



ETHNIC STUDIES, 0522
OFFICE: (858) 534-3405

9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0522

STATEMENT OF SUPPORT

from

Yên Lê Espiritu
Distinguished Professor, Ethnic Studies, UCSD

As the faculty mentor for “ETHN 198: Abolition Medicine,” a special topics course on decolonial abolitionist approaches to medicine, I write to validate the intellectual content of the course and to acknowledge the unpaid labor performed by Kelly Dong and Mustafa Baqai who designed and taught the course in Winter 2021.

As members of the Coalition for Abolition Medicine, a collective co-founded by trans & queer undergraduate and graduate students of color organizing for health justice at UC San Diego, Kelly and Mustafa designed the “Abolition Medicine” course to center abolitionist frameworks and decolonial praxis for students interested in pre-health education. Course readings feature cutting-edge ethnic studies scholarship that enables students to examine the intersections of health and critical race/gender/disability studies. Topics covered include coloniality of biomedicine, the medical-industrial complex, carceral forms of care, crip of color subjectivities, disability justice, and alternative care infrastructure. The course assignments are thoughtfully designed to incorporate personal experiences, knowledge, and trajectories; to build a collaborative learning environment; and to reimagine medicine as an equitable model of care. Importantly, the course structure promotes a student-centered approach to learning, moving from direct instruction to a community-driven environment, one that supports student empowerment, conversations, critical thinking skills, (re)imagination, and interdependence.

I want to commend Kelly and Mustafa for the countless hours that they devoted to the course. Their unpaid labor included creating the intellectually rigorous syllabus, culling the readings, leading weekly class discussions, holding office hours, working with students on their assignments, and more. Due to their intellectual labor, “ETHN 198: Abolition Medicine” is a model course that should be widely shared and taught.

UCSD
Winter 2021

ETHN 198: Abolition Medicine

Instructors: Coalition for Abolition Medicine, abolitionmed@ucsd.gmail.com

Class: M/W/F 2:00pm - 3:00 pm (PST)

Class Zoom Link: <https://ucsd.zoom.us/j/8603496931> (Meeting ID: 860 349 6931)

Office Hours: [Sign-up form](#) or schedule by appointment



Art Work: Next World Tarot by [Cristy C. Road](#)

ID: Above are four panels with different images from Cristy C. Road's Next World Tarot cards. The top-left panel is a picture of a brown person with black, long hair sitting on top of purple pillows that have the words, "decolonization" and "rebirth." The top-right panel is a picture of a grandmother and grandchild in front of protestors holding up a banner that reads, "Defend the Sacred." In the background there are oil rigs on fire and banners that read, "No Blood for Oil." The bottom-left panel is a picture of trans, queer, BIPOC protestors and organizers. In the middle is a black drag queen dressed like Lady Liberty holding up their fist in defiance. In the bottom-right panel are hands holding a heart that has multi-colored flowers sprouting from it.

ID: [Coalition for Abolition Medicine Logo](#)



I. Land Acknowledgment

Coalition for Abolition Medicine recognizes that UC San Diego is built upon the stolen land of the Kumeyaay Nation and that the UC's are complicit in the erasure and violence against Indigenous peoples within Turtle Island (North America) and across the globe. We recognize that not everyone is in San Diego. [Native Land](#) is a website/app that can be used to find out whose land you occupy. As students for health justice, we understand how the medical industrial complex is part of the settler colonial regime and that it is necessary to center decolonization and Indigenous practices of medicine in order to find liberation for all bodyminds. Please note that decolonization is not a metaphor and land acknowledgments don't absolve settlers of the responsibility of decolonization, reparations and land repatriation.

II. Course Instructors

Lead Instructors

- Mustafa Baqai (they/them) mustibaqai@gmail.com
- Kelly Dong (they/them) kydong2009@gmail.com

IAs

- Azriel Almera
- Dayanna Ortiz
- Megha Srivatsa

Office Hours: Scheduled by appointment; please feel free to email us at abolitionmed.ucsd@gmail.com with any questions!

This coalition came into existence because of the relational space we started holding for each other as trans and queer students of color organizing for health justice. We started to discuss what was missing in our education and how we navigated the intricacies between our own survival and resistance and in some ways, our conversations and the space we held for each other started to sustain us. Our hope is that we can foster that trust, vulnerability and care while we learn from each other in this course as well. We encourage you to utilize OHs to come chat with us about anything- come clarify concepts, connect on interests & ideas or simply to share space with us.

