The 10 Issue Anthology

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The Journal of Interdisciplinary Public Policy is an open-access journal for youth. We elevate diverse perspectives in public policy and highlight the need for interdisciplinary thinking to create equitable policy.

Since our founding in 2019, JIPP has forged space for youth policy analysis. In early 2022, we celebrated the publication of our 10th full-length edition and the growth of our team to over 100 contributors across 5 continents. Recognizing the importance of this moment, this issue celebrates some of the most memorable works we have published—with a particular emphasis on ensuring the work still fits the current global situation. This issue is organized by medium, as usual, and we encourage the reader to explore the entirety of the publication.

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The 10 Issue Anthology

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ESSAYS

Arts Under Attack: A Multinational Perspective on Creative Arts Education

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As the world modernizes and seeks to prepare future generations for emerging careers, society is positioned to have an increased focus on studies relating to science, technology, engineering, and mathematics (STEM). However, it is vital not to lose sight of the benefits and importance of the creative arts and humanities in contemporary society and the ongoing demand for individuals with a background in humanities in the employment market. This essay aims to affirm the significance of this area of education to the functioning of democratic institutions and a constructive community by incorporating two perspectives of arts education in Australia and the United States. The centrality and importance of creative arts and humanities to society must be reinvigorated and re-emphasized without detracting from the growth of STEM. The assault on arts education occurring in Australia and the United States is highly problematic, as it risks damaging the vibrancy of our cultures and our future. The arts must be

protected and adequately funded to prepare communities for the future appropriately.

The Benefits of a Creative Arts and Humanities Education

The creative arts and humanities are central components of a productive society and the future. Unfortunately, governments are often quick to assume that the future of the employment market will be underpinned by STEM (Department of Skills, Education and Employment), causing stakeholders to neglect the study of the arts. This perpetuates a negative stigma about art degrees, especially regarding their future viability. However, the humanities and STEM have an undeniable intersection that requires not the neglect of the arts, but rather cooperation between the two faculties for the betterment of society. In many circumstances, scientific facts need interpretation and dissemination of information to the public from those involved in the humanities (Miller). This is currently displayed in the communication between scientists and the general public regarding COVID-19 vaccines and the science behind anthropogenic climate change. Individuals who understand varying societies, cultures, beliefs, and motives are necessary to adequately tailor the communication of facts to specific cultural and ethnic groups. This is depicted in the case of climate change, where politicians, a career closely affiliated with the humanities, are required to communicate why changes in climate and energy policy are necessary to reduce carbon emissions as a result of the science showing that the global climate is warming at an alarming rate. This demonstrates a clear interrelationship between science and politics. As such, STEM must not supplant the arts, but the two faculties should work in tandem to ensure greater efficacy and efficiency when communicating important information.

In a similar vein, arts graduates, having highly demanded core and transferable skills, will be prized in the future labor market. As societies become more interconnected, globalized, and understanding different human societies, cultures, and languages, these graduates will become more valued by employers (Diamond). While occupations involving technical skills risk becoming redundant due to automation, attributes involving interpretation, critical thinking, and problem-solving cannot be replaced by artificial intelligence (Pinto). This includes occupations such as journalism, teaching, law, politics, public service, and consulting. This set of core skills is highly sought after, but neglecting the study of the arts risks failing to provide our society with the skills and attributes needed to prosper in the future.

Moreover, the study of arts is valuable to communities because it provides individuals with the critical and analytical thinking skills needed to hold powerful and wealthy institutions accountable. The role of the media in ensuring the transparency and accountability of government institutions has always been closely tied to the study of humanities. The humanities afford individuals an understanding of ethics, ideologies, political systems, and their history and the capacity to judge the outcomes of political decisions. These analytical skills and an ability to think independently also enable individuals to make informed choices about who to vote for during elections. Markedly, having individuals with an apt grasp of the humanities is essential in critiquing and analyzing the powerful.

Additionally, as the phenomenon of alternative facts and "fake news" proliferates on increasingly popular social media platforms, a greater number of individuals with a background in humanities are needed to determine the credibility of information. 60% of Republicans falsely agree that the 2020 US Election was 'stolen' from President Trump (Jackson). Similarly, 17% of Americans believe that the core teachings of the conspiracy theory, QAnon, are true (NPR/Ipsos). This demonstrates the necessity of having individuals in society capable of debunking mistruths through evidence-based approaches to prevent society's dangerous fracturing. These are skills that are primarily taught and homed in the study of arts, and hence this is why the arts have an ongoing necessity to our global society.

Furthermore, emphasis on the creative arts and humanities catalyzes cultivating diverse, dynamic, and vibrant cultures. Maintaining a stable, sovereign creative arts industry that produces film, television, music, comedy, theater, and artwork is central to forming a national identity and image. Hollywood films and American television contribute significantly to international perception of the United States (Ying). Similarly, the Australian Impressionist art movement, driven by the Heidelberg School, played a prominent role in facilitating a uniquely Australian style of artwork that espoused Australia's national 'bushman' identity before Federation in 1901. Moreover, the creative arts are pivotal to enriching individuals' lives. They provide an outlet for social connection and entertainment, which positively impact society through education, mental health, and bolstering local economies (Australian Council for the Arts, 2020). Defunding the arts or not financing it according to its needs, risks prohibiting creative industries from fostering an independent and positive culture.

Arts Education in the United States

Despite continued bipartisan support for the arts and humanities in the United States, blatant assaults on federal support for these disciplines occur in political spheres. In 1989, Republican senator Jesse Helms became instrumental in coordinating attempts to defund the National Endowment for the Arts (NEA) after the foundation awarded government funds to artists that were deemed controversial. In multiple instances throughout the 1990s, Republicans in both chambers of Congress attempted to cease funding to the NEA; however, all proposals brought forth by the House were ultimately blocked by the Senate. More recently, the Trump administration's proposed 2018 budget called for the complete elimination of the NEA, along with the National Endowment for the Humanities and several other arts agencies (People for the American Way). His attack on the arts ultimately proved unsuccessful, much like the attacks made by his predecessors in government. Still, the party's persistence in undermining public support for the arts remains concerning (New York Times). It is essential to consider the implications of these recurring attacks on broader cultural attitudes in the country that influence public opinion, and subsequently, the policymaking process regarding arts-related affairs.

In America's K-12 classrooms, arts education is severely undervalued and underfunded. When budget cuts necessitate the loss of academic classes, the arts are always the first to go. Because teachers across the nation are put under pressure to improve outcomes in subject areas measured by standardized testing, which are therefore deemed more "essential," the clear benefits of an arts education are overlooked (Penn State). Active participation in subjects such as music, visual arts, theater, and dance have been proven to increase civic engagement, tolerance, and produce a clear reduction in discriminatory behavior. Nevertheless, the availability of these disciplines continues to decline in almost every area of the country, and the proportion of students engaged in the arts decreases each year (Brookings).

The issues plaguing arts education serve as a microcosm for greater systemic issues of diversity, access, and equity in American society. A recent federal government report found that US schools with higher percentages of minority students and those designated as "needing improvement" under the No Child Left Behind Act were more likely to report decreased art instruction time (United States Government Accountability Office). Because of its absence in many American schools, students and families often have to rely on external programs to receive a quality arts education, often at a hefty price. The tuition and fees for top youth music academies in the country often exceed several thousand dollars per year, not including competition and travel costs, instrument repairs and upkeep, and other necessary materials

(Institute for Arts Integration and STEAM). Even with financial aid and scholarship programs in place, it is almost impossible to become a high-caliber musician at such institutions without receiving years of quality private instruction beforehand, which also comes at an exorbitant price. Simply put, the costs are too much to bear for many low and middle-income families. As a result, an extreme lack of racial and socioeconomic diversity exists within communities and organizations where the arts are permitted to prosper.

Several mentorship programs exist to ameliorate this opportunity gap, an example being Young Music Scholars, a program I volunteer with through (MYAC) in the suburbs of Chicago, Illinois. Members of the symphony orchestra at MYAC, like myself, offer weekly lessons and regular performance opportunities to low-income string players throughout the Chicago area. Participating in this program as a mentor to a cellist not much younger than myself, as well as my other personal experiences as a cellist and singer, have opened my eyes to the issues facing the future of the arts in the United States. So much talent exists in our underserved communities, yet it is actively suppressed. Existing policy frameworks, government support, and sociocultural attitudes are absent or ineffective.

The Assault on the Arts in Australia

In Australia, the creative arts and humanities have been under attack by the federal government, which risks tarnishing the fabric of Australia's culture and education system. In October 2020, the Conservative Coalition government passed legislation that instigated a major shakedown of university funding in Australia (Parliament of Australia). The bill, titled "Job Ready Graduates," was intended to provide further funding to university courses relevant to "occupations of the future," namely STEM careers. However, the price of earning creative arts and humanities degrees suffered a significant hike. Personally, after deferments and discounts, the cost of my undergraduate Bachelor of Arts majoring in history and Mandarin tripled from $10,632 to $32,012 AUD. The product of this government decision is that students who are passionate about the arts will likely stay the course in their studies but be punished with higher university fees and student loan debts for following their interests. Secondly, this may influence some students to study cheaper courses even if they are not passionate about it. This creates a miserable society where individuals cannot pursue careers they are passionate about. Additionally, as the fee hike may dissuade individuals from attending university altogether, this will proliferate wealth inequality as individuals from low-income families may be

discouraged from going to university, which is recognized as the primary method to become wealthier (Kelly). Moreover, the financial impact of tripling a student's loan debt will be severe. The burden of tens of thousands in debt will be felt when seeking to purchase a home, take out a mortgage, or have children.

