## Offs

### 1

#### Indigeneity connotates a state of non-ontology allowing for the construction of the human that legitimizes its self into a history of elimination, jettisoned from or assimilated into the national body to cohere settler temporality

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Admittedly, the feral is a precarious space from which to theorize, sullied with an injurability bound up in the work of liberal humanism as such, an enterprise that weaponizes a set of moral barometers to distribute ferality unevenly to differently citizened and raced bodies—ones that are too close for comfort and must be pushed outside arm’s reach. Perhaps ferality traverses a semantic line of flight commensurate­ with that of savagery, barbarism, and lawlessness, concreting into one history of elimination: that is, a history of eliminating recalcitrant indigeneities incompatible within a supposedly hygienic social. The word savage comes from the Latin salvaticus, an alteration of silvaticus, meaning “wild,” literally “of the woods.” Of persons, it means “reckless, ungovernable” (“Savage”). In the space-time of settler states, savagery temporarily stands in for those subjectivities tethered to a supposedly waning form of indigeneity, one that came from the woods and, because of this, had to be jettisoned from or assimilated into the national body. Here is Audra Simpson on the history of Indian “lawlessness”: Its genealogy extends back to the earliest moments of recorded encounter, when Indians appeared to have no law, to be without order, and thus, to be in the colonizer’s most generous articulation of differentiation, in need of the trappings of civilization. “Law” may be one instrument of civilization, as a regulating technique of power that develops through the work upon a political body and a territory. (2014, 144) According to Simpson, the recognition of Indigenous peoples as lawless rendered them governable, motivating the settler state (here, Canada) to curate and thus contain atrophied indigeneities—and, consequently, their sovereignties, lands, and politics—within the borders of federal law (2014, 144-45). Similarly, in The Transit of Empire Jodi Byrd traces the epistemological gimmicks through which the concept of “Indianness” came to align with “the savage other” (2011, 27). For her, this alignment provided the “rationale for imperial domination” and continues to stalk philosophy’s patterns of thinking (ibid.). Simpson, writing about the Mohawks of Kahnawake, argues that “a fear of lawlessness” continues to haunt the colonial imaginary, thereby diminishing “Indigenous rights to trade and to act as sovereigns in their own territories” (2014, 145). We might take the following lyrics from the popular Disney film Pocahontas as an example of the ways indigeneity circulates as a feral signifier in colonial economies of meaning-making: [Ratcliffe] What can you expect From filthy little heathens? Their whole disgusting race is like a curse Their skin’s a hellish red They’re only good when dead They’re vermin, as I said And worse [English settlers] They’re savages! Savages! Barely even human. (Gabriel and Goldberg 1995) Savagery connotes a state of non-ontology: Indigenous peoples are forced to cling to a barely extant humanity and coterminously collapse into a putatively wretched form of animality. Savagery is lethal, and its Indian becomes the prehistoric alibi through which the human is constituted as such. Indigenous peoples have therefore labored to explain away this savagery, reifying whitened rubrics for proper citizenship and crafting a genre of life tangible within the scenes of living through that are constitutive of settler colonialism as such. These scenes, however, are dead set on destroying the remnants of that savagery, converting their casualties into morally compatible subjects deserving of rights and life in a multicultural state that stokes the liberal fantasy of life after racial trauma at the expense of decolonial flourishing itself. This paper is therefore interested in the subjectivities and forms of sociality that savagery destroys when applied from without, and the political work of appropriating that savagery in the name of decolonization. Ours is a form of indigeneity that hints at a fundamental pollutability that both confirms and threatens forms of ontology tethered to a taxonomized humanity built in that foundational episode of subjection of which Simpson speaks. I am suggesting that savagery always-already references an otherworld of sorts: there are forms of life abandoned outside modernity’s episteme whose expressivities surge with affects anomalous within the topography of settler colonialism. This paper is not a historicist or nostalgic attachment to a pre-savage indigeneity resurrected from a past somehow unscathed by the violence that left us in the thick of things in the first place. Instead, I emphasize the potentiality of ferality as a politics in a world bent on our destruction—a world that eliminates indigeneities too radical to collapse into a collective sensorium, training us to a live in an ordinary that the settler state needs to persist as such, one that only some will survive. This world incentivizes our collusion with a multicultural state instantiated through a myth of belonging that actively disavows difference in the name of that very difference. We are repeatedly hurried into a kind of waning sociality, the content and form of which appear both too familiar and not familiar enough. In short, we are habitually left scavenging for ways to go on without knowing what it is we want. Let’s consider Jack Halberstam’s thoughts on “the wild”: It is a tricky word to use but it is a concept that we cannot live without if we are to combat the conventional modes of rule that have synced social norms to economic practices and have created a world order where every form of disturbance is quickly folded back into quiet, where every ripple is quickly smoothed over, where every instance of eruption has been tamped down and turned into new evidence of the rightness of the status quo. (2013, 126) Where Halberstam finds disturbance, I find indigeneity-cum-disturbance par excellence. Halberstam’s “wild” evokes a potentiality laboured in the here and now and “an alternative to how we want to think about being” in and outside an authoritarian state (2013, 126-27). Perhaps the wild risks the decolonial, a geography of life-building that dreams up tomorrows whose referents are the fractured indigeneities struggling to survive a historical present built on our suffering. Ferality is a stepping stone to a future grounded in Indigenous peoples’ legal and political orders. This paper does not traffic in teleologies of the anarchic or lawless as they emerge in Western thought; instead, it refuses settler sovereignty and calls for forms of collective Indigenous life that are attuned to queerness’s wretched histories and future-making potentialities. Indigeneity is an ante-ontology of sorts: it is prior to and therefore disruptive of ontology. Indigeneity makes manifest residues or pockets of times, worlds, and subjectivities that warp both common sense and philosophy into falsities that fall short of completely explaining what is going on. Indigenous life is truncated in the biopolitical category of Savage in order to make our attachments to ourselves assimilable inside settler colonialism’s national sensorium. Settler colonialism purges excessive forms of indigeneity that trouble its rubrics for sensing out the human and the nonhuman. In other words, settler colonialism works up modes of being-in-the-world that narrate themselves as the only options we have. What would it mean, then, to persist in the space of savagery, exhausting the present and holding out for futures that are not obsessed with the proper boundary between human and nonhuman life? This paper now turns to the present, asking: what happens when indigeneity collides with queerness inside the reserve, and how might a feral theory make sense of that collision? Deadly Presents “I went through a really hard time… I was beaten; more than once. I was choked” (Klassen 2014). These were the words of Tyler-Alan Jacobs, a two-spirit man from the Squamish Nation, capturing at once the terror of queer life on the reserve and the hardening of time into a thing that slows down bodies and pushes them outside its securitized geographies. Jacobs had grown up with his attackers, attackers who were energized by the pronouncement of queerness—how it insisted on being noticed, how it insisted on being. When the dust settled, “his right eye [had] dislodged and the side of his faced [had] caved in” (ibid.). Settler colonialism is fundamentally affective: it takes hold of the body, makes it perspire, and wears it out. It converts flesh into pliable automations and people into grim reapers who must choose which lives are worth keeping in the world. It can turn a person into a murderer in a matter of seconds; it is an epistemic rupturing of our attachments to life, to each other, and to ourselves. It is as if settler colonialism were simultaneously a rescue and military operation, a holy war of sorts tasked with exorcising the spectre of queer indigeneity and its putative infectivity. I rehearse this case because it allows me to risk qualifying the reserve as a geography saturated with heteronormativity’s socialities. This is a strategic interdiction that destroys supposedly degenerative queer affect worlds, untangling some bodies and not others from the future. I don’t have the statistics to substantiate these claims, but there is an archive of heartbreak and loss that is easy to come by if you ask the right people. Indeed, what would such statistics tell us that we don’t already know? What would the biopolitical work of data collection do to a knowledge-making project that thinks outside the big worlds of Statistics and Demography and, instead, inside the smaller, more precarious worlds created in the wake of gossip? I worry about ethnographic projects that seek to account for things and theory in the material in order to map the coordinates of an aberration to anchor it and its voyeurs in the theatres of the academy. The desire to attach to a body is too easily energized by a biological reading of gender that repudiates the very subjects it seeks so desperately to know and to study. What about the body? I have been asked this question, again and again. A feral theory is something of a call to arms: abolish this sort of ethnography and turn to those emergent methodologies that might better make sense of the affects and life-forms that are just now coming into focus and have been destroyed or made invisible in the name of research itself. Queer indigeneity, to borrow Fred Moten’s description of blackness, might “come most clearly into relief, by way of its negation” (2014). Perhaps decolonization needs to be a sort of séance: an attempt to communicate with the dead, a collective rising-up from the reserve’s necropolis, a feral becoming-undead. Boyd and Thrush’s Phantom Past, Indigenous Presence thinks indigeneity and its shaky histories vis-à-vis the language of haunting, where haunting is an endurant facet of “the experience of colonialism” (Bodinger de Uriarte 2012, 303). But, for me, ghostliness is differentially distributed: some more than others will be wrenched into the domain of the dead and forced to will their own ontologies into the now. Perhaps the universalist notion that haunting is a metonym for indigeneity repudiates the very life-forms that it claims to include: those who are differently queered and gendered, and, because of this, haunt waywardly and in ways that cannot be easily predicted (Ahmed 2015). This paper thus takes an imaginative turn and proceeds with something of an incantation to summon the figure of the queer Indigenous poltergeist—the feral monster in the horror story of decolonization. Queer Indigenous poltergeists do not linger inaudibly in the background; we are beside ourselves with anger, we make loud noises and throw objects around because we are demanding retribution for homicide, unloved love, and cold shoulders. We do not reconcile; we escape the reserve, pillage and mangle the settler-colonial episteme. Our arrival is both uneventful and apocalyptic, a point of departure and an entry point for an ontology that corresponds with a future that has yet to come. Sometimes all we have is the promise of the future. For the queer Indigenous poltergeist, resurrection is its own form of decolonial love. The poltergeist is an ontological anomaly: a fusion of human, object, and ghost, a “creature of social reality” and a “creature of fiction” (Haraway 1991, 149). From the German poltern meaning “[to] make noise, [to] rattle” and Geist or “ghost,” it literally means “noisy ghost,” speaking into existence an anti-subjectivity that emerges in the aftermath of death or murder (“Poltergeist”). It is the subject of Tobe Hooper’s 1982 film Poltergeist, which tells a story of “a haunting based on revenge” (Tuck and Ree 2013, 652). The film’s haunting is a wronging premised on an initial wrong: the eponymous poltergeist materializes when a mansion is constructed on a cemetery—a disturbing of spirits, if you will. José Esteban Muñoz argues that “The double ontology of ghosts and ghostliness, the manner in which ghosts exist inside and out and traverse categorical distinctions, seems especially useful for… queer criticism” (2009, 46). In this paper, the poltergeist names the form which indigeneity takes when it brings queer matter into its folds. In other words, this essay evokes haunting as a metaphor to hint at the ways in which queerness was murderously absorbed into the past and prematurely expected to stay there as an effect of colonialism’s drive to eliminate all traces of sexualities and genders that wandered astray. The poltergeist conceptualizes the work of queer indigeneity in the present insofar as it does not presuppose the mysterious intentions of the ghost—an otherworldly force that is bad, good, and undetectable all at once. Instead, the poltergeist is melancholic in its grief, but also pissed off. It refuses to remain in the spiritual, a space cheapened in relation to the staunch materiality of the real, and one that, though housing our conditions of possibility, cannot contain all of us. We protest forms of cruel nostalgia that tether ghosts to a discarded past within which queer Indigenous life once flourished because we know that we will never get it back and that most of us likely never experienced it in the first place. We long for that kind of love, but we know it is hard to come by. I turn to the poltergeist because I don’t have anywhere else to go. Help me, I could say. But I won’t. Queer indigeneity, then, is neither here nor there, neither dead nor alive but, to use Judith Butler’s language, interminably spectral (2006, 33). We are ghosts that haunt the reserve in the event of resurrection. According to Indigenous and Northern Affairs Canada, a reserve is a “tract of land, the legal title to which is held by the Crown, set apart for the use and benefit of an Indian band” (“Terminology”). The “reserve system” is part of the dispossessory ethos through which the settler state reifies land as the sign of sovereignty itself, and thus effects the political death of indigeneity, decomposing it into nothingness, into contaminated dirt. Reserves are the products of imaginations gone wild; they are ruins that bear “the physical imprint of the supernatural” on arid land, on decaying trailers arranged like weathered tombstones (Tuck and Ree 2013, 653). They are borderlands that connote simultaneous possession and dispossession: they represent the collision between settler sovereignty (insofar as the Crown holds the legal title to the land) and indigeneity (pointing to a genre of life that is distinctly Indigenous). Reserves were—some might say they still are—zones of death that regulated and regulate the movements of Indigenous bodies, quarantining their putatively contaminated flesh outside modern life in order to preserve settler-colonial futurities. It is as if the reserve were a site of complete atrophy, where indigeneity is supposed to waste away or degenerate, where queerness has already bled out. Look at the blood on your hands! The queer Indigenous poltergeist, however, foregrounds what I call a “reserve consciousness” —an awareness of the deathliness of the reserve. A reserve consciousness might be a kind of critical phenomenology that, to use Lisa Guenther’s description of this sort of insurgent knowledge project, pulls up “traces of what is not quite or no longer there—that which has been rubbed out or consigned to invisibility” (2015): here, the so-called on-reserve Indian. It might be about becoming a frictive surface; by rubbing up against things and resisting motion between objects, we might become unstuck. Queer Indigenous poltergeists are what Sara Ahmed calls “blockage points”: where communication stops because we cannot get through (2011, 68). That is, queer indigeneity connotes an ethical impasse, a dead end that presents us with two options: exorcism or resurrection. If settler colonialism is topological, if it persists despite elastic deformations such as stretching and twisting, wear and tear, we might have to make friction to survive. I turn to the reserve because it is a geography of affect, one in which the heaviness of atmospheres crushes some bodies to death and in which some must bear the weight of settler colonialism more than others. The violence done to us has wrenched us outside the physical world and into the supernatural. Some of us are spirits—open wounds that refuse to heal because our blood might be the one thing that cannot be stolen. Does resistance always feel like resistance, or does it sometimes feel like bleeding out (Berlant 2011)? Feral Socialities I must leave the beaten path and go where we are not. Queerness, according to Muñoz, is not yet here; it is an ideality that “we may never touch,” that propels us onward (2009, 1). Likewise, Halberstam suggests that the presentness of queerness signals a kind of emerging ontology. He argues that failure “is something that queers do and have always done exceptionally well in contrast to the grim scenarios of success” that structure “a heteronormative, capitalist society” (2011, 2-3). For Muñoz, queer failure is about “doing something that is missing in straight time’s always already flawed temporal mapping practice” (2009, 174). We know, however, that this isn’t the entire story. Whereas Muñoz’s queer past morphs into the here and now of homonormativity’s carceral tempos, indigeneity’s queernesses are saturated with the trauma of colonialism’s becoming-structure. Queer death doubles as the settler state’s condition of possibility. Pre-contact queer indigeneities had been absorbed into colonialism’s death grip; however, this making-dead was also a making-undead in the enduring of ghosts (Derrida 1994, 310). If haunting, according to Tuck and Ree, “lies precisely in its refusal to stop,” then the queer Indigenous poltergeist fails to have died by way of time travel (2013, 642). Queer indigeneity might be a kind of “feral sociality”: we are in a wild state after escaping colonial captivity and domestication. When the state evicts you, you might have to become feral to endure. To be feral is to linger in the back alleys of the settler state. It is a refusal of settler statecraft, a strategic failing to approximate the metrics of colonial citizenship, a giving up on the ethical future that reconciliation supposedly promises. As an aside, I suspect that the settler state’s reconciliatory ethos is always-already a domesticating project: it contains Indigenous suffering within the spectacularized theatre of the Truth and Reconciliation Commission, building a post-Residential School temporality in which Indigenous peoples have been repaired through monetary reparations and storytelling. In the melodrama of reconciliation, the settler state wins its centuries-long war against Indian lawlessness by healing Indigenous peoples of the trauma that blocked them from becoming properly emotive citizens. Queer indigeneity, however, escapes discursive and affective concealment and therefore the category of the human itself, disturbing the binary clash between the living and nonliving by way of its un-humanity, a kind of “dead living” whereby flesh is animated through death. Perhaps we must become feral to imagine other space-times, to imagine other kinds of queerness. If settler colonialism incentivizes our collusion with the humanist enterprise of multiculturalism (and it does), what would it mean to refuse humanity and actualize other subject formations? In other words, how do the un-living live? Here, I want to propose the concept of “Indian time” to theorize the temporality and liminality of queer indigeneity as it festers in the slippage between near-death and the refusal to die. Indian time colloquially describes the regularity with which Indigenous peoples arrive late or are behind schedule. I appropriate this idiom to argue that the presentness of queer indigeneity is prefigured by an escape from and bringing forward of the past as well as a taking residence in the future. To be queer and Indigenous might mean to live outside time, to fall out of that form of affective life. Indian time thus nullifies the normative temporality of settler colonialism in which death is the telos of the human and being-in-death is an ontological fallacy. It connotes the conversion of queer indigeneity into non-living matter, into ephemera lurking in the shadows of the present, waiting, watching, and conspiring. Where Jasbir Puar argues that all things under the rubric of queer are always-already calculated into the state’s biopolitical mathematic, queer indigeneity cannot be held captive because it cannot be seen—we are still emerging in the social while simultaneously altering its substance (2012). If decolonization is, according to Tuck and K. Wayne Yang’s reading of Frantz Fanon, an “unclean break from a colonial condition,” perhaps the queer Indigenous poltergeist is feral enough to will a decolonial world into a future that hails rather than expels its ghosts (2012, 20). The queer Indigenous poltergeist might have nothing else to lose.