III. Course Description

Coalition for Abolition Medicine is a collective of care co-founded by trans & queer undergraduate and graduate students of color at UC San Diego. Read our



mission statement here: <https://tinyurl.com/CAMissionstatement>. As part of our commitment in centering abolitionist frameworks and decolonial praxis in (pre)-health education, we are teaching a student-led and designed course under the Ethnic Studies Department and faculty mentor Yén Lê Espiritu (ETHN 198: Abolition Medicine). Abolition Medicine is the work of deconstructing racist and colonial foundations in biomedicine in order to re-imagine and re-build it as an inherently equitable practice ([Iwai et al. 2020](#)).

Students will engage in discussion-based, epistemological, structural, historical and contemporary critiques of the medical-industrial complex and trace the interconnecting legacies of settler colonialism that have shaped it today. Students can expect to engage in readings and discussions about how state-sanctioned violence is implicated within medical institutions, carceral forms of care, biopower and the anatomo-politics of the body, medical ableism, disability justice, bioessentialism & the sex binary, decolonizing methodologies in health, scientific racism (medical apartheid, eugenics, “biological race”), knowledge production and decolonial methodologies in health, transformative justice and locating abolition within a framework of transnational decolonization.

We will also think about the limitations of reform-based politics and the harm in reproducing neo-liberal models of multiculturalism that posit health equity as interest-based, a specialization, or an afterthought. We will consider how health equity is not possible by reforming systems working as they were designed to and in contrast, consider how abolition medicine requires us to radically re-envision the role of health providers & care workers not as agents of the settler colonial state but rather folks who have direct investments in dismantling, re-integrating and rebuilding on actionable terms. Students will also consider how the practice of re-imagination itself is political and through invoking themes from the field of narrative medicine in their reflection, consider how empathy, community based-care, love, interrogating our complicity but also prioritizing our survival within these institutions and collectively dreaming futures beyond them is part of this work. Abolition medicine also implies cross-movement solidarity and praxis-based approaches to social justice so this will also culminate in student projects which can be sustained in collaboration with the coalition & our accomplices well beyond the duration of this course.

IV. Goals and Learning Objectives

- Respecting the process of individual dissonance, learning/unlearning as a non-linear process, engaging with knowledge and frameworks based on your own experiences and trajectories



- Acknowledging the distancing that theory and jargon can create. Not testing/performing knowledge but rather building a collective praxis that allows us to dream collective futures together
- Learn about the structural and epistemological frameworks, histories, and implications underlying the Medical Industrial Complex
- Engage in praxis for reimagining and rebuilding medicine as an inherently equitable model of care
- The lenses we will foreground to understand weekly topics are disability justice, QT*BIPOC health and wellness, and dismantling Anti-Blackness
- Weekly learning objectives are framed as questions in the weekly schedule below.

V. Accessibility Statement

We are committed to creating a learning space that is not only accessible for all students, but one that resists the university as a space of ableism, anti-Blackness, racism, classism, homophobia, transphobia, and other intersecting systems of oppression. We support de-normalizing ideas of productivity and what success looks like and is conventionally defined as in academia. If, at any point in the term, you find yourself not able to fully access the technology, content, and experience of this course, you are welcome to contact us to discuss how to make the course more accessible.

We understand that the Office for Students with Disabilities (OSD) is not available to everyone, so, if you are considering getting accommodations for a disability or medical condition, you are also welcomed to contact us to discuss how to meet your access needs. If you choose to gain accommodations through OSD, it is located in University Center 202 behind Center Hall and can be reached at 858-534-4382 or email at osd@ucsd.edu.

If you prefer to be called by a different name or referred to as a different gender than the one under which you are officially enrolled, please let us know at any time so that we make adjustments accordingly. Lastly, if you are struggling, confused, or have fallen behind, we understand that the university can be a draining space and are here to meet you where you are at. We will figure out together how to best support you in continuing with the class.

VI. Community Guidelines

- In the first few weeks, we will be learning in depth about the [10 Principles of Disability Justice outlined by Sins Invalid \(link\)](#), a disability performance and activist group. Disability Justice helps us rethink how structures of learning can be reimagined so that it is more accessible and gives us the tools to create change once we leave the university. Here are the 10 DJ principles:



- Intersectionality
 - Leadership of those most impacted
 - Anti-Capitalist Politic
 - Cross Movement Solidarity
 - Recognizing Wholeness
 - Sustainability
 - Commitment to Cross-Disability Solidarity
 - Interdependence
 - Collective Access
 - Collective Liberation
- We aim to dismantle the power dynamics between students and professors/faculty/administration. We strive to be non-hierarchical in our learning and praxis. As students, your input and contributions to the content and structure of the classroom are just as important. If there is any time that you feel like the class should be different or modified, let us know and we can implement it together.
 - We want to emphasize that ALL knowledge-bases, lived experiences, disciplines/majors/years are welcome as this work is heavily interdisciplinary and does not conform to the binaries imposed on us by the institution. To sustain the intimacy of the space in our collective processes of learning and unlearning, we have limited enrollment to allow opportunities for unpacking complexities with radical vulnerability. We intend to unlearn competitive and individualistic relationalities to each other and ourselves.
 - We also want to acknowledge that active learning is not about accumulation but is actually a non-linear practice of processing and returning to concepts many times over throughout life. This means that the listed resources are for you to return to when you wish and serve as guides for what will inspire our lecture content and discussion. In each weekly email, we will specify a few sources to focus on and others listed can be thought of as suggested sources to help supplement your understanding on your own accord. Please get through the “main sources” specified in the emails (as much as you are able) as they will greatly inform lecture and discussion content.
 - Zoom-in, Zoom-out: This class will be moving through a **capacity-based learning and organizing** framework. This means that we care about each other’s survival and do not want to uphold hyperproductive/capitalist expectations of our labor. We encourage students to Zoom-in (contribute/participate more, focus more on something when you are able) and to Zoom-out (take space for yourself, step back when you need it, and do what you can). We understand that our own survival is the most important and vital.



VII. Course Requirements/Assignments

Class attendance and participation policy (20%)

- Mondays: *Asynchronous* Lectures
- Wednesdays: *Synchronous* Discussion
- Fridays: *Synchronous* Reimagination Workshop

Assignment # 1: *Weekly* Question Creation for Wednesday Discussions (20%)

2-3 discussion questions based on lectures and selected sources

Due Tuesdays @ 11:59pm

Assignment # 2: *Weekly* Reflection Journal/Art (20%)

2-3 “entries” in your field journal throughout the week starting Week 2

Due Sundays @ 11:59pm

Assignment # 3: Patchwork Ethnography Final and Gallery Symposium (40%)

In-class time allotted during weeks 8-10

Due Week 10 (TBD)

Assignment # 4 (optional): Collective Praxis Proposal

- Option 1: Organizing Reimagined Care and Medicine Symposium
- Option 2: Abolitionist Pre-health guidebook (e.g zine, booklets etc.)
- Option 3: Project Proposal for Spring 2021
- Option 4: Student Care Infrastructure
 - Transformative Justice (e.g. peer counseling, emergency response, pod mapping, mutual aid, etc) to replace UCPD, OSD, CAPS

Late Policy:

There are no penalties for late assignments. The due dates are only listed to help provide structure. If you need an extension at any time, please contact us through email how much more time you would like to complete it. You do not need to provide a reason as to why you need an extension.

Grading: P/NP



VIII. Schedule/Topic Outline/Guiding Questions

CHECK SUNDAY EMAILS FOR WEEKLY AGENDA

Week 1 Schedule: Course Introduction and Intentions

Monday (1/4/21): NO CLASS

Wednesday (1/6/21): FIRST DAY OF CLASS

Friday (1/8/21): GOING OVER SYLLABUS, ASSIGNMENTS & COURSE LAYOUT

Week 1 Objectives:

1. Imagination as a Political Practice

What experiences connect you to abolition medicine? How are praxis and imagination limited by the structures we are trying to re-imagine? How and why is re-imagination built into assignments, the structure of this class, the student collective, and abolition work overall? When did you turn to abolitionist orientations? How do relationality and re-imagination serve as important liberatory practices? How is abolition connected to dreaming of a new world? How is imagination and communal dreaming central to creating alternative infrastructures of care?

Main Resources:

- Dreaming Abolition: A conversation with the Abolitionist Dream Mappers. <https://anchor.fm/queermuslimresistance>
- [Communal Dreaming](#) by @annika.izora
- [Sins Invalid: An Unshamed Claim to Beauty](#) (stream video on Kanopy, ucsd.kanopy.com)
- Imarisha, W., Brown, A. M., & Thomas, S. R. (2015). *Octavia's Brood: Science Fiction Stories from Social Justice Movements* (1st ed.). AK Press.

Suggested Resources:

- Schalk, S. (2018). *The Future of Bodyminds, Bodyminds of the Future*. In *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (pp. 85-112). Durham; London: Duke University Press.
- Puar, J. (2007). *Introduction: Homonationalism and Biopolitics*. In *Terrorist Assemblages: Homonationalism in Queer Times* (pp. 203-222). Durham; london: Duke University Press.



2. Narrativity: Primacy of Lived Experiences, Emotive Knowledge & Critical Subjectivity Framework of Medicine

What is narrative medicine and how is it connected to abolition medicine? How do we practice radical listening, close-reading and the act of witnessing to understand experience? How do our own subjectivities, affects and lived experiences inform our emotive knowledge? How do we *hear* and *witness* the ghosts in our own voices, our subjectivities, our writings and our praxis? How do we recognize the body as a landscape of ghostly matters? Of narrativity, subjectivity and ancestral knowledge?