What is most disappointing about the "Job Ready Graduates" law is its baselessness. Humanities graduates have higher employment and earnings than graduates of Australia's science and mathematics faculties (Quality Indicators for Teaching and Learning). Arts and law graduates average an employment rate of 91.1% and 95.8%, respectively, with arts graduates earning $70,300. Math and science graduates have an employment rate of 90.1% and an average income of $68,900 (Quality Indicators for Teaching and Learning). This shows a direct contradiction in the "Job Ready Graduates" scheme and means that the new tertiary fee restructuring does not effectively equip students for future employment.

Moreover, the new price of arts and humanities degrees is not commensurate with the amount of support and guidance received by students. The work inherent to the humanities and creative arts is mainly self-guided, involving minimal contact hours and private study, consulting readings, and writing essays. The price does not match its worth for an arts degree involving minimal staff support, guidance, and resources. This is yet another reason why the fee hike is unjustified.

In Australia, there are strong social security safety nets for students. The Higher Education Contribution Scheme does not require students to repay their student loans until an annual income of approximately $47,014 AUD is reached (Australian Taxation Office). Even so, the fee increase is immoral and illogical from the standpoint that it discourages students from undertaking degrees necessary for the future job market. Overall, the defunding of the arts is an inexcusable act that defies logic and morality and does not appropriately prepare Australia for the future.

In addition to this, the scheme disincentivizes students from undertaking degrees in the fine arts, which are also victims to the funding hike. Moreover, the creative arts industry in Australia has profoundly struggled during the pandemic. Due to pandemic-related social distancing and travel restrictions, a lack of work and revenue has caused unemployment to become rife in the industry (The Music). Unfortunately, the industry was one of the first-affected sectors, and they will likely be the last to reopen (Smale & Johnson, 2020). Even so, Australia's creative industries were chronically underfunded by the Federal Government prior

to the pandemic, and expectedly, the Federal Government failed to provide adequate assistance during the pandemic.

This functions to discourage students from the creative arts because post-degree employment prospects are bleak. Creative arts graduates have one of the worst employment rates of graduate students, at 89.3% (Quality Indicators for Teaching and Learning). This is mainly due to the industry having a severe funding shortfall as the government's financial support for the arts fell by 4.9% between 2007-08 and 2017-18 (Australian Academy of the Humanities). The pandemic exacerbated the damage, as around 255,000 gigs or events were canceled, 500,000 people were impacted, and at least $280 million was lost (Lost My Gig). Short-term financial assistance was provided to businesses and individuals affected by COVID-19 restrictions; however, the support was terminated in March 2021, despite a continuation in lockdowns and pandemic-related restrictions that prevented the creative industry from reopening.

The more students are deterred from contributing to the arts, the more talent and potential will wither away (Hall). As fewer people engage in the study of the creative arts, the less creativity and imagination there is in communities, undermining the entire culture of our society. Specifically, the creative arts have been under assault continually by conservative governments, which have engaged in a protracted culture war with the arts. This is because it believes the education of the humanities and creative enterprises are peddling a political message ideologically opposed to its interests (Barnes). Renowned as having a progressive political center and a more diverse, feminist, and critical scholarship since the 1960s (Guillory), the humanities and creative arts faculty has had an evident antagonism with cultural conservatives. As such, desolate employment opportunities due to years of underfunding and a rising cost for completing degrees in the creative arts endangers the future of Australia's culture and national identity.

Conclusion

The arts and humanities provide essential benefits to the constructive functioning of our society and enhance our readiness for the future. However, in both the United States and Australia, the arts and humanities are underfunded, inaccessible, and inequitable at present. If there is no such improvement, the arts will likely be denied their true capacity to flourish and provide the myriad of benefits to a thriving and prosperous culture. Stakeholders and students

of the arts must call on local, state, and federal governments to protect the arts and make education in such disciplines accessible for all. Only through collective action can arts education be genuinely reinvigorated.

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Marijuana Legalization and the Philosophies of Policymaking

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A majority of Americans, including most Republicans and Republican-leaning individuals, support the legalization of marijuana, motivated by prohibition's racialized enforcement and the economic, social, and medical benefits of legalization. However, American political institutions have vehemently opposed proposed relaxations of marijuana restrictions. This move is greatly influenced by the power of utilitarianism in conventional decision-making calculus. However, utilitarianism unjustly imposes personal beliefs of success and happiness over the entire population, is inadequate to take moral and ethical considerations into account, and, writ large, fuels bad policy decisions. Using marijuana legalization as a case study to examine the failures of utilitarianism highlights its inadequacies more broadly and suggests new paths toward ethical policymaking.

Introduction

Despite the overwhelming majority of Americans supporting the federal legalization of marijuana, with 67 percent supporting legalization as of 2019 (Daniller) and all but 5 states decreasing restrictions on marijuana, almost nothing has been done on the federal level in decades. While the MORE Act, officially named the Marijuana Opportunity Reinvestment and Expungement Act of 2019, seeks to remove marijuana from the federal controlled substances list — effectively decriminalizing the drug — and expunge the records of those with past marijuana-related offenses, the bill is unlikely to pass the Republican-controlled Senate, with Skopos Labs estimating it has a four percent chance of being signed into law (Gehlen; GovTrack). This is clearly incongruous with the polling presented earlier. More, although

marijuana legalization is split along party lines in terms of legislative efforts in the federal government, with Democrat legislators favoring relaxing restrictions and Republicans legislators starkly opposed, the majority of Republican and Republican-leaning voters (55 percent) are in support of legalization (Daniller).

Thus, it is critical to understand what is driving such a large faction of our government away from supporting the legalization of a substance which will, by most accounts, be extremely beneficial in an array of manners. While one could dismiss this as the result of aggressive lobbying by the tobacco industry and others, though indeed a factor, it is more powerful to name the fundamental differences underpinning this divide. Upon doing so, it becomes evident that the divide on marijuana policy highlights the utilitarian thinking that underpins U.S. policymaking. Specifically, policymakers justify prohibition by accounting for the purported negative effects of marijuana use. While in name utilitarianism seeks to maximize happiness, not a bad idea at face-value, the issue with the framework becomes apparent when considering how it fails to grapple with problems with morality. Specifically, from a moral outlook, marijuana should be legalized because of its medical benefits, the harmful and racialized impact of policing its use, and a Lockean understanding of free will. Thus, the failures of utilitarianism in policymaking, made apparent by its contradiction of popular opinion and morality, demonstrate not only the need to reevaluate marijuana policy but to evaluate the role and necessity of utilitarianism in policymaking as a whole.

Marijuana Use and Legalization

To begin, there are a number of reasons why, from a purely practical perspective, marijuana should be legalized. First, marijuana prohibition has unquestionably failed in its stated goals. Prohibition was intended to decrease use, and thus decrease the perceived consequences of marijuana use. However, prohibition has failed on both counts. "Marijuana use has increased drastically during its prohibition. Today, 22,000,000 Americans use cannabis each month, and even more consume it on a less frequent basis," say Prof. David Nathan, Dr. H. Westley Clark, and Prof. Joycelyn Elders, an expert medical team of a former surgeon general and experts on substance abuse and cannabis. Worse, prohibition has increased the potential negative effects of marijuana use since marijuana's high spot on the federal drug schedule prevents regulation of cannabis products, increasing the risk of consuming products that are lethally contaminated or impure (Nathan, et al.). Additionally, legalization would provide a

massive economic stimulus. According to a study done by the right-libertarian Cato Institute, policy to decriminalize marijuana would save the government $17.4 billion a year, with one half coming from reduced spending on enforcement and the other from the newfound ability to tax revenue on legal cannabis products (Miron & Waldock). Along with providing an economic boost, marijuana has proven and unproven medical benefits. It is widely accepted in the medical community and by the government that marijuana products have caused largely positive results across many trials for a wide range of treatments (Grinspoon; NCCIH; CDC). Some of a long list of examples include significant pain reductions in cancer patients, reducing nausea in cancer patients, and alleviating neuropathic pain (Farrell, et al.).

Nevertheless, legalization raises both moral and ethical questions as well. One issue is the aforementioned contradiction between popular support and legislative gridlock for legalization. Governments have an ethical obligation to justify legislation that goes against the will of the vast majority of its constituents, as is the case with marijuana legalization. Second, while possession of marijuana can be punished by up to one year in jail (Working to Reform Marijuana Laws), punishments are not doled out uniformly; instead, marginalized communities are disproportionately affected by such punitive policies. "Black and white Americans use marijuana at similar rates, but black people were 3.7 times more likely to be arrested than white Americans for marijuana possession in 2010" (Lopez (b)). While the scope of racism in the criminal justice system is much larger than just marijuana, allowing one facet of racism (marijuana criminalization) to persist is unjustifiable. The ethical position would be to prevent arrests from a victimless crime and expunge the records of those who have been affected by morally bankrupt policies of criminalization.

Finally, should a wide swath of practical and moral benefits for legalization still not be enough, we can turn to a philosophical evaluation of marijuana criminalization. John Locke — a philosopher whose work laid the foundations for the American Revolution and founding documents — should guide our understanding of marijuana legalization. Writing on the extent of legislative power over property, Locke stated that

> *"The supreme power cannot take from any man any part of his property without his own consent: for the preservation of property being the end of government, and that for which men enter into society, it necessarily supposes and requires, that the people should have property … they have such a right to the goods, which by the law of the community are their's [sic], that no body [sic] hath a right to take their substance or any part of it from them, without their own consent: without this they have no property at all; for I have*

truly no property in that, which another can by right take from me, when he pleases, against my consent."

In Locke's earlier musings on the state of nature, he argued that

"All men may be restrained from invading other's rights, and from doing hurt to one another, and the law of nature be observed."