#### Systems of knowledge serve to institute and replicate settler colonialism — the human is a storytelling species and knowledge systems are always already being chartered through the replication of sociogenic codes

Wynter and McKittrick 15. Sylvia Wynter is a Professor Emerita at Stanford University. Katherine McKittrick is a professor in Gender Studies at Queen's University. She is an academic and writer whose work focuses on black studies, cultural geography, anti-colonial and diaspora studies, with an emphasis on the ways in which liberation emerges in black creative texts. (Sylvia Wynter: On Being Human as Praxis, *Duke University Press*, 2015) vikas

To resolve the aporia of this cognitive dilemma, I turn again to Césaire’s proposed new and hybrid bios / mythoi science of the Word. Here because, as he proposed, and as earlier cited, the study of the Word / the mythoi will now determine the study of the bios / of the brain, and this will thereby enable us to gain an external (demonic ground) perspective on the always already storytellingly chartered / encoded discursive formations / aesthetic fields, as well as of, co- relatedly, our systems of knowledge. And, with this gain insight into how these systems of knowledge, each together with its genre- specific “truth of solidarity,” all institute and **stably** replicate our genres **of being hybridly human** with the also communitarian viability of each respective societal order. Yet **with all of the above—including, in macro terms, the instituting of our contemporary secular and “single model” liberal (now neoliberal) monohumanist Western / Westernized transnational world system—what again must be emphasized is** that the respective “truths” of their knowledge systems are always already prespecified by **our** storytellingly chartered sociogenic replicator code of symbolic life / death, its Word and / or Bateson- type “descriptive statement” as rigorously discursively elaborated by its “status quo system of learning” and its overall epistemological order. **This order circularly ensures that each such genre- specific regime / program of truth, will law- likely function to semantically- neurochemically induce the performative enactment of** our ensemble of **always already role- allocated individual and collective behaviors** within the reflexly and subjectively experienced terms of a cognitively closed, thereby genre- specific and fictively eusocializing, autonomously functioning, higher- level living autopoietic system. Cosmogonies of Our Planetary Life and Our Chartered Codes of Symbolic Life and Symbolic Death: Fictively Induced Modes of Inter- Altruistic Kin Recognition and Auto- Instituted Pseudospeciated Mode of Kind KM: Here Wynter elaborates on storytelling beginnings and cosmogonies. She returns to her extension of Frantz Fanon’s conception of our being hybridly human, both bios and mythoi, in order to address the unsolved phenomenon of human consciousness. She explores how our chartering / encoding genre- specific cosmogonies provide the narrative source of our fictively eusocializing subjectivities, thus enabling us to be reborn- through- initiation as always already sociogenically encoded inter- altruistically kin- recognizing members of each referent- we. At the same time, however, **the law- like reification of** each fictively induced and subjectively experienced order of consciousness **of each referent- we is, itself, absolutized by** what Wynter identifies as **the law of cognitive closure**. SW: Fanon put forward the idea of our skin / masks, thereby of the hybridity of our being human, in 1952. Crick and Watson cracked the genetic code in 1953. Now, I argue that Fanon’s masks enact a “second set of instructions”: that of the sociogenic code of symbolic life / death. Further, within the overall enactment of each such “second set of instructions,” the ism of gender is itself—while only one member class—a founding member class. Gender is a founding member because in order to auto- institute ourselves as subjects of a genre- specific referent- we, we must, first, co- relatedly and performatively enact each such code’s “second set of instructions” at the familial level, in terms of our gender roles. We know of this brilliant concept of the performative enactment of gender from Judith Butler.60 I am suggesting that the enactments of such gender roles are always a function of the enacting of a specific genre of being hybridly human. Butler’s illuminating redefinition of gender as a praxis rather than a noun, therefore, set off bells ringing everywhere! Why not, then, the performative enactment of all our roles, of all our role allocations as, in our contemporary Western / Westernized case, in terms of, inter alia, gender, race, class / underclass, and, across them all, sexual orientation? All as praxes, therefore, rather than nouns. So here you have the idea that with being human everything is praxis. For we are not purely biological beings! As far as the eusocial insects like bees are concerned, their roles are genetically preprescribed for them. Ours are not, even though the biocentric meritocratic iq bourgeois ideologues, such as the authors of The Bell Curve, try to tell us that they / we are.61 So the question is: **What are the mechanisms, what are the technologies, what are the strategies by which we prescribe our own roles?** What is common to all are cosmogonies and origin narratives. The representations of origin, which we ourselves invent, **are then retroactively projected onto an imagined past.** Why so? Because each such projection is the shared storytelling origin out of which we are initiatedly reborn. In this case we are no longer, as individual biological subjects, primarily born of the womb; rather, we are both initiated and reborn as fictively instituted inter- altruistic kinrecognizing members of each such symbolically re- encoded genre- specific referent- we. This is to say we are all initiatedly reborn—renatus in Saint Thomas Aquinas’s Christian term—to subjectively experience ourselves as subjects of the same encoded symbolic life kind. Why this imperative? Because **for all genre- specific subjects who are reborn from the same eusocializing origin myth and / or cosmogony, their genetically encoded individual biological life and its attendant imperative of naked self- preservation must at the same time be**, via initiation, **aversively experienced as symbolic death.** 62 This is the concomitant condition of inducing in all subjects the mimetic desire for the group- collective symbolic life of its genre- specific referent- we, its fictive mode of pseudospeciated kind. **The centrality of the ritually initiated and enacted storytelling codes, and thus their positive / negative, symbolic** life / death **semantically- neurochemically activated “second set of instructions,”** **emerges** here: these codes are specific to each kind. **The** positive verbal meanings **attributed to their respective modes of kind** are alchemically transformed into living flesh**,** as **its members all reflexly subjectively experience themselves, in the mimetically desirable, because** opiate-rewarded, placebo terms of **that mode of** symbolic **life prescribed by the storytelling** code. This at the same time as they subjectively experience their former “born of the womb” purely biological life as mimetically aversive, because they are doing so in now opiate- reward- blocked symbolic death, nocebo terms.63 For the preservation of which of these lives, then, do you think wars are fought? In the wake of the answer to the above, we see our chartering cosmogonies as being isomorphic with what we now define as our “cultures”— in both cases **we are talking about our hybrid sociogenic codes and their “second set of instructions.”** These are **codes that are even able to override where necessary**—this with respect to our auto- instituted, non– genetically restricted fictive modes of eusociality—**the first set of instructions of our own dna** (unlike as is the case with all other primates). The logical corollary is this: our modes of auto- institution, together with their initiatory rituals of rebirth—as iconized by the ritual of Christian baptism—are indispensable to the enacting of the human as the only living species on Earth who is the denizen of its third and hybrid bios / mythoi level of existence! Our mode of hybrid living being alone—this together with our also hitherto always genre- specific bios / mythoi enacted orders of supraindividual consciousness—is thereby to arrive on the scene all at once! With the Big Bang of the biomutational Third Event! So you see now why we still can’t solve the problem of consciousness? In spite of the most dedicated efforts of natural scientists, brain scientists, and philosophers? For what becomes clear here is that our human orders of consciousness / modes of mind cannot exist outside the terms of a specific cosmogony. Therefore, human orders of consciousness / modes of mind cannot preexist the terms of the always already mythically chartered, genre- specific code of symbolic life / death, its “second set of instructions” and thus its governing sociogenic principle— or, as Keith Ward puts it, its nonphysical principle of causality.64 To give an example: here we are, we are talking and thinking. We are, in fact, reflexly talking and thinking in terms of Darwin’s biocosmogonically chartered definitive version—in The Descent of Man (1871)—of the British bourgeoisie’s ruling class’s earlier reinvention of Man1’s civic humanist homo politicus as that of liberal monohumanist Man2 as homo oeconomicus, together with its now fully desupernaturalized sociogenically encoded order of consciousness. These are the very terms, therefore, in which we ourselves, in now historically postcolonial / postapartheid contexts, are. If in our case, only mimetically so! This at the same time as we are also struggling to think outside the limits of the purely biocentric order of consciousness that is genre- specific to the Western bourgeoisie’s homo oeconomicus. But it’s extremely difficult to do, right? You know why? Because Darwinism’s powerful, seductive force as a cosmogony, or origin narrative, is due to the fact that it is the first in our human history to be not only part myth but also part natural science. In fact, this mutation—the part myth / part natural science workings of Darwinism—draws attention to Darwin’s powerful neoMalthusian conceptual leap.65 A leap by means of which—over and against Cardinal Bellarmine—Darwin was to definitively replace the biblical Cre- ation account of the origin of all forms of biological life, including the major bios aspect of our being hybridly human, with a new evolutionary account. Why, then, say that this Darwinian account is only part science? Biologist Glyn Isaac, in his essay “Aspects of Human Evolution” (1983), provides the answer. Isaac makes us aware of the ecumenically human trap into which Darwin had also partly fallen: Understanding the literature on human evolution calls for the recognition of special problems that confront scientists who report on this topic. Regardless of how the scientists present them, accounts of human origins are read as replacement materials for genesis. They fulfill needs that are reflected in the fact that all societies have in their culture some form of origin beliefs, that is, some narrative or configurational notion of how the world and humanity began. Usually, these beliefs do more than cope with curiosity, they have allegorical content, and they convey values, ethics and attitudes. The Adam and Eve creation story of the Bible is simply one of a wide variety of such poetic formulations. . . . The scientific movement which culminated in Darwin’s compelling formulation of evolution as a mode of origin seemed to sweep away earlier beliefs and relegate them to the realm of myth and legend. Following on from this, it is often supposed that the myths have been replaced by something quite different, which we call “science.” However, this is only partly true; scientific theories and information about human origins have been slotted into the same old places in our minds and our cultures that used to be occupied by the myths. . . . Our new origin beliefs are in fact surrogate myths, that are themselves part science, part myths. 66 So the trap, you see, is that of the paradox that lies at the core of our metaDarwinian hybridity. For what I’m saying is that as humans, we cannot / do not preexist our cosmogonies, our representations of our origins—even though it is we ourselves who invent those cosmogonies and then retroactively project them onto a past. We invent them in formulaic storytelling terms, as “donor figures” or “entities,” who have extrahumanly (supernaturally, but now also naturally and / or bioevolutionarily, therefore secularly) mandated what the structuring societal order of our genre- specific, eusocial or cultural present would have to be.67 As the French cultural anthropologist Maurice Godelier also makes clear, with respect to the above: we, too, hitherto have also systematically kept the reality of our own agency—from our origins until today—opaque to ourselves. 68 Thus all our humanly invented chartering cosmogonies, including our contemporary macro (monohumanistic / monotheistic) cosmogonies, are law- likely configured as being extrahumanly mandated.69 All such sacred theological discourses ( Judaism, Islamism, Christianity, for example) continue to function in the already theo- cosmogonically mandated cognitively closed terms that are indispensable to the enacting of their respective behavior- inducing and behavior- regulatory fictively eusocializing imperative. This is especially apparent, too, in the secular substitute monohumanist religion of Darwin’s neo- Malthusian biocosmogony: here, in the biocosmogony of symbolic life / death—as that of selection / dysselection and eugenic / dysgenic codes—the incarnation of symbolic life, will law- likely be that of the ruling- class bourgeoisie as the naturally selected (eugenic) master of Malthusian natural scarcity. With this emerges, cumulatively, the virtuous breadwinner, together with his pre- 1960s virtuous housewife, and, corelatedly, the savvy investor, the capital accumulator, or at least the steady job holder.70 In effect, wealth, no longer in its traditional, inherited freehold landowning form, but in its now unceasingly capital- accumulating, global form, is itself the sole macro- signifier of ultimate symbolic life. Symbolic death, therefore, is that of having been naturally dysselected and mastered by Malthusian natural scarcity: as are the globally homogenized dysgenic non- breadwinning jobless poor / the pauper / homeless / the welfare queens. Poverty itself, therefore, is the “significant ill” signifier of ultimate symbolic death and, consequently, capital accumulation, and therefore symbolic life signifies and narrates a plan of salvation that will cure the dysselected significant ill! **The systemic reproduction of** the real- life **categories** of both signifiers **are** indispensable **to the** continued enactment of **the ruling - class** bourgeoisie’s governing code of symbolic life / death and the defining of liberal (now neoliberal) monohumanist Man2. This now purely secular coding of life / death is itself discursively—indeed rigorously—elaborated bioepistemologically, on the model of a natural organism, by the disciplines of our social sciences and humanities, together with their respective genre- specific and ethno- class truths of solidarity.71 Consequently, **within the laws of** hybrid auto- institution and / or pseudospeciation the (**humanities and social science**) **disciplinary truths of solidarity enact** their biocosmogonically chartered **sociogenic code** of symbolic life / death, also **imperatively calling to be discursively elaborated in cognitively** (cum psychoaffectively / aesthetically) **closed terms.**

#### Western colonial frameworks render Nativeness as the raw material for settler vitality — refuse the re-scripting of Native life and death onto settler landscapes and colonial cartographies

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**Connecting Kim TallBear and Philip Deloria’s work**, **we can understand how** Western colonial scientific frameworks render ‘Nativeness’ into a material resource, already belonging to settler society, which can be mined for value; its imaginary, raw, authentic qualities are desired to make settler identity meaningful **and to construct intimate belongings** with landscape. Thinking about **desires to consume and own flesh** (or bone), **and rendering** bone **into personal property**, Alexander Weheliye’s concept of ‘pornotroping’ gets at the ways that the captive body is a “source of an irresistible, destructive sensuality” **and at the same time is** “reduced to a thing, to being for the captor” (90). Orlando Patterson also discusses the imagined intimacy between enslavers and captive bodies, **as well as a fear of danger waiting in the spiritual realm for the enslaver because of his actions**; which is assuaged through **imagining a ‘benevolent enslavement,’ thus** assuring a salvation for the enslaver. I do not mean to collapse the very differing racializing projects of antiBlackness and Indigenous dispossession into being the same thing, while also recognizing their inseparable entanglements in the mutual constitution of settler colonialism, and also acknowledging that perhaps my easy comparison here is very problematic; I do want to think about the space of settler sexualized desire for captive bodies, and connect it to a sexualized and intimate desire for captured dead bodies. How do settlers form (imagined) belongings through imagined intimacies with Indigenous dead? How does anti-Black consumption facilitate white settler intimacies with landscapes? What kinds of sexualized and intimate fantasies are being enacted through the dissection and hoarding of corpses, or the extraction of energy from human bones? When does the researcher, or witch, imagine and perform a fabricated emotional intimacy with the dead, and when is the dead body simply an object from which to extract, or dismember? I’m **reflecting on Audra Simpson’s comments** on yesterday’s panel “Colonial Unknowing and Biopolitics,” which speaking on the ruse of consent **that** settler society depicts in its relations with Indigenous peoples, I **call attention to the coercive intimacy researchers**, and perhaps witches, enforce onto the dead. I do acknowledge and hesitate at my oversimplification of histories and meanings of witchcraft, and at the same time, I do take seriously the settler colonial fantasies that very much inform the increasing popularity of witchcraft particularly amongst white queer identified settlers. To conclude, **I have begun to consider the historical and ongoing extractive projects that seek to render Indigenous bones into material resources** - **to be excavated, consumed, dismembered, and** the particular **logics of containment projected onto the dead through settler imaginaries.** I ask how are the bones of the dead consumed in order to enact queer settler belongings imagined to be subversive to the state, yet ultimately naturalizing of, and thus reinforcing to, a settler colonial project? Thinking with the work of Sylvia Wynter and Jodi Byrd, **projects of settler colonial grave excavation** reveal an important process in how meanings of ‘symbolic life and death’ are mapped onto landscape **through their centrality in establishing the normative standards of ‘Western Man’ as ‘human’ and as foundational to the parameters of US legal personhood**, furthermore, genocidal intimacies draws attention to the sexualized productions of colonial carceral geographies. Settler **belonging is** accessed through genocidal intimacies, which are both **informed by and reproductive of the carceral grounds from which** militarized settler space and racializing technologies of social death can be erected and enacted.

