, and to support it, honor it, empower it. To protect each other, to enact and practice community. A radical kinship, an interdependent sociality, a politics of care. Because, once we are all ill and confined to the bed, sharing our stories of therapies and comforts, forming support groups, bearing witness to each other’s tales of trauma, prioritizing the care and love of our sick, pained, expensive, sensitive, fantastic bodies, and there is no one left to go to work, perhaps then, finally, capitalism will screech to its much-needed, long-overdue, and motherfucking glorious halt.

**1 – no perms in a methods debate – it’s the burden of the aff to prove that your method is actively more desirable, not just that two things can happen at once**

**2 – perms against disability oriented positions are a form of footnoting – you engage in ableist practices but then ask for the ballot without doing anything to solve for the harms**

## t

#### Interpretation: debaters should not read queer or trans theory against other queer debaters, especially queer debaters of color

#### Violation: they do

#### 1 – psychological violence – responding to the aff forces me to weigh my identity against your offense OR forces me to pretend to be cishet and be violent when responding to the aff

#### 2 – structural antiqueerness – queer poc are more at risk of facing anti queer violence – forcing us to talk ab queerness in public spaces increases that likelihood – white and white passing queer ppl are given the benefit of the doubt, POC aren’t

#### 3 – pre-round doesn’t solve – you asking if you can change the aff doesn’t solve for the fact that the ENTIRE aff replicates the impacts

#### 4 – drop the debater – only way to deter

#### 5 – no rvis or impact turns

#### A – im queer too – you shouldn’t win for causing violence to me

#### B – logic – don’t win just for proving no abuse

#### 6 – can’t weigh case

#### A – we indict the entirety of your aff

#### B – it’s an epistemological indict

#### 7 – negate for accessibility

#### A – prerquisite to having debates bc if ppl cant access the space then no discussions happen

#### B – controls the i/l into your aff bc you want to make debate better for queer ppl

## Case

**OV**

1 – the entire aff is a nonunique FYI ab the status quo – negate on presumption – winning a ballot against a queer poc debater won’t change structures of debate like restroom rules or misgendering

2 – independent voter – weighing this offense against a queer POC is an independent reason to reject them – causes coalition fracturing and forces queer ppl to fight against each other

3 – no offense garnered from your aff – you’ve read this in other rounds and systemic change hasn’t happened – negate on presumption

4 -- feel-good DA – voting for your aff makes judges feel good ab being pro trans ppl without actually taking material actions to help

5 – your offense has already happened – you already read the aff and raised awareness – means theres no extra offense from the ballot

**Part 1**

1 – independent voter – you ASSUME that your opponent will misgender you – this reinforces a structure of criminalizing brown queer ppl before they ever do anything wrong – reason to drop u for reading this against me

2 – you engage in the structure of debate – it’s a perfcon – premeditated murder – u knew it was bad and u still did it – independent reason to drop the debater

3 – the person who wrote the blake article literally qualified to the toc and was known for using queerness to suppress the voices of POC and Black debaters – author indict – reinforces structures of white queerness – indep rzn to reject

4 – the bathroom stuff is a nonunique fyi – I’m not pro bathroom segregation but voting me down doesn’t make any changes in it

5 – squo is shifting – multiple tournaments are having gender neutral restrooms now – proves that progress is happening even without your aff beating me

6 – the nicolazzo card doesn’t apply to me – this is ab cishet ppl objectifying queer ppl

**Part 2**

1 – footnoting DA – the majority of your aff is ab white queerness and sophie blake is white and high income – reading one card ab Black women is footnoting and an indep reason to drop them for using Black womens suffering to win the ballot

2 – DA to the FBI reps in the Stanley card – u say its bad that the FBI doesn’t collect trans incident stats – the FBI constantly criminalizes Black women like angela davis – ur support of the FBI is a form of militarism and whiteness – indep voter

3 – second Stanley card shouldn’t be weighed against us – we experience the same oppression they do

**Part 3**

1 – forcing us to materialize ourselves in the debate space creates risks of outing and exhaustion for PWD who cant engage in public material analysis

2 – k solves better – self determination

3 – no reason the debate space is unique to the impacts in the johnosn card

**Part 4**

1 -- Disability is a way to view queerness bc queerness used to be labelled as a mental disorder – means my ROB controls the internal llink to yours

2 – your rob is too non specific – it’s what allows ciswhite women to kick trans women out of restrooms under the guise of “protecting women” – also a reason to reject u for the norms u set