In these two quotes, Locke creates a goldilocks zone for laws restricting individual freedoms: namely, that legislation should not restrict property under the condition that it does not impede upon the rights of others. For this reason, the government, at least to some extent, has the burden to provide substantial evidence that marijuana possession, which it does not, impedes upon the rights of others — especially since such Lockean principles were the foundation of the Constitution in the first place.

So, given that marijuana legalization is popular as well as practically and morally defensible, why does it remain illegal at the national level? There are two conceivable explanations. The first is that those in government are unduly influenced by parties that, for selfish reasons, do not wish to see marijuana legalized. This is certainly possible, as industries like tobacco could see a decline in sales from marijuana legalization measures. However, while the industry has and indirect vested interest in the outcome of marijuana policy, the scope is rather limited, and, so, the research is mixed on where they stand on legalization (Barry). Instead, the more pressing issue is that politicians are informing their decision from an ethical perspective that does not present in favor of legalization. Most prominent among these is the theory of utilitarianism.

Utilitarianism in U.S. Policy

"The utilitarian doctrine is that happiness is desirable, and the only thing desirable, as an end."

Here, John Stuart Mill, one of the most influential philosophers in the development of utilitarianism, is communicating that, in the doctrine of utilitarianism, the ultimate desirable goal in life is to be happy. Importantly, Mill describes happiness as an end rather than a means. Describing happiness as a means would be more in line with a hedonistic philosophy, which argues that whatever brings the most immediate pleasure should be done. Indeed, a hedonistic

framework would support marijuana legalization. However, hedonism is an equally, if not more, faulty outlook, as "scientists have found that the more we experience any pleasure, the more we become numb to its effects and take its pleasures for granted" (Dalai Lama and Tutu). In the case of utilitarianism, happiness as an end informs policymaking by arguing against measures that could threaten our future well-being. Thus, utilitarian policymakers inform their decisions by maximizing the perceived net positive effect on well-being, generally of their constituents. This typically means mitigating consequences such as death, adverse health outcomes, etc. Also, policymakers may use their personal beliefs to inform their understanding of this end goal of happiness. For example, politicians who adhere to classical liberalism, a majority of the American government, might believe that accelerating the growth of individual wealth and production would net positive utility and this would inform their utilitarian decision.

So, what are these concerns in the case of marijuana and how valid are they? Regarding health, the primary concerns lie in the fact that evidence is still lacking on the long-term effect of marijuana use. However, if this were the primary concern, the government would authorize studies on the effects of marijuana; yet, this remains illegal due to marijuana's placement on the drug schedule. Especially given that the studies that have been authorized have favored marijuana legalization, this argument is massively disingenuous. Moreover, marijuana laws have become almost impossible to enforce except in overpoliced urban communities and there is substantial risks of impure products in illicit markets (Kleiman). A second is the "gateway drug" argument, claiming that increased use of marijuana results in increased use of more dangerous drugs which have proven negative health effects. This argument has been repeatedly proven to be fallacious: the use of marijuana correlates with hard drug use but does not cause it. Rather, "people who are more vulnerable to drug-taking are simply more likely to start with readily available substances such as marijuana, tobacco, or alcohol" (National Institute on Drug Abuse). In this regard, there exists as much logic behind criminalizing alcohol as continuing to criminalize marijuana. The final common argument against legalization falls under the category of personal belief. Many argue that marijuana use results in a decrease in individual productivity and success. Informed by their beliefs, conventional policymakers assert that being wealthy and productive is key to happiness. Whether this assertion is correct or not, it is clearly out of step with the teachings of Locke on freedom and liberty. Basing governmental policy on unfounded personal beliefs is illegitimate since those whom the policy affects may not share the same beliefs. While politicians may believe financial success is key to happiness, their constituents may seek happiness in other forms. In conclusion, examining utilitarian

policymaking renders it increasingly clear that making decisions based purely on some manufactured, incomplete picture of long-term effects is an incorrect approach for creating moral, equitable marijuana policy. The status quo framework on prohibition creates a host of negative outcomes, preventing the economic, medical, and philosophical benefits of legalization and cementing the issues of racialization within current policy.

However, the failures of utilitarianism go far further than marijuana policy. When policymakers employ utilitarianism in calculating outcomes, "Knowing aggregates and averages, [they] proceed to calculate the utility payoffs from adopting each [policy]" (Goodin). But as Professor Robert E. Goodin, one of the top international figures in political science, explains, one of utilitarianism's great failures is that the predictions made are flat-out wrong. "They cannot be sure what the payoff will be to any given individual or on any particular occasion. [Available information] is just not sufficiently fine-grained for that." In the case of marijuana, for example, while initial data presented in favor of the gateway drug theory, subsequent analysis proved it wrong, but people still latch onto the line of reasoning to justify harmful policies. The potential impacts of being incorrect in other spheres of policymaking, such as foreign policy and economic policy, can be far more disastrous. A second critique is that utilitarianism fails to be morally equitable. "Utilitarianism with its "greatest happiness principle" completely neglects the spiritual dimension of human life" (Cleveland). Professor Cleveland explains this in the context of property ownership, noting that even if it was net better to redistribute wealth, for example with restorative policies for emancipated slaves after the Civil War, utilitarianism focuses on the rights of the property owner. An immoral framework has allowed for numerous atrocities committed by the U.S. government. One such example is the use of enhanced interrogation. While the CIA believed that the potential lives saved by uncovering intelligence outweighed the suffering of interrogated individuals, it ignored the moral implications of excusing torture if they viewed it as justified. Combining this with the explicit warnings of Locke, not only marijuana criminalization but a large portion of our political system gets called into question.

Conclusion

It now becomes our responsibility to find a better framework for evaluating policy, one that is morally justifiable and empirically desirable. We do this by evaluating our actions by a set of moral guidelines and principles. We should seek an ethical rulebook in direct contrast to

the effects-based, consequentialist style of utilitarianism. While these alternative theories are a large topic of debate in and of itself, one theory in particular offers initial promise: deontology. Deontology posits that we should judge an action based on whether it is "right" or "wrong" rather than its effects or consequences. Largely influenced by the work of Immanuel Kant, "deontological theories all possess the strong advantage of being able to account for strong, widely shared moral intuitions about our duties better than can consequentialism" (Alexander & Moore). While each actor is free to adopt their own deontological viewpoints, restructuring the framework by which we evaluate policy can engage the ethical debates necessary for responsible policymaking.

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PRO/CON

Universal Healthcare: An Argument for a US Transition In Light of COVID-19

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In March of 2020, countries were on lockdown and COVID-19 cases were rising around the world. This pandemic, a once-in-a-century global health crisis, has highlighted some of the best and worst aspects of various countries' healthcare systems. In light of the US's particularly disappointing response to COVID-19, many people have drawn stark comparisons between America's healthcare system and universal healthcare. Given the numerous failures of the US's healthcare system that the pandemic has only helped to highlight, it is clear that the US should transition from its current multi-payer healthcare system to a single-payer (universal) healthcare system. A universal healthcare system would decrease costs while increasing effectiveness and create a more equitable distribution of healthcare access. Such a health care system would be especially beneficial amid the COVID-19 pandemic.

A Brief Overview

Universal healthcare has appeared in mainstream media under multiple aliases: single-payer healthcare, universal health coverage, and Medicare-for-all (in the US). Nevertheless, all of the terms reference the same core idea: a single public or quasi-public

agency finances healthcare for every individual in a country. Over thirty countries worldwide have adopted universal healthcare, including six out of seven of the G7 countries (Canada, France, Italy, Germany, Japan, and the UK) (Department of Health). Notably, the US is missing from this list. To contrast a single-payer healthcare system, the US employs a multi-payer healthcare system where individuals rely on private health insurance companies to cover their medical expenses.

An Argument for Universal Healthcare

As of June 4, 2021, the US had 33.4 million confirmed COVID-19 cases and 596,483 COVID-19 deaths ("Coronavirus in the US"). The US is the world's leader in COVID-19 cases with individual states logging more cases and deaths than entire countries. These large figures reveal the deep fractures in the American healthcare system and tangibly illustrate the need for change.

A. Cost

First, a universal healthcare system will lower healthcare costs and ensure greater efficiency in spending. The monetary costs of the American healthcare system appear on many fronts: out-of-pocket spending for treatment and drugs, administrative costs, and costs for preventable illnesses. Greater costs on all of these fronts in the US's current system result in the US per capita healthcare spending being about twice as high as the comparable country average: in 2019, US per capita healthcare spending was $10,966 compared to the comparable country average of $5,697 (Kamal).

In the realm of out-of-pocket spending, Americans face much higher drug and treatment prices than people in countries with universal healthcare. Higher prices in America are primarily because private insurers can individually negotiate prices with pharmaceutical companies and hospitals. A profit-seeking pharmaceutical company or hospital will offer its products and services to the highest bidder, so insurance companies cannot offer to pay very low prices. However, in a universal healthcare system, a mix of regulations and contract negotiations from the single healthcare provider can ensure that pharmaceuticals and hospitals cannot charge obscenely high prices. A 2017 study by researchers from the University of British Columbia and Harvard University reveals the benefits of a single-payer system. The study

found that among ten countries with universal healthcare, those that relied on a single-payer system for prescription drug coverage had the lowest per capita spending on six categories of primary care medicine (Horn). Note that even in a universal healthcare system, parts of the system can be multi-payer or more fragmented. Nevertheless, this study indicates that healthcare systems that have more single-payer aspects have lower per capita spending.