#### Their discourse of IPP regimes is grounded in structures of racialization and settler colonialism. Negative state action is not the link – its about how the affirmative legitimizes those structures as valuable and worthy of preservation through a *mere* reduction keeping these systems in place

Vats 19 [ Anjali Vats Associate Professor of Law, with a secondary appointment in Communication, at the University of Pittsburgh School of Law. “Mapping property” Quartery Journal of Speech <http://www.anjalivats.com/wp-content/uploads/2021/02/Mapping-property.pdf> ] // aaditg

By treating colonies as functionally empty, via Lockean labor theory and property law, settler colonists legitimized not only their land claims but also the systems of knowledge that underwrote them. The problematics of this logic persist even today. Property is thus a profoundly important keyword for thinking about race not only in the United States but in settler colonies across the world. From the appropriation of Indigenous lands in the Americas to the brutalization of enslaved Black persons, the history of racism in America is deeply intertwined with the history of property. Cheryl Harris thoroughly demonstrates that point in her now canonical piece “Whiteness as Property.” 4 The law review article that she originally wrote for a legal academic audience has become an anchor in literatures from Critical Race Theory to critical ethnic studies. Harris’s central argument – that whiteness itself functions like property insofar as it affords individuals that possess it a bundle of exclusive rights – demonstrates that settler colonial conceptions of property have evolved with and through moves for human rights and civil rights. In particular, she contends that the de jure discrimination through which white people structurally disenfranchised people of color, particularly African Americans, did not disappear after Emancipation but mutated into often invisible status associated with a bundle of rights. Whiteness, like the Doctrine of Discovery, establishes a priori rights and privileges that cannot be conferred on those who are not white. Racial liberalism is founded on the maintenance of whiteness as property, through obstruction of the structural changes that can produce true equity and inclusion. Harris’s piece, though foundational in establishing the relationships between property and whiteness, is only the tip of the iceberg in mapping and theorizing the complex meanings and materializations of that term. As Harris foregrounds, property refers to tangible items in which people could claim use or possession. But it also refers to a system of relationalities that are negotiated in a variety of public cultural spaces through discursive and performative encounters. Understanding the production of those relationalities in different geographical places and historical moments is necessary, though not sufficient, for dismantling systems of oppression. One reason that Harris’s law review article is important, then, is because it does the work of demonstrating the evolutions of whiteness and white supremacy, as they are constructed in seemingly race neutral cultural, institutional, and legal spaces, over time. She showcases how structural racism is produced and maintained through a hegemonic war of position, not undone by progressive dismantling of the power of whiteness. That notion of the hegemonic war of position undergirds not only Harris’s work but also that of the larger body of scholarship in Critical Race QUARTERLY JOURNAL OF SPEECH 509 Theory, which began with the radical interrogations of legal scholars like Derrick Bell, Richard Delgado, Jean Stefancic, Ian Haney López, Kimberlé Crenshaw, and Lani Guinier, who theorized the rollback of civil rights gains in the post-civil rights era. It has evolved into an interdisciplinary endeavor centered on naming and undoing intersectional oppression. I begin this piece by situating property as a relational socio-legal category in order to demonstrate how it is both complex in form and function and woven into the very fabric of everyday life. As the books that I consider here illustrate, Euro-American conceptions of property implicate not only land but also the politics of knowledge, labor, human health, and communities of care. They are also constructed and reconstructed through the discursive and material interventions of a range of actors, using nameable rhetorical strategies, in legal and non-legal spaces. For instance, Colonial Lives of Property, by Brenna Bhandar, seeks to understand how Western laws and philosophies of property underpin settler colonialism across the globe, in places such as Canada and Australia. Her ambitious historical inquiry illuminates how legal fictions structure property across time and space. Empire’s Tracks, by Manu Karuka, theorizes settler colonialism as an incomplete project of ownership and domination. His analysis of the (counter)hegemonic struggles involved in railroad expansion urges his readers to rethink the inevitability of property, colonialism, and racial capitalism. Pharmocracy, by Ravi Sunder Rajan, examines how health is appropriated by capital, through the implementation of global health care and intellectual property regimes. His case studies, situated in an Indian context, illuminate the distinctly Euro-American construction of (intellectual) property in both spaces and map the institutions and values that produce global biomedicine. Finally, Racial Melancholia, Racial Dissociation, by David Eng and Shinhee Han, brings Critical Race Theory together with psychoanalytic theory in order to understand how structural racism affects the mental health and well-being of Asian Americans in Gen X and Gen Y, particularly through the racial scripts of yellow perils/model minorities.5 They show how allocations of real property and status property afforded to Asian Americans produce mental health crises that Western psychologists pathologize. One thread that runs through these books, then, is that property, in all its forms, is a socially constructed legal and cultural enterprise that is neither monolithic nor universal. Rather, it leaves space for contestation, through oppositional rhetorics and enactments. Taking a cue from Bhandar, who locates mapping as a practice of appropriation, this review essay contemplates practices and metaphors of resistive mapping of manifestations of property and the rhetorical strategies used to build and contest them. I am concerned with how rhetoricians can examine, as each of these authors do, how property is a complex social formation imbricated in power, constructed through rhetorical enactments, organized through bodies, and materialized in institutions. Mapping is not simply a tool of domination. Rather, as Timothy Barney argues, it is a “rhetoric of social change and social control” 6 and thus a productive means of imagining and reimagining landscapes of power. Maps are the “power lines” 7 through which property is created and managed; they can be rewritten and redeployed for resistive ends. As the work I turn to by Indigenous scholars later in this essay demonstrates, mapping is a fluid, not fixed practice. Remapping property requires first understanding where and how it structures ideological, economic, and political commitments, via theorizable rhetorical strategies. As the authors whose work I consider show, through 510 REVIEW ESSAY mapping property, possibilities for remapping it, largely via institutional and everyday practices of decolonization, become clear. Grounding its arguments in the work of four scholarly monographs that centrally engage with the concept of property, this review essay contends that rhetoricians have an important role to play in the decades old but still evolving “property turn” in the humanities and social sciences. In particular, rhetoric has cultivated the tools for understanding how the discursive comes to be transformed into the material, in structures and institutions. Raymie McKerrow’s conceptualization of critical rhetoric positions scholars to attend to precisely this task: understanding, theorizing, and confronting the tangible and intangible manifestations of (neo)colonial property regimes, particularly by naming and meditating on the rhetorical mechanisms through which power itself is produced. Zornitsa Keremidchieva, for instance, uses the notion of “governmental assemblage” 8 to show how the state produces structural power via the arrangement and deployment of “bodies, interests, institutions and identities.” 9 Rhetoric scholars ought to take a cue from Keremidchieva’s work in the context of property by seeking to understand how specific rhetorical vehicles, e.g. legal fictions, rhetorics of finance capitalism, discourses of human health, and strategies for pathologizing mental illness, mediate and facilitate the production of oppressive institutional property rights regimes. They also ought to consider how institutional structures are fundamentally produced by rhetorical choices. I return to the specific landscape of rhetorical scholars upon whom they might draw in the last section of this essay. Theorizing property as a rhetorical object of study is not only a productive continuation of the work that those who take up questions of race, law, citizenship, immigration, spatiality, and decolonization – including Kent Ono, Lisa Flores, Raka Shome, Karma Chávez, Darrel Wanzer-Serrano, Ersula Ore, Tiara Na’puti, Ashley Mack, Vincent Pham, Catalina de Onís, and many others – have brought to the fore but also a reimagining of the field as one that is deeply in conversation with disciplines such as American Studies, Ethnic Studies, Black Studies, and Cultural Studies about the nature of racial orders and structural oppression. As the scholarly investigations I turn to here demonstrate, the impacts of property regimes are far reaching and, indeed, structurally anchor restrictive understandings of subjectivity and appropriation through which oppression is realized. The books that I consider offer a broad range of insights about property. They also implicitly ask all of those in the academy who are committed to resisting domination in all its forms to return to the concept of fugitivity that Stefano Harney and Fred Moten elegantly advance.10 The regressive commitments associated with property – including intellectual property – run deep in settler colonial societies. Indeed, undertaking thorough study of property regimes requires contemplating institutional complicity in white supremacist regimes of property writ large, including in the discipline of communication itself, which at the time this essay was written was embroiled in a public battle over gatekeeping, scholarly merit, and whiteness. Committing to the project of producing inclusive and equitable realities of property will produce not only new institutions but a new field. Constructing property law Though the purpose of this essay is not to define property, doing so is helpful to establish a starting point from which to contemplate the term and its thematic implications for QUARTERLY JOURNAL OF SPEECH 511 scholarship in and out of rhetoric. As Bhandar notes, “[p]roperty is notoriously difficult to define” (17). For lawyers, the term most often refers to the bundle of legal rights – including the right of possession, the right of exclusion, and the right of use and enjoyment – afforded to those who own property. Philosophically speaking, Euro-American property law owes a great deal to the work of John Locke, whose Second Treatise on Government outlines the labor theory of property.11 While the bundle of legal rights theory is an important starting point, it is insufficient for defining “property.” Scholars across disciplines have argued against viewing property as merely a bundle of rights, using a range of approaches. While Harris offers an early and groundbreaking framework for critiquing the whiteness and instrumentalism of property law, she is certainly not a lone dissenter. Critiques of property law come from all angles, from the political economy of private property to the reprehensibility of treating humans as objects. Instead of detailing the landscape of property and its critics, my aim is to discuss the notion of property as relational and situate the importance of property for many other topics of scholarly inquiry. To understand property as relational, as the books I engage here do, is to recognize that the bundle of rights that comes with title is not simply a connection between owner and object fiated into the world. Instead, it is a complex set of relationships between individuals and institutions, often across categories of race, gender, class, and so on, that is shaped by culture and political economy. Property is created and destroyed through hegemonic struggles in situated historical moments. For instance, slavery was, in name, about treating humans as objects. Yet it was not founded on a subject-object connection but rather a subject-subject one. That is to say, white persons articulated and produced a connection to Black persons that underwrote their justifications for their claims of property, within a larger system of capitalism. The New York Times Magazine writes about the embeddedness of this relation in American (racial) capitalism in its 1619 Project: “Given the choice between modernity and barbarism, prosperity and poverty, lawfulness and cruelty, democracy and totalitarianism, America chose all of the above.” 12 “Low road capitalism” became the American – and in many ways global – default.13 The notion that property, a vital tool for implementing that form of capitalism, is constructed through the interplay of individual and institutional choices in an ideology of unethical racial capitalism undergirds each of the books that I review. Whether in the context of settler colonialism, railroad expansion, pharmaceutical patents, or psychoanalytic theory, definitions of property are forged through relations between groups of individuals across categories of identity and institutions struggling to implement imagined realities. Attempting to understand property without attending to relationality – or the networks of power in which it is embedded – only reveals part of the story. The books that I turn to in the following pages engage in a project of mapping (intellectual) property across categories of social relations and political economy. In doing so, they reveal how, as Michael Omi and Howard Winant showcase in their groundbreaking analysis of racial formation,14 property is formed and negotiated through the complex interpersonal interactions of individuals and institutions in larger, constraining structures of culture, politics, law, and political economy. The legal fictions of (settler) colonialism Colonial Lives of Property investigates how property works as a mechanism for enforcing racial regimes and accumulating capital, as part of larger practices of settler colonialism. 512 REVIEW ESSAY Historically, ownership has served as a tool of occupation and as a means of normalizing racial hierarchies in settler colonial spaces. In particular, Bhandar notes, “[b]eing an owner and having the capacity to appropriate have been long considered prerequisites for attaining the status of the proper subject of modern law, a fully individuated citizen subject” (5). Bhandar’s analysis, which focuses on settler colonial spaces in Canada, Australia, and Israel, shows how property law produced and produces racial and capitalist power through philosophies and practices of use, abstraction, improvement, and status. Each of Bhandar’s chapters carries out a close reading of one of those themes, through a settler colonial case study. The conclusion of the book turns to South Africa as a model for contemplating how it might look to decolonize property law, with the aims of unmaking racial capitalism and coloniality/modernity binaries. While Bhandar acknowledges the difficulties in decolonizing property law, she concludes with optimistic frameworks for rescripting Euro-American philosophies of property. Bhandar’s approach highlights how use, abstraction, improvement, and status are complex legal fictions, stories known to be false but that are nonetheless used to justify legal outcomes, used to normalize settler colonialism.15 Her understanding of property as object leaves space for new modes of thinking and performing ownership. In focusing on use, abstraction, improvement, and status as axes of property law, Bhandar demonstrates how deeply embedded Euro-American understandings of ownership are within the day-to-day logics of settler colonial and racial capitalist economies. She writes: Property constitutes a central part of the narrative foundation in a way that is so ubiquitous, it is akin to the furniture in the drawing room of a manor house, shoring up and naturalizing possession and occupation. If the possession of land was (and remains) the ultimate objective of colonial power, then property law is the primary means of realizing this desire. (3) Similar to the other books I engage here, Bhandar defines race as a contested set of practices, one that is produced by and through understandings of property, citizenship, and humanness. Her major contribution to the study of property is to illuminate how its core tenets produce racial subjectivity, which is, in turn, embedded within larger systems of exploitative racial capitalism. Her book is also notable for the depth of its engagements with the underlying philosophies and implementations of property law in settler colonial spaces across the globe. Thematically interrogating property law across time and space makes visible the extent to which regressive notions of ownership anchor contemporary politics and political economy and entrench racial orders. The historical and analytic nuance with which Bhandar considers the arguments of philosophers like John Locke and William Terry provides a useful model for rhetoricians interested in analysis of legal rhetorical texts – and legal scholars interested in property’s theoretical groundings. Through close reading of the work of property philosophers as they travel between settler colonial spaces, Bhandar sheds light on where and how the most corrosive ideologies of property reside in the interstitial spaces of everyday culture. Chapter One, “Use,” considers how questions of land use, specifically who uses property and for whose benefit, were and are central to settler colonial ownership claims. In particular, Bhandar notes that “the physical ownership and use of land as a basis for ownership has been defined quite narrowly by an ideology of improvement in colonial contexts” (34). She traces how European understandings of improvement and modernity