Main Resources:

- *Narrative Humility* ([TEDtalk](#)) by Sayantani DasGupta, MD MPH
- Gordon, A., & Radway, J. (1997). *Her Shape and His Hand*. In *Ghostly Matters: Haunting and the Sociological Imagination* (pp. 3-29). University of Minnesota Press.
- Lorde, A., & Smith, T. K. (2020). *Breast Cancer: A Black Lesbian Feminist Experience; Breast Cancer: Power vs. Prosthesis*. In *The Cancer Journals* (pp. 17–69). Penguin Classics.

Suggested Resources:

- [Disability Visibility Project: Q&A with Kay Ulanday Barrett](#) (website)
- Morales, A. (2019). *The Truth Our Bodies Tell*. In *Medicine Stories: Essays for Radicals* (pp. 47-52). Durham; London: Duke University Press.

Week 2: Abolition Medicine and Foundational Frameworks

Monday (1/11/21): ASYNCHRONOUS LECTURE (based on week 2 sources)

Wednesday (1/13/21): DISCUSSION (based on week 2 sources)

Friday (1/15/21): RE-IMAGINATION WORKSHOP: **Narrativity, Critical Subjectivity and the Liberator Imagination**

Week 2 Objectives:

1. Abolition vs. Reform-based Politics

Why center abolitionist frameworks in healing and medicine? How is abolition connected to decolonization? What entails abolition medicine? How do abolition medicine frameworks differ from reform-based politics (“Diversity, Equity, Inclusion” initiatives, individualizing medical racism/implicit bias, multiculturalism,



social determinants of health)? How do civil right/political freedom frameworks differ from radical social justice and self-determination efforts?

Main Resources:

- [What is Abolition?- by Critical Resistance](#)
- [Manifesto for Abolition \(Abolition: A Journal of Insurgent Politics\)](#)
- [Intersex Justice Project](#) (website)
- Chadha, N., Lim, B., Kane, M., & Rowland, B. (2020). *Toward the Abolition of Biological Race in Medicine*. UC Berkeley: Othering & Belonging Institute.

2. Disability Justice

Why must healing justice centralize anti-ableist crip perspectives of what illness and disability is? How does disability justice defy the “normative body”? What is crip of color critique? What is the difference between accommodations and disability justice?

Main Resources:

- [Roundtable Discussion: Abolition and Disability Justice](#) (video)
- [Jina B. Kim, *Toward a Crip-of-Color Critique: Thinking with Minich’s “Enabling Whom?”*, Lateral 6.1 \(2017\).](#)
- Piepzna-Samarasinha, L. L. (2018). *Care Webs: Experiments in Creating Collective Access*. In *Care Work* (pp. 32–68). Arsenal Pulp Press.
- Clare, E. (2017). *Brilliant Imperfection: Grappling with Cure*. Duke University Press Books.

3. QT*BIPOC Health & Wellness

How have colonial perspectives seeped through to medicine as it relates to anyone not cis-straight-white? In what ways do those identities interact with medicine individually or together? How has the politicization of these identities influenced their well-being? Why do racialized queer, trans & intersex bodies threaten white supremacy?

Main Resources:

- Puar, J. (2017). *Bodies with New Organs: Becoming Trans, Becoming Disabled*. In *The Right to Maim: Debility, Capacity, Disability* (pp. 33-62). Durham; London: Duke University Press.



- [IG convo by @alokvmenon: The Racist History of the sex binary](#)

Suggested Resources:

- Rotramel A, Ferhatović D. "No, just an alien": disability, sexuality, and the extraterrestrial in Gloria Anzaldúa's "Interface". J Lesbian Stud. 2020 Jul 24:1-16.

4. Medical Industrial Complex (MIC)

What constitutes the MIC? Why must we expand our analysis to structures beyond biomedicine, pharma and public health? Why must the MIC be abolished? How has the MIC contributed to the harm or policing of the human body? (processes including racialized medical ableism, construction of biological sex, gender binary etc. all in service of policing the body)

Main Resources:

- [Medical Industrial Complex Visual](https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/). (2018, September 12). Mia Mingus. <https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/>

Week 3: Biomedicine is a Colonial Project

Monday (1/18/21): ASYNCHRONOUS LECTURE

Wednesday (1/20/21): DISCUSSION

Friday (1/22/21): RE-IMAGINATION WORKSHOP: **Resisting Objectivity: Imagination Work and Futurisms**

Wee 3 Objectives:

1. Medical Experimentation

What are the connections between chattel slavery and medical experimentation? How did the foundations of biomedicine develop through exploitation Black and Indigenous bodies and labor? What role did eugenics play in this experimentation? What were the ideologies utilized to justify medical experimentation of Black and Indigenous bodies? How do they inform how medical systems operate today? How is medical experimentation implicated in carceral systems today? How is the prison industrial complex a continuation of "colonies as laboratories?" How do institutional health equity efforts fail to reconcile this history and incorporate these important power and structural analyses?