Next, look at administrative costs. The US healthcare system is incredibly complex, with different healthcare plans, multiple private health insurance providers, in- and out-of-network providers, and various healthcare regulations. Navigating these complexities and running administrative networks costs health insurance companies significant amounts of money. Comparatively, a universal healthcare system has one large administration and avoids the costs associated with having multiple providers all acting independently. It is therefore not surprising that 8 percent of US healthcare spending goes toward administrative costs versus 1 and 3 percent of healthcare spendings in ten other comparable countries ("6 Reasons Healthcare Is So Expensive").

Finally, universal healthcare will provide an incentive for the government to promote preventative healthcare policies like policies to encourage healthy eating and reduce obesity. In a universal healthcare system, everyone contributes to a large pool of money that is used to fund everyone's healthcare. Thus, it is in the nation's interest to promote preventative healthcare policies since fewer people falling ill will result in everyone having to contribute less into the pool of healthcare funds. In a universal healthcare system, as the sole healthcare provider, the government also has more leverage, authority, and influence buttressing its preventative measures compared to a private insurer trying to incentivize healthy behaviors. While they currently are not universal providers, the US Medicare and Medicaid programs highlight the positive impact on overall health that a large government provider promoting healthy behaviors can have. The Affordable Care Act included initiatives to incentivize people to quit smoking, and in states that expanded Medicaid coverage, prescriptions for smoking cessation medications increased by 36 percent compared to states that did not expand Medicaid coverage (Chait and Glaid). Greater attention toward prevention and a healthier populace undoubtedly decreases healthcare spending.

Especially during a recession caused by the COVID-19 pandemic, reductions in healthcare spendings are especially beneficial. Currently, 68 percent of Americans say healthcare costs would be somewhat or very important in their decision to seek treatment for COVID-19 (King). Lower healthcare prices could ensure that more people are willing to seek

necessary treatment or get tested for COVID-19, which could aid in the US's battle against the virus. Furthermore, in a time when millions of Americans face financial hardships from the COVID-19 recession, reductions in healthcare spending could free up money for Americans to spend on other basic needs like food and shelter. Finally, preventative measures and a healthier populace would mean fewer Americans would have pre-existing conditions that increase people's dispositions to more severe COVID-19 cases. All in all, from a cost standpoint, universal healthcare is a better option than the US's current system.

B. Equity

Next, a universal healthcare system will ensure the equitable distribution of healthcare. Currently, Americans rely on private health insurers to help cover their healthcare costs, and most Americans rely on employer-provided healthcare. High costs and insurance tied to employment disproportionately harm lower-income individuals, who also happen to more often be uninsured and be people of color — healthcare accessibility is an intersectional problem.

First, the intertwined nature of health insurance and employment in the US system is a deep flaw since it guarantees that the unemployed are disproportionately likely to be uninsured. A person laid off during a recession (like the current COVID-19 recession). A discouraged worker. A stay-at-home parent. All are at severe risk of not having access to healthcare. In 2020, approximately 12 million Americans lost employer-sponsored health insurance, so the number of uninsured Americans is now approximately 27 million (Wohl). Unfortunately, the unemployed are also the most likely to face financial difficulties, meaning the US healthcare system disproportionately lacks support for lower-income individuals. As well, in 2020, the unemployment rates for people of color were higher than those for white Americans—the unemployment rates for African Americans, Hispanics/Latinos, and Asian Americans were 9.9, 8.7, and 6.7 percent, respectively, compared to 5.8 percent for white Americans ("E-16, Unemployment Rates"). Thus, people of color are also disproportionately likely to lack healthcare. The difference between the healths of the uninsured and the insured is stark. For example, a Michigan doctor observed that between uninsured and insured diabetic COVID-19 patients, the uninsured patients were more likely to have uncontrolled diabetes and die quicker (Beaumont). While universal healthcare ensures that everyone has access to healthcare, the US system creates a stark dichotomy between the lives of the uninsured and insured, poor and rich, white and not.

Even if people are insured, high costs still serve as a barrier for lower-income individuals. While insurance often covers a sizable portion of people's medical bills, co-pays can still be significant. Furthermore, people can receive surprise bills if they unwittingly receive treatment from an out-of-network (not covered by insurance) doctor at an in-network (covered by insurance) medical center. Many, deterred by the costs, may avoid seeking care, causing their conditions to worsen. In 2020, half of lower-income US adults skipped out on doctor visits, recommended tests, treatment, follow-up care, or prescription medications due to cost (Wohl). Compare that to 12 and 15 percent of lower-income adults in Germany, the UK, Norway, and France (all countries that have universal healthcare) (Wohl). As discussed above, universal healthcare can help regulate healthcare prices, making healthcare more accessible to lower-income individuals.

Even without COVID-19, the inequities in the American healthcare system were already evident: in 2014, long before COVID-19, the life expectancy for African Americans was 3.58 years less than that for white Americans and the life expectancy gap between the richest one percent and the poorest one percent was 14.6 years for men and 10.1 years for women (Carlson; Chetty et al.). COVID-19 only compounded these health inequities. More low-wage workers became unemployed and lost their health insurance. People of color face higher mortality rates from COVID-19—African Americans are 2.2 times as likely to die from COVID-19 compared to white Americans (Horn). The disparities in the number of people who have pre-existing conditions among people of color and white Americans are largely responsible for these COVID-19 mortality rate disparities. Diabetes is 60 percent more common in African Americans than in white Americans, and African Americans develop high blood pressure with much higher levels earlier on in their lives than white Americans do (Horn). Ultimately, these issues all trace back to the disparities in healthcare access, and a universal healthcare system would go a long way toward solving these problems by ensuring that everyone has equal access to healthcare.

Criticisms

Of course, any healthcare system comes with tradeoffs, and a universal healthcare system should not be seen as a panacea for all of America's healthcare-related problems. Indeed, while a universal healthcare system may solve some of our problems, new problems may arise, so the debate really becomes a question of which costs are more palatable.

One of the most common criticisms of universal healthcare is that patients in a universal healthcare system face longer wait times. Critics often point to Canada, where patients may face extended wait times for surgeries such as a hip or knee replacement. First, a clarification: the long wait times that critics refer to are primarily for non-essential elective procedures; that is, in cases where not receiving the procedure immediately is not life-threatening, but the patient would likely live more comfortably if they received the procedure. Indeed, if the US transitioned to a universal healthcare system, some patients may face longer wait times. However, it is crucial to emphasize that in a universal healthcare system, everyone receives care. For a person who needs emergency care, they will receive it without fretting about hospital bills, insurance plans, or co-pays. For a person who needs a non-essential elective procedure, although they may have to wait a little bit longer, they will receive care (still without cost and insurance plans as burdens). Compare that to the US's current system, where the uninsured and under-insured often are not receiving necessary care and there is no incentive to provide it to them. Finally, despite sometimes facing longer wait times, Canadians still have lower infant mortality and higher life expectancy rates, indicating that in the grand scheme of things, universal healthcare better serves the population than the US's multi-payer system (Santhanam).

Next, critics often claim that universal healthcare will stymie medical innovation. Their reasoning is that with universal healthcare, the government will reduce pay for doctors and pharmaceutical companies to keep costs low, which will decrease the incentive for innovation. There are two flaws in this argument. First, the argument assumes that the primary source of funding for medical research is the profit that pharmaceutical companies receive from selling drugs and the money that doctors receive from patients. In reality, the single biggest source of funding for medical research is the National Institutes of Health (NIH) (Cohn). The NIH is a government entity that is entirely separate from health insurance companies, and changing who pays for healthcare will not negatively affect the NIH's funding. Second, the argument assumes that the primary driving force for medical researchers is profit. Sure, firms in the private sector want profit, but at the same time, many medical researchers enter their professions to serve a higher purpose: they wish to advance science and improve people's lives. Take Dr. Ughur Sahin, one of the leading scientists behind Pfizer's COVID-19 vaccine. Albert Bourla, Pfizer's chief executive was quoted saying "[Dr. Sahin] only cares about science. Discussing business is not his cup of tea. He doesn't like it at all. He's a scientist and a man of principles" (Gelles). The claim that medical researchers will be less innovative with universal healthcare is based on a rather narrow-minded assumption that medical researchers are only working for the pay. It also

requires several logical leaps to establish the causal link chain from doctors receiving less pay to researchers, say, being less motivated to develop a cure for cancer.

Finally, critics claim that universal healthcare will be very expensive, especially with large upfront costs, and cause people's tax rates to rise. Indeed, any systemic change will require large upfront costs; however, that initial investment is worthwhile in the long run. Each year, the average American spends about twice as much on healthcare as people in comparable countries (Kamal). Those costs add up quickly. Without a major change to the US's healthcare system, Americans will continue to pay exorbitant prices for healthcare. However, with a transition to universal healthcare, in the long run, Americans will save on healthcare. In terms of taxes, the costs for universal healthcare will likely be incorporated into the progressive income tax. In the current system, healthcare costs are regressive, as the average $10,966 per capita spending on healthcare accounts for a larger proportion of a poorer person's income than it does of a wealthier person's income. However, with progressive taxation, wealthier Americans will pay a larger proportion of their incomes on healthcare, and the cost burden will no longer unequally fall on the sick and poor. While Americans may be paying more in taxes, they will be paying less out-of-pocket. Ultimately, a universal healthcare system will result in long-term savings on healthcare and more equitable distribution of healthcare costs.

Conclusion

Even before the COVID-19 pandemic, it was becoming abundantly clear that the US healthcare system needed an overhaul: sky-high costs and inequities in healthcare access simply were not benefitting Americans' health. COVID-19, however, has made the problems with the US healthcare system even more salient as more people face financial hardship, more people are unemployed and uninsured, and people of color are disproportionately dying from COVID-19. While universal healthcare is not a panacea for all of the US's healthcare problems and some trade-offs will be necessary, looking at the bigger picture, those trade-offs are worth it. With a universal healthcare system, Americans will be healthier on the whole. Now—with Americans' attention focused on healthcare and a global pandemic revealing the American healthcare system's ugly truths—is as good of a time as any for the US to transition to a more cost-effective and equitable healthcare system: universal healthcare.