#### Their appeals to vaccines are built upon exploitation of native bodies

Tsosie et al 21 [ Krystal S. Tsosie is a Navajo geneticist and bioethics at Vanderbilt University, Joseph M. Yracheta is Vice President of the Native BioData Consortium:, Jessica Kolopenuk (Cree, Peguis First Nation) is an assistant professor at the Faculty of Native Studies at the University of Alberta. & Dr. Janis Geary is a postdoctoral research associate at ASU's School for the Future of Innovation. “We Have “Gifted” Enough: Indigenous Genomic Data Sovereignty in Precision Medicine” , The American Journal of Bioethics, 21:4, 72-75, DOI: 10.1080/15265161.2021.1891347] //aaditg

In “Obligations of the ‘Gift’: Reciprocity and Responsibility in Precision Medicine,” Lee (2021) rightly points out that disparities in health care access also lead to disparities in precision medicine research participation. Lee (2021) adds that an emphasis on individual consent among research ethics fails to adequately address Indigenous expectations for the governance of research specimens. As Lee summarizes in their conclusion, it is important to account for the ways that “group history and structural inequities” (64) continue to shape 21st century advances in medicine. While Lee frames their discussion within the context of clinical practice and the US healthcare system, our commentary extends consideration of the conditions that impact Indigenous participation in precision medicine research and also the potential benefits derived from it. We argue that Lee’s paper (not unlike much of the field of precision medicine) takes for granted the colonial power relations that shape the aforementioned structural inequities as the basis of Indigenous peoples’ relationship to health care systems. We contend that such erasure of the ongoing resistance of Indigenous peoples to protect and exercise their sovereignty, self-determination, and governance leads to the problematic framing of Indigenous participation in research as being a matter of “gifting” and “reciprocity.” Alternatively, and from our perspectives as Indigenous (in genetics—KST and JMY, science and technology—JK) and communityengaged (public health—JG) researchers, we offer the concept of “DNA on Loan” (Arbour and Cook 2006) to open pathways toward Indigenous genomic and data sovereignty in precision medicine. Contemporary biomedical research with and affecting Indigenous peoples must consider the histories and present experiences of research exploitation and harm perpetuated by medical institutions and researchers. Research has too often been done to and about Indigenous peoples, rather than for, with, or by Indigenous peoples (Dalton 2002). The fundamentally colonial and inequitable relationship between Indigenous peoples and the predominantly nonIndigenous research institutions that control access to healthcare and funding is a crucial context for reframing the so-called exchanges of gifts in precision medicine. Current policy structures that fund Indigenous health research do not ensure that funding goes directly to Indigenous communities, nor do policies ensure that those conducting research on behalf of communities follow procedures to prevent their exploitation. Therefore, the idea of “gift” implies a requisite trust by the gifter toward the receiving research institution. However, when “consultation” attempts from funders with Tribal leaders inevitably raise the issue of Indigenous data sovereignty or Tribal control of samples, funders quickly dismiss that as not commensurate with conventional research practices. This lack of trust in the Tribal partners’ ability to grant fair and consistent access is readily apparent not only in funding partnerships but with editors of major journals who recommend removing such phrases as “Tribal control & authority.” Such ability to dismiss the very real concept of tribal control demonstrates the extreme power imbalance of “gifting.” The structural power imbalance left in the wake of this policy gap is also apparent when Indigenous peoples are offered participation in research initiatives after the terms of participation have been predetermined by research institutions or funding authorities. Indigenous communities and scholars must then choose to accept the imposed terms or risk losing out on research opportunities entirely (Figure 1). Though touched upon briefly by Lee, there are two important points that must be emphasized in order to understand why this gift-giving analogy is problematic in Indigenous constructs. First, centering the “right to gift access” to one’s own body or bodily specimens on the individual is a notion that is rooted in Western bioethics but is culturally incongruent with Indigenous group or communitarian ethics (Tsosie, Yracheta, and Dickenson 2019). Secondly, tying giftgiving to an individual’s right to transfer from one Figure 1. The cycle of victim-blaming and coercion that Indigenous peoples experience in research. THE AMERICAN JOURNAL OF BIOETHICS 73 entity to another may lead to questions of ownership of said bodily materials or authority for unconsented secondary analysis of primary data (Zeiler 2014), which echoes Indigenous peoples’ concerns of cooptation and biocolonial prospecting of Indigenous genomes. The ethics and governance of secondary data is another topic where consultation with sovereign peoples has not been addressed in-depth, but out of the scope of this commentary. Ownership and control of data and specimens has both financial and health impacts. A 2013 report estimated that “the Human Genome Project and related federal research are linked to $965 billion in economic activity, more than 53,000 direct genomics-related jobs and $293 billion in personal income” (Battelle Technology Partnership Practise 2013). Without explicit ownership of their data, Indigenous communities not only lose out on the potential to participate in this economic activity, but risk having their identities misrecognized, commodified, and sold as ancestry tests (Fox 2020). Commercial exploitation of DNA taken from Indigenous peoples is, unfortunately, part of a cycle that continues to be perpetuated in the era of precision health and genomics research. Open access genomes from Indigenous groups from large-scale diversity projects such as the Human Genome Diversity Project and 1000 Genomes are now widely used by industry agents who have used biomarkers derived from Indigenous communities for corporate profit, while those same Indigenous communities fail to benefit from medical innovations that might improve health outcomes. To ask Indigenous peoples to continue participating in newer large-scale precision health projects, such as the All of Us Research Program, is to ask for their trust in a system that has historically exploited them through systemic inadequacies and anti-Indigenous politicking. Therefore, a publicly funded research agenda with a clear path to commercialization but without a clear path for Indigenous health or economy is fundamentally flawed. Thus, tying gifts of genomic and health data to private or even public domains of ownership without equitably distributing potential health benefits is an untenable relationship by which Indigenous peoples have and will, unfortunately, continue to receive nothing in return for their gift. Instead of conceptualizing samples and data in terms of gift-giving, we consider framing their possession in research in terms of stewardship. In this perspective, Indigenous-derived samples and data accepted for research are considered the continued property of the donor/community involved; hence DNA is considered “on loan” (Arbour and Cook 2006) to the researcher as opposed to being a gift. Those accessing the samples and data for research are entrusted to use the DNA for the purposes of consented research only, but ownership remains with the Indigenous donor/community.

#### Settler Colonialism constitutes the processes of unequal health care and medicine for indigenous bodies – their use of the state to “solve global health inequality” ignores the disparities natives face in health care and legitimatizes the states power over health care