Main Resources:

- Washington, H. A. (2008). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (Illustrated ed.). Anchor.
 - Chapters from *Medical Apartheid* (Harriet Washington): *Introduction; Black Stork*
- Deirdre Cooper Owens on "Medical Bondage: Race, Gender and the Origins of American Gynecology" (video)
 - ▶ Deirdre Cooper Owens on "Medical Bondage: Race, Gender and the..."

Suggested Resources:

- Washington, H. A. (2008). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (Illustrated ed.). Anchor.
 - Chapters from *Medical Apartheid* (Harriet Washington): *The Surgical Theater; Caged Subjects; Infection and Inequity*

2. Abolishing “Biological Race”

What is the function of biological race (histories/legacies/current practice)? How has scientific racism been substituted by cultural racism to maintain the same structural outcomes? How does it manifest in current biomedical tools, procedures and practices?

Main Resources:

- Roberts, D. (2012). *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-first Century* The New Press.
 - Chapters from *Fatal Invention* (Dorothy Roberts): *The Invention of Race; Biological Race in “Postracial” America*

3. Anti-Blackness and Ableism

Why must we locate the roots of medical ableism and settler colonialism within anti-Blackness? How is collective liberation connected to abolishing global anti-Blackness?

Main Resources

- Metzl, J. (2011). *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Beacon Press.



- Jean Comaroff, *The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body* in Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life, Pp. 305-329

Suggested Resources:

- Antoine S. Johnson, Elise A. Mitchell, Ayah Nurridin (2020). [Syllabus: A history of anti-Black racism in medicine](#). Black Perspectives (website).

Week 4: Coloniality and the Medical Gaze

Monday (1/25/21) ASYNCHRONOUS LECTURE

Wednesday (1/27/21) DISCUSSION

Friday (1/29/21) RE-IMAGINATION WORKSHOP: **Decolonial Embodiment and Desire Frameworks**

Week 4 Objectives:

1. Biomedicine is a Colonial Epistemology

How is the medical gaze rooted in colonialism? How is biomedicine a form of epistemological violence? How did colonialism introduce binaries and create the “other”? How did colonial objectivity create body-mind dualism/separation and bioessentialism? How do we locate sex and gender binaries within colonialism and white supremacy? How did colonial binaries produce objectivity? Why is empiricism/evidence-based/scientific method valued more than lived subjectivities in medicine? How are specific knowledge systems/values politicized in the context of biomedicine? How is the normal body defined, and how has this deliberate construction of the normal body impact how biomedical encounters and impact? How are identities pathologized in biomedicine? Why are colonial wounds invalidated because they’re not seen as measurable by biomedical tools? How does the inflammation model in biomedicine explain how colonial wounds are embodied in terms of illness and disease?

Main Resources:

- Smith, L. T. (2012). *Decolonizing Methodologies: Research and Indigenous Peoples* (2nd ed.). Zed Books.

2. Deconstructing the Provider-Patient Interface:

What is medical gaslighting? How is the patient objectified during the clinical encounter, and how does this process result in an inequitable power dynamic? What are the politics involved with objectivity/impartiality i.e. who has the privilege and power to hold the objective lens? What institutions is the health care worker tied to structurally? Is it possible for us to separate our individual politics from the harmful institutions we operate within (harm inherent to the MIC)?



Main Resources:

- Ureña, Carolyn. [Decolonial Embodiment: Fanon, the Clinical Encounter, and the Colonial Wound](#). *Disability and the Global South* 6.1 (2019): , 6.1, 1640-1658. Web.
- Fanon, F., Chevalier, H., & Gilly, A. (1994). *A Dying Colonialism* (12/15/93 ed.). Grove Press.

3. Decolonizing Biomedical Frameworks

What would be the role of biomedicine (if any) in a decolonized framework of health/medicine? What is the difference between integration models and desire framework? How to reconcile colonial histories and survival with the future we desire? How can we privilege lived experiences and retain ancestral and de-colonial health, care and knowledge/practices? How can we recognize our own bodies as sites of history, survival, resilience, and complex personhood? How is this recognition related to re-imagining care?