3 – no solvency – there isn’t a reason why THIS ROUND’s epistemological discussion is k2 restructuring debate

4 – lots of queer debaters like cobin szymanski and zac davis have read trans theory affs and change in the debate space didn’t happen as a result of those affs – it happened bc of student activism outside the round and tab staffs becoming more diverse – proves that your aff isn’t the necessary internal link

5 – don’t let them weigh the hospital bed stuff against the K

A – the links o/w any solvency

B – their model of debate forces PWD to expend energy that they don’t have

C – their model of debate centers ppl who atr traditionally neurotypical and able to do things lke engage in discussions and read poetry

**UV**

1 – their choice to read preempts criminalizes us – they assume we are going to do smth bad or anti trans – mirrors the trend of the state over surveilling and criminalizing brown ppl – indep reason to reject

2 – Uvs are a form of normative debate that cis white tricks debaters read – they are replicating the structures that they critique – perfcon

**[Yep et al] Queer theory focuses in the individual; this makes hinders community and makes it more difficult to effect change and identify with others.**

**Yep, Lovaas, and Elia** - Professors @ San Francisco University (Gust, Karen, and John, Journal of Homosexual Studies, Vol. 45, No. 2/3/4, page 45)//gingE

On the other hand, queer theorists are criticized for their neglect of community organizing, based on a shared identity, to promote social change. Kirsch (2000), for example, argues that instead of focusing on specific areas of oppression and strategies to change them, queer theory focuses on the individual as a site of change. Such a move insulates individuals and hinders community building. In other words, collective identities and power in numbers are politically effective. Collective identities require clear membership boundaries, that is, discrete in-group/out-group distinctions (Gamson, 1997). Kirsch (2000) cautions us that queer theory, with a focus on individual self-expression, might actually be harmful to people by making it more difficult to identify with others. Queer theory, Kirsch vociferously argues, “needs to be refocused to take into account the realities of everyday life in a capitalist world system. This means an end to academic posturing, where obfuscation is more valued than strategies for recognition and community-building” (2000, p. 123).

**[Warwick] Turn – imposing Western notions of sexuality marginalizes individuals**

**Warwick, 13** (Bruce, april 1 Aid Conditionality and Sexual Rights in the Third World <http://www.e-ir.info/2013/04/01/aid-conditionality-and-sexual-rights-in-the-third-world/)//gingE>

One of the central accusations consistently levelled both at the policy of tying aid to sexual rights and at international human rights discourse associated with sexual rights more broadly is that it is fundamentally flawed as a result of being based upon an understanding of sexual orientation and gender identity that is inherently Western. The most notable aspect of these suggestions is the idea of identity and in particular the assumption of the existence of set categories of, for example, gay, lesbian or straight that are fundamentally static and coherent. As Aeyal Gross, when discussing contemporary international human rights law and sexual rights, notes, the Yogyakarta principles, for example, define sexual orientation ‘broadly but in a way that maintains an understanding of sexual orientation as a distinct component in the identity of the self, determined based on the similarity between one’s gender and the gender of one’s object of desire’ (2007: 130). As discussed, this is a document that has received wide acclaim internationally, therefore illustrating somewhat the prevailing attitude that dominates current thinking with regards to sexual rights. While it is undeniably important to recognise that ‘homosexual behaviour has been observed in virtually all cultures throughout recorded history’ (Rao, 2010: 173), the expression of sexuality through personal identity categories, such as ‘LGBTI’, is very much a culturally specific development associated with the West. Today, there undoubtedly exists some kind of a global understanding of sexual orientation and gender identity that rests upon these assumed categories, perpetuated in international human rights institutions, and demonstrated in documents such as the Yogyakarta principles and in policy statements such as those by Cameron and Obama. While this expression of sexuality into specific categories may have initially helped (and perhaps continues to help) sexual rights achieve a more prominent position in international human rights discourse, it is also a factor that many argue is problematic when applied locally in contexts whose cultures are not rooted in the West. The problems of an approach so influenced by notions of fixed identities are manifold. A considerable difficulty raised is that these ‘Western sexual categories fail to encapsulate the complexity of cartographies of acts, identities and communities outside the west’ (King quoted in Binnie, 2004: 79). Comparably Judith Butler, having written extensively on issues concerning gender and sexuality, expresses this problem by stating, ‘if one ‘is’ a woman, that is surely not all one is; the term fails to be exhaustive because gender is not always constituted coherently or consistently in different historical contexts, and because gender intersects with racial, class, ethnic, sexual, and regional modalities of discursively constituted identities’ (1990: 4). One can interchange woman with homosexual man, lesbian, or indeed any other supposed category associated with sexuality, and make similar assertions. By pursuing an understanding of sexual orientation and gender identity that revolves around the binaries of gay or straight, states such as the UK or US, as well as the international human rights framework as a whole, risk severely alienating and marginalising huge swathes of individuals, many of whom are not aware or have not necessarily ever considered themselves within the supposedly Western categories of ‘LGBTI’. Andil Gosine has highlighted these prospects of marginalization and alienation through the promotion of ‘LGBTI’ identities in international human rights discourse with regards to sexual rights. Gosine proposes that if one is lower-class, young, or a person of colour, these categories are either less convenient, create anxiety by limiting the exploration of sexuality, or make it more difficult to negotiate ways of thinking about further sexualities that are compatible with particular cultures of family and neighbourhood (2005: 12). Essentially, it is argued that there is a real risk that, through the imposition of these particular identities, by Cameron, for example, putting pressure on a state to reform laws around a specific way of thinking about sexuality, produces further marginalisation in areas of sexuality, thereby highlighting the counterproductive nature of such an approach.