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1. Introduction Rural and northern communities often face challenges disproportionate to their urban counterparts in accessing health care services (Ontario, 2011, p. 9). This situation is further complicated by social identities related to Indigeneity, race, gender, settler colonialism, age, ability, and sexual identity. Northwestern Ontario is located within the Robinson Superior Treaty and Treaties 3, 5, and 9. There are more than 49 First Nations in this region, 32 of which are only accessible by plane or briefly during the winter by seasonal ice roads, depending upon the duration and temperature of the winter months (Burnett et al., 2015). Looking at northwestern Ontario, we explore how space and place shape the health access and outcomes of Indigenous Peoples as both a function of historical and ongoing relations with the settler state and geography. Northwestern Ontario is a geographic region comprised of multiple rural spaces with important similarities and differences. In this paper, we consider the complicated ways in which notions of rural space operate alongside jurisdictional service boundaries that are rooted in settler colonialism. While elsewhere we have looked at the importance of trust and rapport in vaccination attitudes, in this paper our findings suggest that rural space is a more nuanced concept that requires further exploration.(See Map 1) Map 1 Download : Download high-res image (2MB)Download : Download full-size image Map 1. First Nations in Northern Ontario. The size of northern Ontario, particularly the provincial far north, presents unique challenges in regards to service delivery and complicates the notion of the urban/rural divide (Northern Policy Institute, 2017; Speer and Jivani, 2017). In northern Ontario, for example, Indigenous Peoples transverse multiple spaces and boundaries when accessing health care services. Many Indigenous Peoples residing in northern Ontario live on-reserve and off-reserve and often somewhere in-between. In other words, they may live in the city and regularly travel to their home community to visit family, participate in cultural activities, or to pursue land and water based food procurement activities. Some reserves/First Nations1 are located adjacent to or nearby cities or small municipalities that are scattered throughout northern Ontario. Other reserves are located further from urban spaces but are still connected by all-season roads. For some community members, these distances pose insurmountable barriers because they do not have regular and reliable access to transportation. This is increasingly true, for instance, with the cessation of Greyhound Lines bus services to rural and northern areas in Canada (Lambert and Graveland, 2018). Understanding the complicated intersection of structural barriers, space, and settler colonialism is essential to identifying the ways in which systems of oppression operate, specifically through health care provision. This paper explores three notions of rural space (urban-rural spaces, fly-in/remote spaces, and mid-range spaces) and argue that living in a mid-range First Nation that lies in relative close proximity (within 20–30 min' drive) to a northern urban area and its health services complicates notions of “rurality” and has implications regarding access to health care generally, and relationships with health care practitioners and continuity of care specifically. Drawing on research into Indigenous People's beliefs regarding vaccination, we explore understandings of rurality to illuminate the ways in which space and settler colonialism both shape and limit choices around health care access and attitudes toward vaccines and immunization. Significantly, given the ways in which anti-Indigenous racism and settler colonialism operate in northern urban spaces, First Nations (reserves) communities situated in a uniquely rural space (mid-range) with proximity to urban space have the potential to provide security, safety, and continuity of care that is frequently unavailable in either urban-rural spaces or remote/fly-in locales. As white settler2 scholars, we feel it is imperative that we actively engage in the ‘unsettling’ and uncomfortable work of decolonization by identifying those structures and systems of power that privilege non-Indigenous peoples by making visible the “invisibilized dynamics of settler colonialism” (Tuck and Yang, 2012) that maintain the current status quo. In order to undertake this work, we need to know and understand local contexts and histories so that we can recognize the unique ways in which space and colonialism operate in northern Ontario. 1.1. Defining rural and the Northern Ontario Context There is no one accepted definition of what constitutes “rural” and it shifts from region to region and dramatically within countries as well. For instance, the United States' government currently employs more than 15 different definitions across various federal programs due to state and federal jurisdictional policies (Coburn et al., 2007). While there is no definitive definition of rural especially within the health literature, most definitions locate notions of rural within two interrelated categories: proximity to an urban area of a certain population size and the distance required to travel to access necessary services and resources like health care (e.g., Bourke et al., 2013; Burns et al., 2007; Gessert et al., 2015; Kulig and Williams, 2012). Statistics Canada employs an extremely broad definition of rural noting that it includes “all territory [ies] lying outside population centers” (Statistics Canada, 2017), with populations centers varying enormously in size with the smallest no less than 1000 people. A definition of rural and community more specific to northern Ontario and relevant to the ways in which health care services are organized and understood was generated by Ontario's Ministry of Health and Long-term Care in 2011 describing rural communities as those “with a population of less than 30,000 that are greater than 30 min away in travel time from a community with a population of more than 30,000 (Ontario, 2011, p. 8). In other words, understandings of rurality rely on a relational definition that constitutes place in connection to urban space (broadly defined) and what kinds of services are available. It should be noted that these definitions, while demonstrably affecting the lives and well-being of Indigenous Peoples, do not consider Anishinaabe understandings of and relationships to land, place, and community. More conventional definitions of urban include high population densities, multiple lane highways, and tall buildings (Jacquin and Gay, 2008). The urban north would not meet these expectations. For instance, Thunder Bay (pop. 110,000), the largest city in northern Ontario, does not fall within those understandings, and the regular presence of wildlife like bears and moose in the middle of the city is unfathomable for many individuals living in more southern and urban regions of the country. Nevertheless, Thunder Bay operates as a service centre for more than 49 First Nations in northwestern Ontario where people regularly travel to access health care, education, and goods and services unavailable elsewhere in the region. Further complicating these understandings of space is the history of the region and relations, both formal and informal, between Indigenous Peoples and the state. For example, the ways in which, and spaces that Indigenous Peoples, especially status Indians, can access health care is determined by jurisdictional boundaries rooted in the British North American Act (BNA) of 1867. According to Sections 91 and 92 of the 1867 BNA Act, “Indians and all lands reserved for Indians” lie under the exclusive jurisdiction of the federal government while health care, infrastructure (roads, bridges, drinking water, sewage facilities, schools, airports), education, and child welfare all fall under provincial jurisdiction. Thus, provinces are responsible for the day-to-day provision of health services and infrastructure except in regards to Indigenous People, and more specifically “status Indians” (as per the legal definition). According to the federal government of Canada (Government of Canada, 2017), “Indian status is the legal status of a person who is registered as an Indian under the Indian Act.” Indian status is defined under section 6 of the Indian Act. Therefore, according to the BNA Act, ‘Indians’ are the responsibility of the federal government and thus not entitled to health care services from provincial governments. While the 1960s witnessed the federal government negotiate access for Indigenous Peoples to provincial health care and social services through a series of inter-governmental funding agreements, this process remains flawed. In spite of human rights challenges, court rulings, the passage of Jordan's Principle obligating the state to provide the same level of health care available to non-Indigenous children in Canada, and Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples, which states “Indigenous individuals have the right to access without any discrimination, to all social and health services” (UNDRIP), health care on reserve remains a patchwork of systems pieced together by the First Nation and Health Canada in combination with provincial health services. Co-existing alongside the provincial hospital systems in regards to the delivery of health care are federally funded on-reserve nursing stations/health centers, nurses, community health representatives, and itinerant doctors. Increasingly, especially for northern fly-in communities, frequent evacuations for extended periods of time to provincially run hospitals in more southern and urban locales have become the norm for a growing list of health services. The health disparities that exist in Canada between Indigenous and non-Indigenous populations are well documented (see, for example, Allan and Smylie, 2015; Mitrou et al., 2014; Palmater, 2011; Patrick, 2011). More recently these disparities were highlighted in a report issued by the Auditor General of Canada in Spring (2015) which noted Indigenous People living in remote communities in northern Ontario did not have “comparable access to clinical and client care services as other provincial residents living in similar geographic locations” (Auditor General, 2015, 27). Those First Nations that face the greatest challenges accessing services are reserves located in the far provincial north that do not have all-season road access. In short, the notion of rural space is complicated by federal/provincial jurisdictions regarding the governance of health care and of “Indian status.” As a result of all these factors, contemporary on-reserve health care lacks uniformity and consistency in provision and quality. The geographic spaces that these communities occupy, compounded by jurisdictional responsibilities for health care, demonstrably affects the access of Indigenous Peoples to services. In the findings below, we further explore the nuanced meanings of rurality in northern Ontario with respect to urban-rural, fly-in/remote, and mid-ranges spaces and in turn the ways in which those spaces shape access to health care, relationships with health care practitioners, and continuity of care. 2. Methods The data used for this paper are part of a larger project exploring attitudes and beliefs about vaccination in general and Haemophilus influenzae type a (Hia) infection and vaccine in particular. Over the last decade, invasive Haemophilus influenzae type a (Hia) infection has emerged as a leading cause of morbidity and mortality in Indigenous communities in northern Canada. Hia is a particularly pernicious disease with most cases occurring in young children, with manifestations including meningitis, septicemia, septic arthritis, and bacteremic pneumonia (Boisvert and Moore, 2015; Jin et al., 2007). The data set reported on here come from individual interviews with healthcare service providers (N = 14), ten focus group interviews with community members (N = 72), and field notes taken by the lead researchers (KB, CS) following all individual interviews and focus groups. Data were collected between February 2017 and July 2019 in Thunder Bay, Sioux Lookout, 4 road-access communities within a 6-h drive of both cities, and 5 fly-in communities that use Sioux Lookout as a service hub. 2.1. Community engagement and recruitment We began this project by engaging with Indigenous health organizations and service providers, as well as community leaders and members in the region so that the questions we asked gathered information that was useful to Indigenous Peoples, and did not continue to perpetuate colonial relationships devoid of reciprocity and respect (Smith, 2012). These conversations quickly revealed that despite being an important health issue in the region, there was little to no knowledge about Hia except among select health care provider participants. Significantly, attitudes towards vaccines and immunization practices were more complicated than acceptance or refusal, and needed to be considered within a complex web of historical and ongoing structural violence and settler colonialism. As a result, questions that initially focused on knowledge about and attitudes towards vaccines and vaccine schedules, shifted to include broader conversations about trust and respect. Conversations with community members centered on the importance of strong relationships of accountability in both the research process and in health care systems, more broadly (Wilson, 2008). As settler scholars, and to ensure we approached this work from an ethical research space, it was most appropriate for us to draw on a two-eyed seeing framework to avoid appropriating or claiming to speak from an Ingenious perspective. Using a two-eyed seeing framework allowed us to explore how multiple and diverse perspectives could work together to “answer [the most] pressing questions about the health of Indigenous peoples and communities,” (Martin, 2012, 22). Our objective was to privilege the knowledge and perspectives of Indigenous Peoples and avoid an extractive research process that removed Indigenous experiences from their immediate contexts (Gaudry, 2011). We held sharing circles (similar to focus groups) and open one-on-one conversations with community members. Community members guided the conversations so that they determined what was most relevant and important to them. Listening to and centering the stories that were shared with us, inverted the extractive processes of research. This approach is consistent with the Two-eyed seeing methodological framework (Kovach, 2009; Smith, 2012). Two community research assistants with previous experience assisted with recruitment, data collection, and analysis worked with us. Multiple recruitment strategies were used in order to access a range of perspectives on vaccines and immunization. First, the researchers used a snowball sampling approach to recruit healthcare service providers in the region with relevant expertise but who were not limited to our professional network (Patton, 2015). We began by reaching out to our professional network to seek participants for individual interviews and then asked those who participated in individual interviews to notify other healthcare providers with relevant expertise in northwestern Ontario to contact us if they were interested in participating in an interview. Second, community research assistants used a variety of strategies to recruit Indigenous community members living in northwestern Ontario for focus group interviews. These strategies included advertising on social media, approaching Chief and Council, and reaching out to friendship networks and service users. Additionally, a purposive sampling strategy was used to recruit parents with young children and people who had lived on reserve at some point in their lives. We sought to recruit these individuals in particular for their perspectives on and experiences accessing healthcare services on and off reserve and because people with young children were likely to have recently been approached about vaccines and immunizations from a variety of sources (Patton, 2015). 