Main Resources:

- Tuck, E. (2009). *Suspending Damage: A Letter to Communities*. *Harvard Educational Review*, 79(3), 409–428.
- [Lakshmi Piepzna-Samarasinha, L. \(2016, November 11\). A Not-So-Brief Personal History of the Healing Justice Movement. MICE Magazine.](#)

Week 5: Carceral Care: Biomedicine and Policing

Monday (2/1/21): ASYNCHRONOUS LECTURE

Wednesday (2/3/21): Discussion

Friday (2/5/21): Reimagination Workshop

Week 5 Objectives:

1. Carceral Systems: Prison and Medical Industrial Complexes

How is the history of carceral systems rooted in anti-Blackness and anti-indigeneity? How is biomedicine co-imbricated with other carceral systems (relate MIC and prison industrial complex, ICE, military industrial complex, etc)? In what ways are biomedicine itself a form of policing (many levels of policing)? How do we understand *policing* not only in terms of physical structures and systems but also policing the bodymind? How is abolition related to transnational decolonization efforts? How does the medical industrial complex mutually construct and maintain the prison industrial complex? How is the prison the epitome of the medical industrial complex? What are the connections between ableism, the prison industrial complex, and the medical industrial complex?



Main Resources:

- [Abolition and the Radical Imagination- Angela Davis \(hosted by Critical Resistance & LA Poverty Dept\)](#) (video)
- Stanley, E. A., Smith, N., & McDonald, C. (2015). *Captive Genders: Trans Embodiment and the Prison Industrial Complex, Second Edition* (Second ed.). AK Press.

2. Carceral Systems: Crimmigration, Military and Medical Industrial Complexes

What specific values are privileged in the medical industrial complex? What values are ascribed to marginalized patients/communities? How does a value system function as a colonial binary? How do values enable the dehumanization of targeted populations? How is the value system privileged in the MIC replicated in legal systems as well as other carceral institutions? How does a value system produce power inequities? What are the values involved in the criminalization of Black and brown bodies? What is biocitizenship and what bodies are seen worthy of receiving care and safety? How is the law dependent on Black and brown bodies, and how does crimmigration relate to the medical industrial complex? How are borders part of the carceral imagination? Why must we locate abolition of carceral care within a larger struggle to abolish imperialism and violence imposed by the Global North? How should/do healthcare workers negotiate the violence of working within border-states, sites of occupation, militarization and imperialism? How do radical lenses like crip of color critique and queer and trans ethics of care inform biosecurity and the biopolitics of migration? In what ways do carceral institutions instigate the poor health outcomes we see in addition to the value system it upholds?

Main Resources:

- [Locating Abolition within the fight against Imperialism- Critical Resistance & AbolitionNOW coalition](#) (video)
- Varma, S. (2020). Introduction. *The Occupied Clinic: Militarism and Care in Kashmir*. Duke University Press Books.

Suggested Resources:

- Cacho, L. (2012). *Introduction: The Violence of Value. In Social Death: Racialized Rightlessness and the Criminalization of the Unprotected* (pp. 1-34). New York; London: NYU Press.
- Balance, C. B. (2006). *On Drugs: The Production Of Queer Filipino America Through Intimate Acts Of Belonging*. *Women & Performance: A*



3. Incarceration and Disability

What parallels exist between carceral care and institutionalized care (e.g hospitals, psych wards etc.)? How does *policing* of the disabled body/mind function within these settings? How does medicine pathologize disability framing it as *disease* and operate within curative models of care? How do self-defined lived experiences of disability frame *illness*? How do we see neoliberal, capitalist, and ableist values dictate the incarceration of “non-normative” bodies? How do the PIC & MIC corroborate one another in institutional and/or carceral mental health care to physically and mentally colonize “non-normative” bodies? How have grassroots organizers/how can we reimagine and rebuild a disability justice care infrastructure that does not replicate policing/carceral systems? What would de-carceral mental health care look like?

Main Resources:

- Ben-Moshe, L. (2020). [*Abolition in Deinstitutionalization: Normalization and the Myth of Mental Illness. In Decarcerating Disability: Deinstitutionalization and Prison Abolition*](#) (pp. 69-110). MINNEAPOLIS; LONDON: University of Minnesota Press.
- <https://abolitionanddisabilityjustice.com/> (website)

Week 6: Access/Healthcare Realities, Neoliberalism, Racial Capitalism

Monday (2/8/21) ASYNCHRONOUS LECTURE

Wednesday (2/10/21) DISCUSSION

Friday (2/12/21) RE-IMAGINATION WORKSHOP

Week 6 Objectives

1. Understanding the Neoliberal Foundations of the MIC

Why is quality health care not the goal of the medical industrial complex? How is neoliberal ethos embedded in biomedical knowledge, practice, policies, and society? How is neoliberalism connected to racial capitalism? What is the function of eugenics in neoliberal institutions? Are policy changes reform-based/harm reduction/other, and what are the ensuing consequences for survival/access? From our critique of dominant healthcare models, what are the implications of improving access to the MIC for marginalized folx who have been excluded as an intended effect of racial capitalism? For folx intending to have healthcare careers, how do we negotiate survival/complicity and resistance? How do institutional social justice efforts fail to reconcile this history and incorporate these important power analyses?