**The impacts of the affirmative are garnered from their performance in round – the aff has already happened. Negate on presumption – there’s no reason they need the ballot.**

**Hynek 13** et al; Dr. Nik Hynek is Associate Professor of International Relations and Theory of Politics at the Metropolitan University Prague and Charles University. He holds PhD degree in International Politics and Security Studies from the Department of Peace Studies at the University of Bradford - "No emancipatory alternative, no critical security studies"- Critical Studies on Security - Volume 1, Issue 1, 2013. / MM

These ‘**post-emancipatory’ scholars** still frame Western and international intervention in potentially emancipatory terms, but the horizons and **aspirations have been substantially lowered from the** universalist **call to radical academic policy advocacy**, of the founders of emancipatory approaches within security studies. While the initial confident calls for emancipatory **alternatives** at least had an understanding of the need for emancipatory agency, **unfortunately found only in Western powers** and international institutions, the later **approaches lack** this **clarity and confidence**, merely suggesting that more ‘open’, ‘unscripted’, ‘locally sensitive’, ‘desecuritised’ and less ‘universalist’ and ‘liberal’ approaches can avoid the ‘resistances’ held to come from the local level. If these approaches are ‘emancipatory’ **they lack any clear project** or program **as to what these claims might mean or** how they might be **carried out in reality** and are little different to mainstream think tank proposals calling for more ‘local ownership’, ‘local capacity-building’, ‘empowerment’, ‘sustainability’ and ‘resilience’ (see Chandler 2012, Forthcoming). This article has argued that the appendage ‘critical’ should be removed to allow Security Studies to free itself of the baggage of its founding. It is clear that what little emancipatory content critical security theorizing had initially has been more than exhausted and, in fact, thoroughly critiqued. The boom in CSS in the 1990s and early 2000s was essentially parasitical on the shift in Western policy discourses, which emphasized the radical and emancipatory possibilities of power, rather than on the basis of giving theoretical clarity to counter-hegemonic forces. We would argue that the removal of the prefix ‘critical’ would also be useful to distinguish security study based on critique of the world as it exists from normative theorizing based on the world as we would like it to be. As long as we keep the ‘critical’ nomenclature, we are affirming that government and international policy-making can be understood and critiqued against the goal of emancipating the non-Western Other. Judging **policy-making** and policy outcomes, on the basis of this imputed goal, may **provide ‘critical’ theorists with endless possibilities** to demonstrate their normative standpoints but it does little to develop academic and political understandings of the world we live in. In fact, no greater straw man could have been imagined, than the ability to become ‘critical’ on the basis of debates around the claim that the West was now capable of undertaking emancipatory policy missions. Today, as we witness a narrowing of transformative aspirations on behalf of Western policy elites, in a reaction against the ‘hubris’ of the claims of the 1990s (Mayall and Soares de Oliveira 2012) and a slimmed down approach to sustainable, ‘hybrid’ peacebuilding, CSS has again renewed its relationship with the policy sphere. Some academics and policy-makers now have a united front that **rather than placing emancipation at the heart of** policy-making it should be ‘**local knowledge**’ and ‘local demands’.

**This method requires investment in the debate space, similar args have been read before and nothing changes - voting for them does nothing but get them a TOC bid and a trophy; reject the reward-orientation of the aff**