2.2. Individual and focus group interview procedures Similar interview guides were created for individual interviews and focus group interviews; both guides were semi-structured. For individual interviews with healthcare service providers, questions were organized around knowledge, beliefs, and values as well as provider expertise and practices regarding Hia, vaccines in general, and experiences providing immunizations with northern and rural communities. For focus groups, we developed an initial interview guide in consultation with our community researchers who aided us in the phrasing and to ensure the questions were culturally sensitive (Krueger and Casey, 2014). The research assistants attended focus groups and the individual interviews were conducted in pairs. Following focus groups and interviews, we met with the research assistants to share insights and observations so that we learned from each other. Questions initially focused on knowledge and beliefs about and attitudes toward vaccines, vaccine schedules, and experiences with healthcare institutions and providers. Participants were encouraged to speak from experience and share illustrative examples. Some questions developed organically in response to the concerns, knowledge, and interests of the participants. Accordingly, our interview guides underwent an early revision. For example, we had to readjust our focus regarding Hia to speak to vaccines more generally because participants had no knowledge, including some health practitioners, of this disease. Furthermore, after the first focus group it became clear that participants also wanted to talk about trust and respect, and we included questions to reflect this community interest. Individual interviews with healthcare service providers were carried out by two researchers (KB, CS). Providers included physicians, nurses working at community health centers and public health units, and community health educators. Individual interviews took place in community settings and workplace offices; some practitioners in remote communities were interviewed by phone. Focus group interviews were conducted by two researchers (KB, CS) with the assistance of community research assistants, who facilitated discussions and encouraged participation. Focus groups ranged in size from 3 to 11 participants were held in community settings (e.g., coffee shops, health centers including hospitals and nursing stations, schools, community centers, and band offices). Focus group participants completed an anonymous demographic questionnaire that asked general questions including age, gender, and whether participants identified as Indigenous and, if so, did they have Indian status. A similar informed consent process was performed for both individual interviews and focus group interviews (e.g., purpose of study, review of risks and benefits, volunteerism, answering questions). Individual interviews with healthcare service providers lasted between 45 to 60 min while focus group interviews with community members lasted between 90 to 120 min. All individual interviews and focus group interviews were audio-recorded and transcribed verbatim. 2.3. Data analysis Transcripts were not returned to focus group participants due to confidentiality concerns; none of the individual interview participants were interested in reviewing their transcripts, instead preferring to receive the final results. We used thematic qualitative analysis to identify key codes or points of interest, interpret them as broader themes, review the themes and organize the analysis, and then report on the findings (Braun and Clarke, 2008; Nowell et al., 2017). We also used MAXQDA qualitative software analysis to code and assist with analyzing transcripts. The software allowed us to organize and manage the data thematically as we had a large number of participants (over 70). The software also enabled us to compare and ensure that the excerpts we highlighted were consistent with what participants were sharing with us across focus groups. We further confirmed these findings through conversations with our with community researchers and partners. This was consistent with the two-eyed seeing framework that we used. 2.4. Ethics The direction of the project was guided by conversations with community members and Elders to ensure that our research and research questions responded to concerns identified by Indigenous Peoples and that our relationship was ethical and non-exploitive (Smith, 2012). During the course of our project, it became clear that community members were much more concerned with identifying structural issues that affected access to health services, and we shifted the focus of data collection to reflect this. It was clear vaccines are important, but understandings about their value and role are nested within a host of other structural concerns that are rooted in historical and ongoing settler colonialism. Thus, data that identified systemic problems and produced data in forms that made sense to individual communities members as well as Indigenous Peoples more broadly was our goal (OCAP, 2014). However, we also needed to maintain the anonymity of individual participants who often shared information that may be perceived as critical of community leadership and/or local service providers. As a result, data returned/shared was anonymized and aggregated. Translation service was offered to participants. Participants gave informed consent prior to taking part in the study; the consulting process included information about the researchers and the purpose and the rationale of the study. This study received ethics approval from the Lakehead University's REB #1465416. 3. Findings Focus group participants ranged in age from 24 to 69 years, 49 (68%) were female, 21 (29%) were parents with children who were minors, and 15 (21%) were elders (aged 55+). One focus group withdrew from the study because their community was revising their research protocols and, until completed, halted all research. Conversations with community members revealed that rural space/location, access to health care, and relationships with health care providers and the state more generally (contemporary and historical) were the most significant factors that informed people's decisions regarding vaccinations. Indeed, relationships between people/community and their health care provider figured most significantly in these conversations and the context within which decisions about health care were made. We explore the ways in which these themes are operationalized in three notions of rural space, mid-range, urban-rural and fly-in/remote spaces, identified by the researchers as relevant. Notably, many communities talked about their experiences with health care providers as negative and frequently affected by racism (Browne, 2005, 2007; Levin and Herbert, 2004). As a result, we identified two important themes about these spaces in regards to state and health practitioners: 1) suspicion and distrust of the state and, by extension, its health care providers, and 2) a lack of choice in healthcare and negative relationships with providers more specifically. 3.1. Urban-rural spaces “Urban-rural” spaces, like typical urban spaces, present a contradictory space for Indigenous People. Thunder Bay, for example, operates as a service center for Indigenous People living across northwestern Ontario. People regularly visit and relocate to the city to obtain services or to access educational or employment opportunities unavailable elsewhere in the region. Although Thunder Bay is not a large city by southern Ontario standards, at 110K people it is the largest city in northern Ontario and the de facto urban center for the region (the closest Canadian cities of comparable size are Winnipeg, MB to the west and Sudbury, ON to the east). Although the potential to access a more diverse range of health care services and providers exists in an urban-rural space, the majority of Indigenous People we interviewed in Thunder Bay did not have a long-term health provider and most often used walk-in clinics or visited the Emergency Room for their care. The people we spoke with reported access to fewer services (e.g., family physician, relied on public health and emergency rooms) and had poorer relationships with providers. Compounded by racism and colonialism, many participants indicated that they had not developed long-term and trusting relationships with health care providers. Without continuity of care or the time necessary to develop a relationship with health providers, people, expressed a lack of trust or comfortability: I moved to this community [Thunder Bay] about eight years ago, and I don't have a regular family doctor. I usually just go to a walk-in clinic. I've had to use the emergency department for my healthcare. Not ideal, obviously, but, yeah. I come from a smaller community, and I had a health practitioner there that I was comfortable with, who I knew in the community, and felt that trust factor, and I feel like, moving to a larger city, I never quite got there. (FG 3). Participants also identified lack of personal identification as another barrier to health access. One participant, who was both a health care practitioner and community member, noted that in the course of her work she frequently encounters Indigenous clients who are without either a birth certificate or Indian status card: I find a lot of people that come in to see a doctor don't have the proper identification. They don't have their birth certificates or Status Card. ‘Oh, man, you're 40-something, you don't have your Status Card? Like, how have you been getting through life?’ (Practitioner 4). Lack of a regular provider or appropriate personal identification was also compounded by perceptions of health care providers who were aggressive with children when giving vaccinations and were “cold” or appeared distant with parents by failing to establish a rapport: Some are really rough and then others are just, I don't know they don't even show anything, they are just boom, boom, done and go. It's very unpleasant. (FG 1). The importance of trust and relationship-building were echoed in the comments of an Indigenous health care provider working at an Indigenous organization: I try to prepare them in a nice way to get their babies vaccinated. See, if they feel someone was rough at the two-month visit, and they feel that someone was kind of being rough, they will avoid coming back for the four-month visit. (Practitioner 7). Further compounding perceptions of rough treatment were the enforcement of inflexible clinic rules that ignored people's circumstances. One mother shared with us that, after a multi-hour bus ride in the rain with her three young children, she was refused service at the clinic for her infant: I was 10 min late, and I was still there but they made me reschedule. Yes, and that was at the [public] health unit! (FG 1). For Indigenous People, developing trust relationships was particularly important because of historical and ongoing relationships with the state. Fear of the state and school authorities using vaccines as means to prove neglect were prominent in many of these conversations: So sometimes schools are problematic to our people. There's a lot of judgment toward us that goes on there. It's supposed to be a place of learning but often you feel like it's a place of punishment when you don't do as you're told. Seeing a school nurse and her telling you what to do is part of that. Vaccines are one more way, it feels like, that we are monitored by the government. So a lot of times you won't see people taking the shots, or taking their vaccines, or whatever … you have to trust your providers, and a lot of times our – like, what she's saying [referring to another focus group participant] about, like, our parents, they all come from Residential School, so they don't have no trust, you know? And that kind of puts a barrier on things that are coming down to the community. I just think it's mostly trust, after what's been done. Lack of trust. (Focus Group 4). Indeed, schools have become sites of conflict in the effort to vaccinate children. Largely the perception among participants was that in order to attend school their children had to be up to date on their vaccinations. One participant described a negative experience, which happened after moving from the reserve to Thunder Bay as a child that has always remained with her: I was seven years old. I didn't have no vaccinations. I remember going to the place on Victoria Ave, there's an old arts building there. Me and my brother were just constantly poked – and we had no idea why. My mom had to sign, or her kids can't go to school. They'd called the truant officer or somebody on us instead of talking to her (FG 4). The importance of building trust and taking the time to listen and answer questions was also highlighted: You go in feeling forced. You don't really understand what's going on. And then if you don't comply – because, you know, you might be scared, you might have issues with authority, or wanting to talk to somebody because you've had bad experiences – then Children's Aid gets called on you. So it's like, I think that there's a lot more that needs to be done around education pieces. (FG 4). Thus, the role played by settler colonialism in urban spaces and the histories and ongoing experiences of violence and racism cannot be overlooked in this context.