Main resources:

- Card, K. (Director). (2020, June 1). *Geographies of Racial Capitalism with Ruth Wilson Gilmore – An Antipode Foundation film* [Video file]. Retrieved from <https://www.youtube.com/watch?v=2CS627aKrJI&feature=youtu.be>
- Davis, A. (2017, July 19). *Angela Davis on Neoliberalism (2009)* [Video file]. Retrieved from <https://www.youtube.com/watch?v=9ccVbK9zxr0&feature=youtu.be>

2. Disability Justice is Anti-Capitalist

What are the connections between ableism and neoliberal health care systems? What would a disability justice framework of medicine and a sustainable model of care look like?

Main Resources:

- Sins Invalid. (2019). *Articulating a Movement Skin, Tooth, and Bone: The Basis of Movement is Our People* (2nd ed.). Berkeley, CA.
- Russell, M., & Rosenthal, K. (2019). *Capitalism and Disability: Selected Writings* by Marta Russell. Haymarket Books.

3. Abolishing Neoliberal Social Justice Efforts in the MIC

How does the “social determinants of health” framework limit structural analysis? How is social determinants of health a tautological argument? What are the power inequities present in DEI efforts in medicine? How are cultural competence/cultural humility practices distinct from decolonization and self-determination? What are the differences between *diversifying* and *decolonizing* medical institutions? What are the differences between the multicultural politics of assimilation, representation/access (“seat at the table”) and abolitionist politics (“recognizing the table’s limitations and transforming it to center care”) ? How do DEI efforts in medical institutions promote the harm inflicted by the MIC through neoliberal, ableist, and racist practices?

Main Resources:

- Eve Tuck & K. Wayne Yang. *Decolonization Is Not A Metaphor*. Decolonization: Indigeneity, Education & Society Vol.1, No.1, 2012, pp.1-40. (2012).
- A. (2020b, May 10). *Abolitionist University Studies: An Invitation*. Abolition Journal. <https://abolitionjournal.org/abolitionist-university-studies-an-invitation/>
- @teachmepublichealth. (2020, July 14). *The Sugarcoated Language of*



Racism in Medicine. Instagram.

https://www.instagram.com/p/CCoe3P2geQt/?utm_source=ig_web_copy_link

Week 7: Abolition as Co-Creation: Building Alternative Care Infrastructure

Monday (2/15/21) ASYNCHRONOUS LECTURE

Wednesday (2/17/21) DISCUSSION

Friday (2/19/21) REIMAGINATION WORKSHOP

Week 7 Objectives

1. Transcending the Abolition-Reform Binary

How do we go beyond talking about the abolition-reform binary? When do we choose reform for survival recognizing that these pathways can meet our most immediate needs? How do we still retain our long-term abolitionist orientations and navigate complicity if we sometimes choose reform to survive? *Who* should inform these choices? How do we prioritize the needs and voices of people surviving within these institutions and those who have been subjugated to their violence?

2. Transformative Justice

How does abolition as a practice necessitate reimagination and rebuilding? How is transformative justice an example of reimaging and rebuilding sustainable models of care? What transformative justice ideas (e.g. prevention of peak crisis, accountability of harm, deinstitutionalizing response to crises) are applicable to abolition medicine? How can we re-imagine medicine in an approach that is analogous to how transformative justice has responded to policing/prisons (e.g. deinstitutionalizing medicine/care)? Is this re-imagination possible if medicine is still operating within neoliberal institutions (turning to abolitionist university studies)?

Main Resources:

- Transformative Justice: A Brief Description. (2019, January 10). Leaving Evidence.
<https://leavingevidence.wordpress.com/2019/01/09/transformative-justice-a-brief-description/>
- [Building Accountable Communities](#) (video series):
 - [What is Transformative Justice?](#) (video)
 - [Everyday Practices of Transformative Justice](#) (video)
 - [Intersections of Disability Justice and Transformative Justice](#) (video)
- Dixon, E. (2015, June 9). *Building Community Safety: Practical Steps*



Toward Liberatory Transformation. Truthout.
<https://truthout.org/articles/building-community-safety-practical-steps-toward-liberatory-transformation/>

Suggested Resources:

- <http://mirrormemoirs.com/> (website)
- Harney, S., & Moten, F. (2013). *Chapter 2: [The University and the Undercommons](#)*. *The Undercommons: Fugitive Planning & Black Study*. Autonomedia.