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Correcting Delusions and Providing Free-Market Solutions in American Healthcare

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The American healthcare system is in desperate need of medicine. It is plagued by ever-increasing costs of treatment and a lack of overall transparency, with the majority of Americans demanding reforms. While free-market capitalism seems to be the fashionable scapegoat for such problems, market-based solutions are, in fact, the best way for Americans to get the affordable, high-quality care that they deserve.

One of the most common misconceptions regarding America's current healthcare system is that it is guided by the forces of free and unobstructed markets. While certain components of the system are indeed privatized, almost none of the fruitful trademarks of a free and fair enterprise are actually visible. The abject falsehood that the imperfections — of which there are plenty — in the current system are the product of capitalism has distorted the debate on healthcare reform for decades. Through this misconception's stranglehold on public opinion, it is one the most significant obstacles currently standing in the path towards affordable and high-quality care for Americans and, thus, presents a clear and present danger to the financial and physical well-being of every citizen. It is only upon the correction of this delusion that America's path to a prosperous market-based system can be uncovered.

Interestingly, the origins of much of the modern U.S. healthcare system are largely fortuitous; the system is the product of the creativity of employers attempting to circumvent government intervention, not in the market for healthcare, but in the market for labor (Roy; "How Employer-Sponsored Insurance Drives Up Health Costs"). New Deal wage controls

instituted by President Roosevelt significantly curtailed the ability of employers to attract new workers. To remain competitive, they began offering generous healthcare plans to prospective employees, taking advantage of the exclusion of health insurance from the scope of the regulations. In the following years, the Internal Revenue Service permanently baked this accident into the tax code. It exempted employer-sponsored health insurance purchases from income and payroll taxation; however, it notably did not extend this privilege to insurance purchased by individuals with their own money (Roy; "United States: #4 in the World Index of Healthcare Innovation"). This created a major disincentive for healthcare to be purchased directly from providers, where each party would be more responsive to the needs of the other.

It is a basic principle of economics that, for markets to work, the consumer who makes demands must be sensitive to the cost of having those demands met. This is why the government so easily succumbs to price gouging by federal contractors: it has little stake in the matter because it is spending other peoples' tax dollars. By creating a four-tier system wherein employers and insurers act as middlemen, the government has completely divorced the consumer from the supplier. The patient rarely negotiates directly with his healthcare provider; instead, he goes to the employer who pays the insurer who, finally, pays the provider. Each additional tier of this system distances the original consumer from the cost of fulfilling his needs, thus allowing insurers and providers to charge unfair prices (Heath Manning). In other words, the sole balancing force powerful enough to bring the market to equilibrium — informed and direct consumers — is simply not present. For instance, take a recent study conducted by the University of Iowa College of Medicine where a researcher called 100 hospitals and asked for the price of a stand coronary artery bypass grafting (CABG), a very common procedure. Just half of the hospitals were able to provide an upfront price, and for those who could, the range of estimates was $456,000 (Giacomino et al.). This is, as explained, due to an excess of government involvement. It should be no surprise that an opaque market composed of price-insensitive consumers and monopolistic suppliers fails to deliver affordable care. Capitalism, therefore, is not at fault for the problems with the current state of healthcare in America, as supporters of increased central planning would claim. On the contrary, there is not enough of it.

Where a free market in healthcare has managed to emerge from the shackles of government, the results have been overwhelmingly positive. The United States ranks fourth in the World Index of Healthcare Innovation (Roy; "United States: #4 in the World Index of Healthcare Innovation"). It ranks first in the subscores of both Choice and Science & Technology, with the second-highest rated country trailing by a whopping twenty-three points

in the latter of these categories — the highest margin of any dimension on the index (Roy; "United States: #4 in the World Index of Healthcare Innovation"). It should be of no surprise that the pharmaceutical and biotechnology industries are some of the freest components of the healthcare supply chain, where innovators can pursue research, gain access to markets, and reap the benefits of their hard work. Entrepreneurs are not forced to navigate the thick web of red tape that would be commonplace in other (worse-performing) healthcare sectors. Instead, clear-cut profit motives propel the country's talent to the frontiers of medical ingenuity. The safe yet efficient regulatory process allows for America to be the world's number one producer of new drugs and medical devices that gain approval, as well as the home of the most Nobel prizes in chemistry and medicine per capita (Roy; "United States: #4 in the World Index of Healthcare Innovation"). Regular citizens benefit from this free market and the unparalleled access to world-leading treatments it provides. And, for the record, the only reason why America is not ranked first overall on the index is due to its Fiscal Sustainability subscore. It has the highest levels of per capita government healthcare spending in the entire world (Roy; "United States: #4 in the World Index of Healthcare Innovation"). Once again, government intervention is no friend to regular people.

For an example of what could be expected if markets were left to do their job, LASIK eye surgery — a non-emergency medical procedure — can serve as a roadmap for the future. It was created as a revolutionary technology to improve visual acuity, often providing an alternative to cumbersome eyeglasses and contact lenses. It was approved by the FDA in the 1990s, and, as one would expect, demand immediately skyrocketed (Tolbert). Now, in the American healthcare system, surging demand generally spells disaster; long wait times and rising costs instantaneously become the norm. However, two anomalies of LASIK make it unique: it is (1) seldom covered by insurance companies and (2) relatively unregulated (Tolbert). The latter of these irregularities created a profit motive, which, in turn, drew competing suppliers into the newly lucrative business, drastically lowering prices and improving quality along the way. This increased competition was supported by price-sensitive consumers targeted directly by suppliers who could now provide transparent and reliable prices upfront, rather than having to deal with an opaque insurance company acting as a middle-man (Hoffmans). Patients were then able to compare prices and values from different providers and make an informed, rational decision on how to best care for themselves and their pocketbooks.

Of course, not all situations are suitable for comparison shopping. In times of emergency, when a patient is being rushed to a hospital in an ambulance or when human life is on the line, people are naturally insensitive to the cost of treatment. This is where health

insurance makes sense; after all, insurance is, by definition, there to provide a safeguard against the unexpected. For this type of critical care, there is *perhaps* even room to consider interventionist policies in an effort to keep life-saving treatment affordable. However, nearly 60% of healthcare in the United States is shoppable, falling under the categories of elective surgery, medical tests, or diagnostic exams (Lee). A free market — composed of direct transactions between patients and providers — can, therefore, easily satisfy a significant portion of the national demand in a high quality and cost-effective manner. All that is required from the government is a foundation upon which entrepreneurs can innovate and people can have access to the information they need in order to make their own health decisions.

Free-market solutions such as price transparency will level the playing field between patients and providers, and this new era of accountability will make healthcare more affordable without compromising the country's already impressive quality of treatment. If the federal government can overcome its inclination to involve itself in the work of the private enterprise, markets will always get the job done.

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COMMENTARY

Decolonization and the Materialist Evolution of Liberty

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Introduction

While freedom is often viewed through the paradigm of social and political rights, it is also inextricably linked to economic conditions. In effect, freedom is primarily governed by the material circumstances in which it exists, with social and political rights being largely contingent on certain economic rights also guaranteed. These exist on two distinct fronts. 'Capabilities,' which refer to the equality of rights and abilities for individuals to acquire particular economic instruments — for example, the right to ownership of property in an individual or collective sense. If a person or community cannot hold property where others can, then their liberties are obviously restricted.

Conversely, 'Capacities' relate to the ability of individuals within a society to be socially mobile — not merely in a theoretical, potential sense, but practically. This concept has its origins in materialist critiques of liberalism, and is in effect a reflection of how the economic class relates to freedom, insofar as both the baron and the beggar have the equal to purchase a bayside mansion under equal economic Capabilities; a Capacities approach recognizes the positive relationship between wealth and true freedom under market structures.

Colonialism and its aftermath reflect the duality of these different notions of economic freedom, with Capabilities afforded on paper while economic Capacities were limited in practice.

More specifically, colonialism and imperialism formerly served as the primary tool of economic consolidation for global superpowers, producing higher material living standards for Europeans while severely constraining the rights and freedoms of colonized people.

During the early period of colonization in Africa, the European powers used the economic tools of taxation and currency to enforce hegemony over resource ownership within the region, prioritizing an expansion of their international productive capacity. As the alignment between ethnicity and power disintegrated in postcolonial Africa, class became increasingly prominent, with entrenched interests of an elite minority limiting genuine political participation. Decades later and on the other side of the globe, decolonization would coincide with the establishment of Cold-War-era intergovernmental institutions, which in turn defined political self-determination and liberty in postcolonial nations.

Imperialism & Material Freedom

The limitation of economic Capacities imposed by colonial powers also resulted in limitations on the political agency of colonies. Conversely, European powers enforced hegemony and defended their productive capacities by restricting their colonies' political agency. This is most acutely presented in the case study of British imperialism in its western African regions.

When the British arrived on the west coast of Africa (1821-1888), they encountered an immediate issue with their desire to create a vast resource-producing empire: a lack of market systems that would incentivize production. This stemmed from the largely communal economic structures in place that did not necessitate the production of goods and services beyond what was needed, which, through a combination of both economic interest and racial vilification, led the Empire to see the African peoples as 'lazy.' This is in itself deeply ironic given the greater freedoms enjoyed by the Africans under the pre-colonial system, where production matched only what was needed for consumption at the time — a reflection of both Capability and opportunity in economic freedom.