#### The alternative is refusal – a political depression that recognizes reconciliation will never be enough and creates harmful optimism to the political. Instead, embrace an affective pessimism that grounds alternative futures. The question is not whether Native people want the world, but if the world wants Native people

Belcourt 2016 (Billy-ray Belcourt is from the Driftpile Cree Nation. He is a 2016 Rhodes Scholar and is reading for an M.St. in Women's Studies at the University of Oxford. He was named by CBC Books as one of six Indigenous writers to watch,Political Depression in a Time of Reconciliation, Jan 15, 2016, <http://activehistory.ca/2016/01/political-depression-in-a-time-of-reconciliation/)//NotJacob//recut> anop

It’s tough: knowing that you might not get the world you want and the world that wants you back, that your bones might never stop feeling achy and fragile from the wear and tear of mere existence, from the hard labour of getting through the day. Ours are bodies that have been depleted by time, that have been wrenched into a world they can’t properly bend or squirm into because our flesh is paradoxically both too much and not enough for it. In the wake of both eventful and slowed kinds of premature death, what does it mean that the state wants so eagerly to move Indigenous bodies, to touch them, so to speak? Reconciliation is an affective mess: it throws together and condenses histories of trauma and their shaky bodies and feelings into a neatly bordered desire; a desire to let go, to move on, to turn to the future with open arms, as it were. Reconciliation is stubbornly ambivalent in its potentiality, an object of desire that we’re not entirely certain how to acquire or substantiate, but one that the state – reified through the bodies of politicians, Indigenous or otherwise – is telling us we need. In fact, Justice Murray Sinclair noted that the launch of the Truth and Reconciliation Commission’s final report on December 15, 2015, puts us at the “threshold of a new era in this country.”[1] I am interested in how life might be lived willfully and badly in the face of governmental forms of redress when many of us are stretched thin, how reconciliation, though instantiating a noticeable shift in the national affective atmosphere,[2] doesn’t actually remake the substance of the social or the political such that we’re still tethered to scenes of living that can’t sustain us. What I am trying to get at is: reconciliation works insofar as it is a way of looking forward to being in this world, at the expense of more radical projects like decolonization that want to experiment with different strategies for survival.[3] This way of doing things isn’t working and, because of that, optimism is hard to come by. According to cultural theorist Ann Cvetkovich, political depression emerges from the realization “that customary forms of political response, including direct action and critical analysis, are no longer working either to change the world or to make us feel better.”[4] It is the pestering sense that whatever you do, it won’t be enough; that things will continue uninterrupted, teasing you because something different is all you’ve wanted from the start. To be politically depressed is to worry about the temporal reach of neoliberal projects like reconciliation, to question their orientation toward the future because the present requires all of your energy in order to feel like anything but dying. Political depression is of a piece with a dispossessory enterprise that remakes the topography of the ordinary such that the labour of maintaining one’s life becomes too hard to keep up. We have to wait for the then and there in the here and now; how do we preserve ourselves until then? As Leanne Simpson points out, reconciliation has been reparative for some survivors, encouraging them to tell their stories, to keep going, so to speak.[5] But, what of the gendered and racialized technologies of violence that created our scenes of living, scenes we’ve been forced to think are of our own choosing? Optimism for the work of reconciliation disappeared in the face of multiple crises: of Missing and Murdered Indigenous Women and Girls, of HIV infection rates, of mass incarceration, of diabetes, of suicide. Reconciliation, at once a heuristic and a form of statecraft, fakes a political that doesn’t actually exist as such, one that not only presupposes that we – Indigenous peoples, that is – are willing to stay attached to it, but that we are already folded into it, that we’ve already consented to it. What does it mean, for example, to consent to a nation-to-nation relationship if there are no other options to choose from? Reconciliation wants so badly to be a keyword of sorts, to contain so much inside its semantic confines, to be “wide-reaching in its explanatory power.”[6] I’m not surprised things have started to leak all over the place. Decolonization might need something of an affective turn: I think there are ways of being attuned to our bodies such that we can gauge if our visceral responses are trained or not, parasitic or not. In short: what do our tears signal, what do his – Justin Trudeau’s – signal? We cry because pain holds our world together. I don’t want pain to hold our world together anymore. Perhaps admitting we are politically depressed is one of the most important things we could do in this day and age. When survival becomes radical and death becomes part and parcel of the ordinary itself, political depression might be our only point of departure. But, political depression is also about dreaming up alternatives that can sustain your attachments to life. Cvetkovich reminds us that we need “other affective tools for transformation” because hope and blind allegiance have failed too many of us too often.[7] I am interested in the generative work of pessimism, how being fed up propels us onward, and keeps us grounded in the now, such that we can make it to the future, even if that’s just tomorrow. As Kim TallBear put it, we’ve been living in a post-apocalyptic world (in its ecological ruins and in the face of its crisis-making politics) for quite some time,[8] one that exhausts our bodies to the point of depression and death and one that slowly removes us from the non-normative or the astray.[9] We are stuck in the thick of things, left clinging to an impasse without an exit strategy. We might need reconciliation today, but Indigenous peoples need a more capacious world-building project for tomorrow, one that can bear all of us and the sovereignties built into our breathing. We should not be asked: do you want the world today? Instead, we should be asking: does the world want us?

#### The counterinterpretation is that you should evaluate the 1AC as an object of study

#### [a] Sociogeny – debate may not spill over to political change but it has the potential to reproduce affirmations and negations that trigger neurohcmeical responses via reward and punishment mechanisms privilege certain research methods as valuable in the way debaters view the world.

#### [b] Objectivity – consequence based plan focus shifts the focus of debate from our investments in settler colonialism to a plan text, which is incoherent because debate is a communicative activity and their inter sidesteps discussions of genocide.

#### [c] Temporality – the affs models teaches violence can be wished away through administrative tinkering propogating desires within debate to play as activits without reimagnign the social structures that cause violence in the first place. Viewing the ballot as an mechanism to restore ethicality fails – they still dogmatically adhere to these protocols even though they know debate doesn’t caus emateiral change. That creates an process where nativeness is confined to death as their promise of a fiated political horizon relies on a politics of futurity.