3. Re-imagination and Community-based Care

How do we reimagine and rebuild medicine given our positionalities? What are tangible first steps? What are the different levels/scales that we can rebuild? Why are collective movements (cross-movement solidarity) necessary for sustainable transformation? Why is relationality critical to prioritize in our organizing? How have communities re-imagined alternatives to institutionalized care through mutual aid networks? How does mutual-aid/community-based care function as an abolitionist practice? How can we re-imagine care beyond survival? What does our collective vision for a reimagined framework of medicine and model of care look like at this present moment?

Main Resources:

- Dean Spade; [Solidarity Not Charity: Mutual Aid for Mobilization and Survival](#). *Social Text* 1 March 2020; 38 (1 (142)): 131–151.
- [Pods and Pod-mapping worksheet](#) by Mia Mingus for Bay Area Transformative Justice Collective (BATJC), 2016.

Week 8: Abolition Medicine Praxis

Monday (2/22/21) SYNCHRONOUS LECTURE

- *Presentations on Grassroots Organizing and Community-led Activism: Health Justice Groups*

Wednesday (2/24/21) INTRODUCING PROJECTS

Main Resources:

- Günel, Gökçe, Saiba Varma, and Chika Watanabe. 2020. [A Manifesto for Patchwork Ethnography](#). *Member Voices, Fieldsights*, June 9.

Friday (2/26/21) RE-IMAGINATION/MOSAIC PROJECT

Organizations:

- *Health Justice Commons*. (2021). HJC.
<https://www.healthjusticecommons.org/team>



- *Do No Harm Coalition*. (2016). Do No Harm Coalition. <https://www.donoharmcoalition.org/>
https://www.donoharmcoalition.org/uploads/5/0/4/9/50494007/dnhc_final_manifesto.pdf
https://www.donoharmcoalition.org/uploads/1/2/3/8/123860160/dnh_orientation_zine.pdf
- *Institute for Healing and Justice in Medicine*. (2021). Institute for Healing and Justice in Medicine. <https://www.instituteforhealingandjustice.org/>
- *Freedom Community Clinic*. (2019). Freedom Community Clinic. <https://www.freedomcommunityclinic.org/>
- *Abolition and Disability Justice* <https://abolitionanddisabilityjustice.com/resources/> (website)

Week 9: Abolition Medicine Praxis

Monday (3/1/21) SYNCHRONOUS LECTURE

- *Presentations on Grassroots Organizing and Community-led Activism: Community Care & Mutual Aid, Disability Justice, QTBIPOC abolitionist groups*

Wednesday (3/3/21) COLLECTIVE RE-IMAGINATION/MOSAIC PROJECT

Friday (3/5/21) COLLECTIVE RE-IMAGINATION/MOSAIC PROJECT

Organizations:

- *Black Emotional and Mental Health Collective*. (2019). Black Emotional and Mental Health Collective. <https://www.beam.community/>
- *We All We Got SD*. (2021). We All We Got SD. <https://www.weallwegotSD.com/>
- *Our Mission*. (2021). Sins Invalid. <https://www.sinsinvalid.org/about-us>
- *About QTPoC Mental Health*. (2015). Rest For Resistance. <https://restforresistance.com/about>
- Fukui, E. (2021). *Mad Queer Organizing Strategies. Building Maps, Strategies and Processes for Liberation*. <https://madqueer.org/>
- *The Oakland Power Projects*. (2021). Oakland Power Projects. <http://criticalresistance.org/chapters/cr-oakland/the-oakland-power-projects/>

Week 10: Closings

Monday (3/8/21): SYNCHRONOUS

- *Showcasing Re-imagination/Mosaic Project*

Wednesday (3/10/21): ABOLITIONIST HEALTH JUSTICE SERIES PLANNING SESSION

- *Follow-up Plans for the Spring Quarter*

Friday (3/12/21): CLOSINGS, DECOMPRESSION AND RELATIONALITY IN PRACTICE



Please Note:

This will remain a working document throughout the course as we remain committed to collective, non-hierarchical learning and praxis. Student instructors retain the right to make alterations to the syllabus and class assignments as needed and after consultation with students enrolled in the course. We declare no financial compensation or conflicts of interest in the creation or instruction of this course.





Art Work: Resistance Ritual (2020) by [Cristy C. Road](#)

ID: Above is a panel called Resistance Ritual by artist Cristy C. Road. The panel takes an oval shape: at the bottom are sunflowers, plants, berries, bowls of herbal medicine perched in an open bag that says RESIST. In the middle of the panel is an NYPD Van with a broken windshield and pink spray paint on the front that says DISMANTLE RACISM. There is fire coming out of the windows of the van which occupies the top portion of the panel and paints the rest of the atmosphere in ashy smoke.