After formulating a justification for intervention, the British devised a plan that coerced the native population into working directly for the Empire. They began creating jobs paid with British pounds and, to force an incentive to work, coupled it with a new "hut tax," requiring that individuals pay a given amount of these pounds or have their hut burnt down by authorities. In addition to this, they began operating markets that only accepted paid British pounds, creating a positive incentive for British monetary acquisition.

By operating this dual system of taxation and barter, the British effectively forced the local population into wage labor without directly threatening violence as the starting point. In doing so, they placed heavy restrictions on the economic liberty of the colonized Africans, forcing them to adopt capitalist modes of economic production through the implied threat of violence. This system was soon adopted across the German and French colonies, becoming a staple of restrictive economic practice as well as expansion for empires.

As colonial independence movements grew in popularity, the various European nations backed off from direct control over their colonies — often operating legislatures that granted a modicum of representation. However, in all cases, the nations were still bound to the occupying power's currency, meaning that, while on paper they enjoyed political liberties, they were still bound to the interests of their currency-issuer, thus restricting any true freedom in policy-making on both fiscal and monetary fronts. In effect, they became states of the larger European nations, as, say, Ohio in the United States on an administrative level. However, the colonies lacked the cultural hegemony of a federation, and were instead subjected for the material benefit of Europe. By restricting their protectorates' monetary sovereignty, democratic self-determination and freedom in fiscal policy-making were deliberately subverted.

This effect persisted through decolonization and into the postcolonial world. The limitations placed on government policy-making limited the postcolonial populace's political and economic freedoms, which became unable to rely on the State as an investor, thus strengthening the control of foreign powers and corporations over their resources. Even now, many African nations are bound to the CFA Franc, which is in turn pegged to the Euro, predictably producing a similar result as the imposition of European currencies on Africa. This is, in turn, a direct reflection of the theoretical Capabilities and Capacities approaches, wherein native populations are granted the theoretical Capability for independence and freedom, while the practical Capacity to obtain it is restricted.

Stratification in Postcolonial Africa

Conversely, because the limiting of colonial populations' economic Capacities (and thus liberties) persisted post-decolonization, the legacy of colonialism in postcolonial states created conditions conducive to increased inequalities.

In Africa, for instance, high levels of inequality and restrictions on mobility can be understood as resulting from a process of class stratification originating from the formation of economic institutions of the early colonial state. For much of the colonial era, the European bureaucracy found it challenging to recruit functionaries for their colonies; subsequently, European 'public servants' in most African colonies were better paid and less qualified than their metropolitan counterparts. The colonial government thereby recruited individuals whose subpar performance had limited their advancement in the metropole and were attracted by the greater responsibility and discretionary power they would enjoy in the colonies. In coordination with the absence of any political representation of the African population, this further undermined the responsiveness of states, exacerbating corruption while systematically suppressing demand for greater political liberty.

Upon its departure, a rapid transfer of power was effectuated from the colonial state to a new elite, with only a sparse measure of legitimacy. In public office, top positions were available to a small minority of Africans, with isolated attempts from the late 1920s onwards to include more Africans into the civil service failing. This handful of Africans rose into leading positions, drawing level to, but moreover outranking Europeans, for the first time in the 20th century. This particular segment of the population was often the greatest beneficiary of the colonial era; in West Africa, the state after independence was predominantly staffed by ethnic groups that enjoyed intimate contact with colonial authorities. In the private sector, despite improving attitudes toward local elites by European expatriates, members of the upper echelons of corporations maintained distance from the African employees and the majority of the working population. Overall, the resulting postcolonial society was thus unresponsive to broader African populations, felt little to no incentive to increase popular participation, and was less likely to improve welfare and afford greater liberties to the majority of the populace.

Decolonization and the Cold War

While stratification was a side product of elite formation during decolonization, regaining genuine political liberty in newly decolonized states was also shaped by proxy, non-colonial interests. The waning role of European colonization in the 20th century afforded an opportunity for renewed self-determination of occupied states; at the same time, this coincided with the Cold War between the Soviet Union and the United States, which effectively redirected efforts at national independence towards adherence to intergovernmental institutions.

Through Roosevelt's promotion of the Atlantic Charter, the United States signified the end of the colonial era. Yet, although the US generally supports the concept of national self-determination, it maintained strong ties with its European allies, which continued to maintain imperial holds over their former colonies. Intensifying geopolitical competition with the Soviet Union in the late 1940s and 1950s would only complicate its anti-colonial and anti-imperial position, since American support for decolonization was offset by its concerns about communist expansion and Soviet strategic ambitions in Europe. As the Cold War competition with the Soviet Union became the focus of American foreign policy, the Truman and Eisenhower administrations became increasingly worried that as European powers lost their colonies or granted them independence, the Soviet-backed communist bloc could gain power. In turn, this could tip the international balance of power in the direction of the Soviet Union and make it more difficult for US allies to maintain control over economic resources. Indonesia's struggle for independence from the Netherlands (1945-50), Vietnam's war against France (1945-54), and nationalism and self-proclaimed socialist acquisitions of Egypt (1952) and Iran (1951) intensified the US's anxiety. Independence and the accompanying uncertainty of alliances became an overwhelming prospect for the American administration, even if the new government did not directly associate itself with the Soviet Union.

As a result, the US encouraged the newly independent countries in the third world to adopt a government allied with the West through a package of assistance, technical assistance, and sometimes military intervention. The Soviet Union adopted a similar strategy to encourage new countries to join the communist bloc and tried to persuade the post-colonial countries that communism was a non-imperialist economic and political ideology.

Ultimately, despite both the US and the Soviet Union proclaiming anti-imperialist agendas, the economic demand for resources, proxy territories, and alliances necessitated their respective interventions into decolonizing states through intergovernmental institutions and

authority. The newly independent states that emerged in the 1950s and 1960s became an important factor in changing the balance of power within the United Nations. In 1946, the United Nations had 35 member states. As newly independent countries joined the organization after decolonization, its membership expanded to 127 in 1970.

The development of genuine self-determination in these newly independent states is thus inextricably linked with these intergovernmental institutions' agendas; by extension, we must examine the degree to which genuine liberty was enabled within the scope of these materialist interests.

Conclusion

Colonialism is, at its core, a materialist exercise that sought to strengthen global powers' intercontinental supply chains and resource base at the expense of native rights and liberties. Though formal colonial vestiges collapsed, this practice continued, with stratification and Cold War anxieties shaping the postcolonial nation-states that emerged internationally. So long as the instruments that enforce the denigration of the global south persist, true self-determination and individual freedom for once colonized people will be a difficult, if not unachievable, ideal.

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The Stubborn Resistance of Anti-Drug Education

Gene Bressler

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Introduction

We have a crisis of public health: Since Richard Nixon's 1971 declaration of the American "War on Drugs," its racialized telos has permeated every aspect of society. The War on Drug's declared focus on prevention, protection, and recovery has only resulted in more casualties. In the year following Nixon's announcement, the country suffered an estimated 3,000 overdose deaths (Stobbe). In 1983, when the Drug Abuse Resistance Education program (DARE) was launched, the number had increased to 6,100 (Warner et al.). By 2019, that number had skyrocketed to 70,000 (Washington Post).

DARE was the first entrance of the war on drugs into the educational system, promising to reduce overdose rates by educating youth on the potential risks of use and addiction. After becoming the object of immense public scrutiny, DARE was defunded by the federal government in 1989, to be replaced with a variety of programs aimed at school-aged youth, many of which survive to this day. While the programs evolved in presentational form and vocabulary, the same criticisms of DARE can be applied to all modern anti-drug education. Bringing these programs to the educational setting opened a series of doors that cannot be closed, no matter the reformatting. For example, police officers that were initially brought in under the auspice of educating children about the perils of drug abuse have now been given full-time work in schools while retaining their militaristic tendencies. They are armed, loaded, and permitted to handcuff children, even for non-criminal offenses like food outside the cafeteria (Williams).

But it doesn't have to be that way. Drug education is not a lost cause. It *is* possible to curtail drug use, reduce the severity of symptoms, and prevent overdoses. Modern drug

education programs fail because, like Nixon's original war, they never focus on these things. According to Nixon's aide, John Ehrlichman, the war on drugs began because "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities." These racialized and conservative political projections of the Nixon administration continue to influence the drug education system American youth are brought up in — one that is more guided towards brute force and fearmongering rather than methods that are proven to be more effective.

Why DARE Failed

DARE, and other subsequent iterations, have demonstrated a refusal to listen to the preponderance of studies showing that cops in the classroom are a brutally inefficient way to deter drug crime. Even specialized, trained police officers brought into the classroom to "scare at-risk youth straight" are historically ineffective at preventing drug use or crime, raising academic performance, or reducing disciplinary infractions (Rosenbaum et al.). Michael Slater, anti-drug activist and trained psychological expert, explained the failure of the "scared straight" style as the result of empty hyperbole (Lopez). In order to have a sufficiently terrifying narrative about drugs with real, but often unsensational, consequences, false narratives are crafted about the use of drugs being an instant portal to failure in all facets of life. Slater believes that once kids anecdotally find out that their parents, best friend, or a star athlete frequently consume(d) marijuana, they begin to aggressively question every lesson taught to them in anti-drug education (Lopez). When all drugs are treated as equal in education, the skepticism is applied equally to what has been learned — kids begin to reason that if educational professionals were wrong about marijuana, they might also be wrong about cocaine/heroin/oxycontin. This thought process is a large part of why DARE is frequently found to increase rather than decrease the use of "hard" drugs. It is also possible to view this as an explanatory heuristic for the phenomenon of "gateway drugs" that is frequently cited as a reason to crack down even harder on users of marijuana/nicotine and other "soft" drugs. While it is generally accepted that marijuana users are more likely to try hard drugs, it may be possible that that is not intrinsic to the use of recreational drugs, but the result of an educational system that treats all drugs as equals.