## Case

### Underview

Not reading a disad so none of this applies lol

Purdy 20

[a] no the aff doesn’t create effective structural reform – it doesn’t change the wto or te supremce court

[b] yes critique is good bc it acknoglweges that the poltiial is not a good method

[c] c/a the thesis our arg is that those reforms get recreated

Delgado 87

[a] no link – the k is not abt piecemeal reform which their card talks abt

[b] no link – the k is that the aff’s analsys is incomplete and crowds ot the gammar of suffering or indigenous epoepel

[d] err neg on specifitiy – their card is not abt settlerism which means their cards may prove why reform may be true for things other than indigneosu suffering but in so far as suffering builds the condiotns of existence don’t buy their arg

### Solvency

No offense from butler – their card is talking abt using a framework of understanding vulnerability but there is no il w tht and the aff

There is a massssive double turn here lol – the inherency ev says competition is good which is the def of capitlisdt thought but then the solvency ev says that cap is and causes privatization

### Pandemics

#### TRIPS reduces global health inequality

Samir Raheem Alsoodani 15, “"The WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) may offered an access to essential pharmaceutical drugs for developing countries,” Journal Of the College of law /Al-Nahrain University 2015, Volume 17, Issue 2, Pages 393-410, <https://www.iasj.net/iasj/article/109180>

To conclude, it is beyond doubt that the TRIPS Agreement and its later, permanent amendment of 2005 attempted in good faith to address an urgent issue faced by many developing countries with regards to accessing essential medicine. To a certain extent in its basic tenets, it has had a profound and positive effect on the system, as it has made permanently possible the opportunity for the poorest countries to obtain medications more cheaply through manufacture in developing countries under a compulsory licensing system. Certain positive outcomes arguably include the fact that disputes have been brought under the jurisdiction of one regulatory body, and the least developed Members have found some redress in the power balance regarding costs paid to the pharmaceutical industries based in the wealthier, developed countries (even if this redress has only been to the extent of facilitating increased bargaining capability). This can be considered a triumph from the perspective of universal human rights.e

#### Global health inequality is decreasing

Davidson R Gwatkin 17, Senior Associate at the Johns Hopkins Bloomberg School of Public Health, “Trends in health inequalities in developing countries,” February 23rd, 2017, <https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30080-3.pdf>

A similar picture emerges from several other studies that have been done in the past few years. The only study of child mortality, for which trends are especially difficult to assess because of the large sample sizes required, was done by Eran Bendavid,2 who reported faster declines in child mortality among poor populations than among wealthier populations overall and in 61 of the 85 countries he studied between 2002 and 2012. The remaining studies focused on health-service coverage. Two covered several types of reproductive, maternal, newborn, and child health interventions: Sarah Alkenbrack and colleagues3 reported overall inequality declines for the four intervention types that they examined, and Victora and colleagues4 noted a similar trend for the several interventions that they studied. Others have focused on specific types of reproductive, maternal, newborn, and child health intervention. For example, John Ross5 showed that the poor–rich disparity in terms of contraceptive prevalence fell overall and in three-quarters of 46 countries followed. Similarly, two multicountry investigations6,7 of changes in immunisation inequalities showed overall reductions but wide intercountry variations. The findings of all these studies are remarkably similar. To some degree, such similarity is unsurprising, because all the investigators used the same—and only—sources of suitable information: household survey data from the well known Demographic and Health Survey and Multiple Indicator Cluster Survey programmes. But in other respects, the approaches taken vary substantially— for example, the investigators look at many different health indicators, use many different definitions of inequality, and measure change in many different ways. The similarity of results despite such difference in approach makes the results mutually reinforcing and produces an unusually distinct picture of a glass that is clearly more than half full, but still well over a quarter empty.

#### Multiple alt causes to high drug prices and limited access

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The Panel Is Poised To Ignore Real Access Problems The Panel’s misguided focus on patents has led the U.S. State Department to encourage the Panel to abandon its “narrow mandate” and instead focus on actual obstacles that stand in the way of persons obtaining life-saving drugs. Echoing the WHO, the State Department has pointed to four main reasons that the developing world lacks access to healthcare: (1) an inability to select and use medicines rationally; (2) unaffordable drug prices; (3) unreliable health and supply systems; and (4) inadequate financing. **None of these barriers are directly related to patents**. First, irrational drug use is a serious barrier to access. The WHO defines “irrational use” as any use that is not “appropriate to [patients’] clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.” Two recent studies conducted in Africa illustrate this problem. One study conducted at Kapiri Mposhi District Hospital in Central province, Zambia found a high prevalence of irrational drug use. Fifty percent of 680 patient records surveyed showed some form of inappropriate drug use. And a study in Sudan found that 73% of participants reported to have acquired and used medication without a prescription at least a month prior to the study. Second, there is no doubt that affordability is a barrier to access. But patent protections are not to blame. In fact, patents do not protect the vast majority of essential medicines, which the WHO defines as “those drugs that satisfy the health care needs of the majority of the population.” 350 of these 375 “essential medicines” are available in generic versions and are thus sold at a much lower price point. Moreover, data shows that patent-holding companies do not frequently make use of patent laws in developing countries, even where they could. Moreover, **patent rights do not explain the high cost of drugs in the developing world.** The WHO itself points out that **taxes, tariffs** and other government policies play a significant role in keeping drug prices high in emerging markets. And, in fact, reports have concluded that excessive tariffs and taxes on imported medicines **may inflate the cost of medicines by up to one-third.** When combined with taxes on medicines, government-imposed levies account for an additional 55% in India; 40% in Sierra Leone; 34% in Nigeria; and 29% in Bangladesh. In any event, contrary to the Panel’s suggestion, patent protections ultimately help keep the costs of drugs low. To be sure, patented drug prices will often decline only after a patent expires. But the decline in price after patent expiration is not evidence that the drug manufacturer charged too much for the product. To the contrary, the decline in price of a formerly patented medicine is consistent with an efficient market. Patents expire after a certain period of time fixed by law. As economists have explained, during this period, prices will reflect both the costs of production and the company’s research and development costs. The exclusivity period that the patent creates attracts investment, which enables the innovator company to recoup its research and development costs. Once the patent expires, other companies may create generics that are priced lower. But these lower costs reflect the fact that copycat companies only need to recoup production costs, not research and development. In other words, a patent’s provision of an opportunity for an innovator company to recover costs enables it to produce the medicine in the first place. And the patent’s eventual expiration allows for robust competition that drives prices down. Third, as many experts point out, structural and economic barriers are a significant barrier to access to medicine in the developing world. Poor infrastructure and weak healthcare systems plague third-world countries. Several countries’ medical centers are located in remote areas that may only be reached through impassable roads. Also, many drugs and vaccines must be stored at certain temperatures. But many developing countries lack reliable electricity and sanitary facilities to enable proper storage. In India, for example, a quality-control study followed a series of vaccine vials through the supply-chain delivery process. The study found that 76 percent of the vaccines could not be used because they were stored in substandard storage facilities. Fourth, experts also acknowledge that developing countries tend to underinvest in health. In 2001, for example, African leaders met in Abuja, Nigeria, and pledged to allocate 15 percent of their national budgets to health. The 2015 DATA Report found, however, that between 2011 and 2013, just eight of the 47 countries for which there was data available spent 15 percent or more on health: Uganda, Rwanda, Malawi, Swaziland, Nigeria, Ethiopia, Liberia, and Togo. Twenty countries did not reach even the 10 percent level. If anything, patent protections could incentivize further investment in health in these countries. \* \* \* The UN has a real opportunity to address the critical issue of healthcare access. As it stands now, however, it seems poised to do more damage than good.

#### Turn – IP protections reward medical innovation and most essential medicines aren’t under patents, allowing companies to produce inexpensive generic versions

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Intellectual property (IP) protections promote innovation and spur research and development into life-saving drugs and medical procedures. Indeed, the existence of robust systems of IP rights in Western industrialized nations is one reason the pharmaceutical industry and medical breakthroughs have flourished there. By contrast, drug companies have struggled in the developing world, where IP protections are either nascent or non-existent. One would think, therefore, that global policy advocates would encourage strong, uniform IP protections to help ensure the continued development of innovate treatments and broader access to health care in emerging markets. But instead of pursuing this sensible course, an obscure United Nations (UN) body called the High Level Panel on Access to Medicines is poised to release a report that is likely to recommend scaling back IP rights worldwide. This would be a tragedy for millions of ailing patients around the world. There is no doubt that a substantial need exists to improve access to medicines to the developing world. Approximately one in three patients in the developing world lack access to basic treatments. To solve this problem, the UN must focus on substantial barriers to access such as a lack of infrastructure and training. Yet the panel appears ready to ignore these barriers by myopically and mistakenly focusing on IP rights. Established last year by UN Secretary General Ban Ki-moon to improve global access to life-saving medications, the Panel was tasked with a mandate “to review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies.” Consistent with this charter, the sixteen-member Panel has reviewed proposals to address what it perceives to be a “misalignment” between inventors’ rights and “access to medicines, vaccines, diagnostics and health technologies.” The Panel is currently finalizing a report to the Secretary-General, which includes an analysis of the proposals and its recommendations. The Secretary-General, in turn, plans to make the report available to the General Assembly, and undertake unspecified further action. Many leaks from the group’s proceedings confirm its plan to emphasize perceived problems with IP rights rather than consider other issues that might hinder access to medicine. The rumors became so pervasive that, in June of this year, the Panel issued an “Official Statement on Speculative Media Reports.” The statement merely avers that the Panel is still working on the report, but it does not in any way deny that the group’s focus is on what it perceives to be a disconnect between access to healthcare and IP rights. The U.S. State Department has encouraged the Panel to shift its narrow focus on IP rights to tackle the real structural and economic problems that prevent access to health care in the developing world. The Panel should heed the State Department’s advice for one simple reason: There is no “policy incoherence” or “misalignment” between IP rights and access to health care. For starters, the vast majority of medicines that have been designated as essential by the World Health Organization (WHO)—350 of 375—are not even under patents. Rather, these medicines are currently available in **relatively inexpensive generic varieties.** In addition, many life-changing breakthroughs in drug research and development are made possible only because of America’s (and other countries’) extensive protections for IP. These protections grant companies a period of market exclusivity for original products, providing an incentive for companies and their investors to invest billions in research and development of the next generation of medications. Indeed, where countries have recently adopted more robust IP protections—such as India and China—pharmaceutical development and partnerships with Western drug companies have flourished and improved access to medicine. Furthermore, strong IP protections reduce the incentives for companies to develop fake or counterfeit drugs, thus helping to **ensure quality control** in the developing world. Ultimately, the Panel’s mandate to root out policy incoherence between IP rights and health care begs the critical question—do IP rights promote or hinder access to drugs and medical treatments in the developing world? The empirical evidence shows that IP rights improve access to health care in poorer countries. Therefore, the Panel should reconsider its marching orders and release a report that focuses on addressing the political, economic, and structural barriers to medicine in the developing world, rather than punishing companies that are responsible for putting life-saving products on the market.

#### IP laws are key to prevent counterfeit vaccines which are worse.

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The protection of IP not only provides incentives to innovators to create, but also plays a crucial role in ensuring the safety of vaccines and helping to prevent the importation of fraudulent and dangerous goods. Unlike the typical pharmaceutical industry, the vaccine market is not a free and open market.69 Vaccines contain biological products made from living organisms and the risk of failure in vaccine development and production is high. 70 Moreover, the manufacturing process for vaccines is much more complex

as it requires the use of facilities and equipment with a high degree of specialization.71 The complexity of vaccine products implies that more time and regulatory requirements are needed in order to make or “copy” the vaccine production process. Therefore, the innovator should be expected to make conscious and meticulous decisions as to when and to whom to issue licenses, as this is the most responsible way to bring their technologies to the world and safeguard global health. In addition, as the COVID-19 pandemic continues there has been a noticeable increase in the circulation of fake medicines around the world. According to the International Criminal Police Organization (Interpol), **organized crime groups have been producing fake drugs and medical products and selling them for lucrative profits in developing countries.72 With the development of COVID-19 vaccines on the market, a rapid rise in the illegal sale of fake items is expected**, according to the United Nations Office on Drugs and Crime (UNODC).73 Counterfeits of the legitimate products provide false promises of protection and could lead to disastrous consequences, including worsened illness and death for the individual and the retardation of herd immunity for the population at large. Effective and proactive IP procurement is essential and useful in mitigating the risks of counterfeit and substandard medicines. IP enforcement measures play a significant role in preventing these fake and illicit medicines from circulating in the market. While important during normal times, IP enforcement can take on an enhanced role of safeguarding the public during this critical period of time. Waiving all COVID-19 related IPRs raises the risk of unsafe or fake vaccines circulating in supply channels and being sold to unsuspecting governments, putting millions of human lives at risk and reducing trust in vaccines.