Drug Education in the Future

Alternative programs that avoid the trap of fearmongering have been proposed and, in many local governments, implemented. While the programs discussed in this article are demonstrated to be successful in their early stages, it is necessary to treat them with a degree of healthy skepticism due to the combination of their relative newness and the difficulty in acquiring bulk data about drug education.

The first model is inspired by the popular "Be Under Your Own Influence" project in Missouri. Rather than push scary stories about the perils of drug use, these programs emphasize the many ways choosing not to do drugs can be brave and individually empowering (Slater et al.). This is especially effective in neighborhoods that are the victim of over-policing, poverty, and rampant drug use, where many kids will be able to relate to the program's message, which emphasizes breaking the cycles of abuse that plague their community. Such programs are able to show teenagers — who are growing up and looking for avenues for self-actualization, individuality, and courage — that the best thing they can do to challenge the systems that are designed for them to fail is to refuse to "play the game" and veer away from institutional traps like drug abuse. Due to the recency of this design, the research surrounding it is inconclusive. Still, it establishes reason to be cautiously optimistic, highlighting the reduction in overdoses, death rates, and opioid abuse in children who received similar programs (Lopez; Slater et al.).

I am proposing a supplement to this model in the form of an extension of "Good Samaritan" laws into the public school system. "Good Samaritan laws" refers to a set of common, state-level laws that prevent criminal charges from being levied against those who report overdoses or other events that require immediate medical attention. For example, if two friends were doing fentanyl-laced drugs together, and one of them fainted, the second friend would not face legal penalties for calling an ambulance/police officer to the scene. These laws are repeatedly demonstrated by non-partisan think tanks to reduce overdose deaths and other irreversible harms significantly (US Government Accountability Office). Taking such laws a step further could yield similar results. If a student is bringing drugs on campus, struggling with abuse, etc., they should be offered care rather than suspensions/expulsions. Suppose a child is willing to report that they or a friend are struggling with abuse. In that case, they should be exonerated of any of the usual punishments associated and placed in a rehab program similar to those for adults who struggle with addiction. Drug addiction is a disease, not a choice, and treating it like a poor decision only makes it spread further and faster by encouraging failed strategies that model deterrence.

The models of drugs we currently have are remnants of a long bygone era that focused on hard-nosed deterrence, tough on crime strategies, and brutal penalization. An abundance of research has shown the inability of this strategy to translate towards material harm reduction. However, a transition towards a more hospitable method is possible and has demonstrated itself to be highly efficacious. The lives of hundreds of thousands are at stake, and rely on a fundamental change to the way we educate our young people on addiction and abuse.

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BLOG

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Why Are We So Quick to Reduce Women's Lives to Mere Numbers?

Ali Erdem Altun

Ali Erdem Altun is a 17-year-old student in the IB program at NUN IB World School in Turkey. Ali is part of countless newspapers and literary magazines, writing both creatively and analytically, and has even published in peer-reviewed journals. Ali will spend the summer of 2022 interning at Harvard University's official newspaper, the Harvard Crimson, writing personal statement reviews and pursuing news alongside the journalism team. In addition to literature, he is interested in history and activism, and has been part of research teams at Dartmouth and NYU.

"The very moment you first take a glance at those eyes, that angelic grimace, that mild yet elegant smirk, you can't even begin to elucidate how much you fall in love. While you're holding the baby you merely gave birth to, your soul speaks to you, and it does not cease to amaze you. You utterly sit there while you can feel the stinging sensation in your very bones. But that doesn't matter anymore. You're holding an individual with infinite potential. You promise yourself you will love them no matter what. The baby crying on your shoulder senses this commitment, their distressed weeping slowly becomes an echo, and your sufferings merge as if you are a single individual."

I remember my mom narrating this story for me when I was little. This was the first time I genuinely acknowledged the magnitude of the love we share. I was her blood, her creation, an irreplaceable part of her very soul. While I grew up, she always told me that despite all her major successes in academic life, I was her most significant success. I was blessed enough to have her by my side, and through any dynamics in our relationship, we always had each other. However, each time news breaks that yet another woman is killed in Turkey, I'm influenced in ways I cannot describe. I cannot help but wonder, if she had any children, how must they feel after the sole person that is compassionate, kind, and tender in her own way is gone. It shatters my heart, and I find myself in a sorrow I can't escape.

One of the examples that shattered my soul was Emine Bulut's death. She was a mother, feeling the very sentiments towards her daughter that my mother feels towards me. She loved her; she cherished her; she felt as if her daughter was one of her most enormous successes. Emine Bulut's daughter was alongside her when a man brutally murdered her. He didn't think. He didn't consider the consequences and effects of his action. Within a blink of an eye and a deep stabbing, she was dead. The hopes she had for her daughter, the expectations, the moments she looked forward to spending, all gone. The daughter cried, "No, mom, please, I do not want you to die. Please. Please. Please." Turkey mourned her for days, months, years, and for some, the pain will remain everlasting.

Emine Bulut is one of many examples of women brutally murdered systematically. Some acclaimed literature sources and news platforms state that violence against women is a critical problem in Turkey. For instance, a paper by Sadık Toprak seeks to identify the characteristics of perpetuaters, murders took place, and the social conventions that are embedded in the context of femicides. According to his conclusion, "strategic evaluations must be done, especially in two domains: political action and technical steps."

While women are getting killed every single day, they become nothing but a number afterward. Their love for their children, their desire for certain things in life, and their future plans reduce to a numerical value in a pool of femicide cases. While the patriarchal stereotypes encourage these violations towards women, the hashtags such as "#WhatWasSheDoingOutsideThatLate?" that emerge after the crime still discuss the imperfections of the woman murdered. The question raised by men inquiries the behaviors of the woman that led the man to his "breaking point." Somehow, even after her life just ended in the cruelest way possible, the blame is still on the woman.

The most fundamental problem that threatens the safety of women in patriarchal societies is the perception of men as if they are allowed not to control their waves of anger; they are people that we must rub on the right way, not obligated to face the consequences of their actions. The patriarchal societies often tend to identify with the male offender, not with the women victim. Moreover, "honor killings" suggest that men are justified to end a woman's life merely because she did something that goes against his pre-determined moral frames.

Women are not numbers; they are breathing, living beings who have hopes about life, so much love to offer, and so much diversity to bring. All ignored as a murderer turns them into a mere number. However, we, as members of this society, have the ability and opportunity to

change this social structure where men are the determining factor in women's lives. As an initial step, we should change the way we speak. Speaking, the source of all the social interactions in people's lives, affects every aspect of our lives. And unfortunately, it consists of phrases that are enormously sexist and plants in people's heads the idea that women are less of a human than men. If people were to slowly exclude those phrases from their language, it would have an enormous effect on the societal structure. Another way to combat these brutal cases and their aftermath is spreading awareness in creative ways to recognize their emotional significance. For instance, in 2019, a graphical designer, Vahit Tuna, created a towering wall that consists of 440 heeled shoes glued onto it. In this way, he commemorated all 440 women that lost their life due to femicide in Turkey.

Against Drug Testing TANF Welfare Recipients: An Overview

Tarun Ramesh

Tarun Ramesh is an MD Candidate at Harvard Medical School, interested in health economics, rural health, substance use disorder prevention and addiction. He graduated summa cum laude from the University of Georgia with degrees in Economics and Genetics. His work on opioid use disorder, rural hospital closures, and provider consolidation have been published by the Center for American Progress, JAMA Health Forum, the Roosevelt Institute, the Georgia Political Review, and the Undergraduate Economic Review. He has previously worked for the Centers for Medicare and Medicaid Services and the Drug Policy Alliance.

Under the Personal Responsibility and Work Opportunity Act, Congress and President Bill Clinton devolved federal welfare assistance and granted states a wide latitude to implement the Temporary Assistance for Needy Families (TANF) program. The means-tested program offers states block grants to provide financial assistance and support services to eligible families. The stated goals of the program are to assist economically insecure families, end welfare dependence, reduce unmarried pregnancies, and encourage two-parent families. In 2018, states spent $31.3 billion on TANF programs, a majority ($16.6 billion) of which came from federal appropriations.

However, states are authorized to distribute funds from their block grants based on state law, highlighting heterogeneous treatment for economically insecure families. The fixed monetary formulation of block grants leads to a large variation in the assistance provided to families. For example, families receive $318 per child in Texas, but a similar family would receive $3,220 per child in Vermont. Recipients must also meet inflexible work requirements laid out by state laws. Generally, a single parent must engage in 30 hours of work-related activities per week to remain beneficiaries of the program.

Furthermore, state-led efforts to weaken the safety net have continued to exclude beneficiaries from receiving critical aid. Since the implementation of TANF, 15 states have passed legislation for drug testing or other screening for public assistance. For some of these states (e.g. Tennessee), 'reasonable suspicion' of a substance use disorder triggers a mandatory

drug test, while other states (e.g. Georgia, Oklahoma) universally drug test recipients of public assistance prior to a 2014 court ruling that deemed universal drug testing unconstitutional. Strict eligibility criteria, including the use of drug testing or crime restrictions, for TANF exclude marginalized populations and prevents funds from reaching families.

1.   Drug testing TANF is costly with little benefit to state governments

A 2019 analysis by Think Progress found that of the 263,000 TANF applicants drug tested, only 338 people tested positive. In total, 13 states that codified drug testing for public assistance spent $200,000 for drug screening. Drug tests can cost from $35 to more than $200 each, while repeat testing and false positives can drive costs even higher. After the implementation of a universal testing law, Florida spent $118,140 in four months with a net cost of $45,780. Oklahoma's 'reasonable suspicion' law cost $74,000 in the same time period, and an Idaho Department of Health and Welfare investigation found that a drug testing program to exclude recipients would not reduce state costs by an amount equal to the cost of administering drug testing requirements.

2.   Drug testing TANF stigmatizes individuals with substance use disorders

Excluding TANF recipients based on substance use disorders reinforces barriers to care for individuals with addiction. The American Society for Addiction Medicine has published extensive reports on how addiction is, and should be treated as, a chronic, psychiatric illness. Preventing individuals with a chronic disease from receiving public funds not only prevents individuals from receiving evidence-based treatment for their addiction but also criminalizes a public health issue.

3.   Drug testing confused drug use with drug dependence

Using the Women's Employment Study and the National Household Survey of Drug Abuse, University of Michigan researchers found that while one-fifth surveyed reported illicit drug use only 5% had drug dependence diagnostic criteria. Considering that heroin and cocaine

metabolites can be flushed out of the system within 72 hours, a positive drug test might divert necessary and finite resources away from individuals with addiction to infrequent drug users.

4.   Universal drug testing for public assistance is unconstitutional

In multiple cases, federal courts have found that universal, mandatory drug testing for public assistance violates the Fourth amendment. In 2011, a US District Court in *Lebron v. Wilkins* vacated Georgia and Florida laws regarding universal drug testing citing that the "state has made no showing that it would be 'impracticable' to meet these prerequisites [reasonable suspicion or probable cause] in the context of TANF recipients." District Courts in Florida and Michigan also vacated state laws that codified universal, mandatory drug testing for TANF recipients.

### 5.   Drug testing TANF disproportionately impacts families of color

Drug testing TANF recipients reinforces racist stereotypes for Black and Brown families, which are deeply rooted in institutional and systemic white supremacy. Strict policing of communities of color translates to the criminalization of individuals with addiction in marginalized populations. Furthermore, racially charged dog whistle terminology such as 'welfare queen,' represents institutional justification for excluding vulnerable communities from public goods and cutting funding to welfare programs such as TANF. Policies that exclude beneficiaries rather than improving aid to families should be unconditionally rejected.

ART + POETRY

Climate Change Data (Watercolor on Paper)

Jill Pelto

Jill Pelto is a young artist and scientist based outside of Portland, Maine. Coined the "Da Vinci of Data Art" by CBS, she holds a M.S. studying the Antarctic Ice Sheet and climate change in and B.A. degrees in Studio Art and Earth Science from the University of Maine. Pelto's artwork has been featured in Smithsonian, National Geographic, *the cover of* TIME Magazine, *and more.*
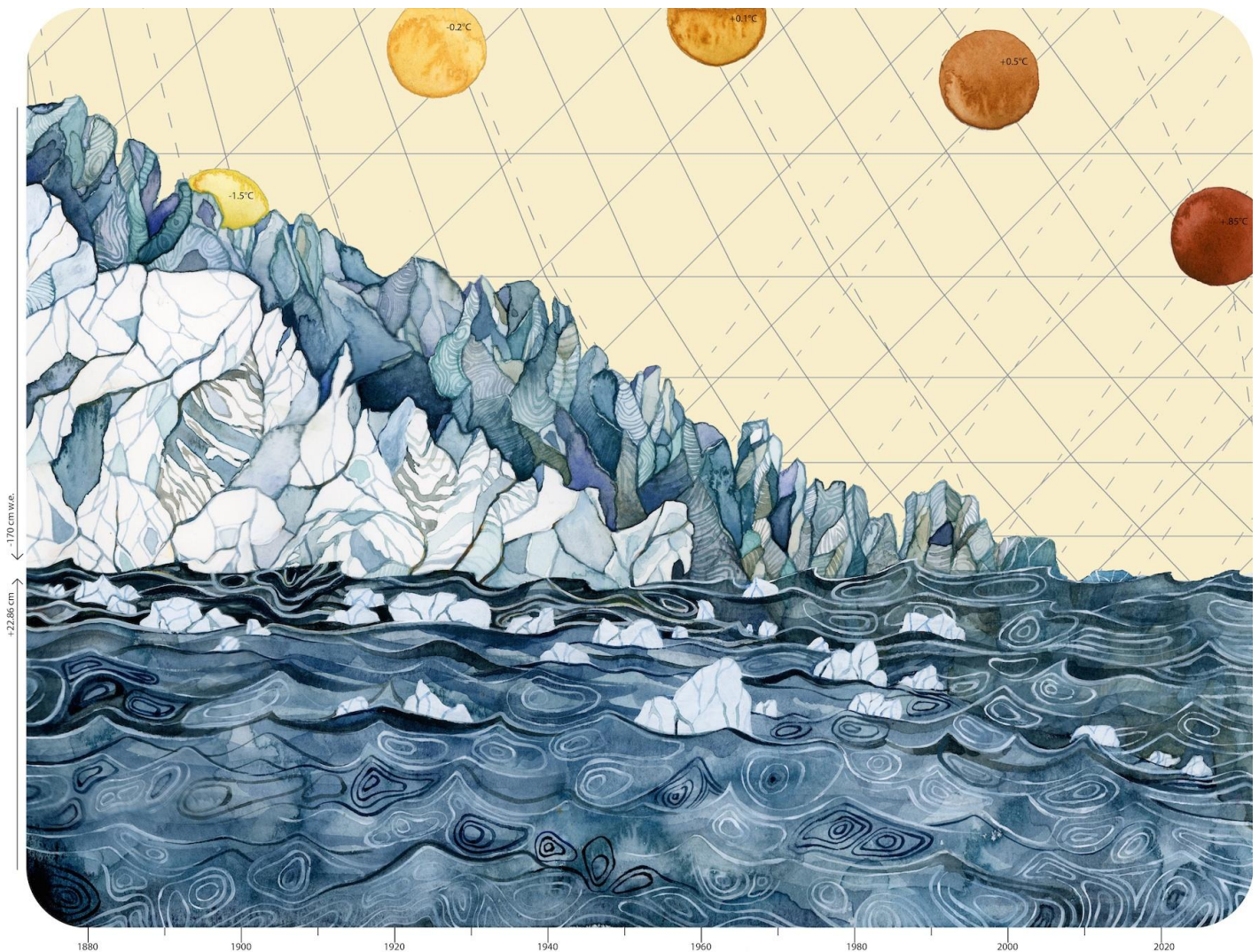
What do you want viewers to know about this work to effectively understand it?

Climate Change Data uses multiple quantities: the annual decrease in global glacier mass balance, global sea level rise, and global temperature increase. I wanted to convey in an image how all of this data must be compared and linked together to figure out the fluctuations in Earth's natural history. One of the reasons scientists study what happened in the past is to understand what may happen now as a result of human-induced climate change. I represented this by illustrating that glaciers are melting and calving, sea levels are risings, and temperatures are increasing. The numbers on the left *y*-axis depict quantities of glacial melt and sea level rise, and the suns across the horizon contain numbers that represent the global increase in temperature, coinciding with the timeline on the lower *x*-axis.

Many are discouraged by the data portrayed in your works — what do you say to these people?

It has been a tumultuous year, but underlying currents of positive action are surfacing rapidly. It depicts a critical grouping of global climate data dictating our present and future action. The reality of this data may be frightening, but there are messages for hope within.

This year, the impact of the novel coronavirus will lead to a reduction in global CO_2 emissions, and renewable energy consumption will continue to increase. It is critical we leverage these trajectories as a sign of our collective potential to support local environmental action for global change today. This includes addressing the disproportionate effects of climate change on marginalized peoples.

Why are works like yours important in the sciences?

A scientist's primary objective is to do the research and publish the research. A lot of scientists do use communication skills as part of their work, but some don't. Research is a scientist's full-time job, but at the same time, there is a lot of pressure for them to be good at

public speaking, social media, and so on. Not everyone has all of those skills. I think there should be more outside communicators in science. Art and communication have always been important passions for me, even stronger than my love of scientific research. I was happy to complete my studies and become a scientist, but most important for me is to have the time to do the work of communication. That can mean not continuing as a full-time scientist—at least, that's what it meant for me.

Using striking visuals to create an emotional connection really clicks with some people. While scientific data depicts what's there, too, it's hard to connect with it emotionally or know what it means for your life. By making art about a topic, it becomes a part of our culture. Art has always been used as a tool for communicating the things that matter to us and define our lives.

What do you want people to do after viewing your work?

I hope it's something that gets people thinking, whether about what they see depicted, or whatever topics are most important in their lives. Right now, with the pandemic, we're all living through a stressful situation that is bringing out a lot of different things in different people. Some people have been able to use this situation to reflect and tune in in a different way. Activism is taking off because people cannot wait for the slow pace of change any longer, and activism helps you learn better how your impact matters. I really hope that a lot of people are awakening to the power of their individual actions—which is the only thing that leads to larger collective action. Individual action may feel limited, but when amassed together, it forces change. I hope that my work has enough of an emotional connection to help set that chain of events going, and inspire others to take action.

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Interview Courtesy of Jill Pelto. Some excerpts previously published at JillPelto.com, TIME.com, and blogs.ei.columbia.edu.

Now and Then: A Memory of the LGBTQ+ Struggle

Jasmine Pandit

Jasmine Pandit is a senior at Davidson Academy Online and Blog Editor at JIPP. As a USA(J)MO qualifier and Ross attendee, she is an accomplished mathlete, but her love for all things learning runs deep: she is also an avid philosophy researcher, Mandarin Chinese student, and poet. Jasmine is also an Executive Editor at Polyphony Lit and the Founder of MyKahani. Aside from this, you will probably find her thinking, dancing hip-hop, or spending time with her family.

1991, THE 7th OF MARCH.

yesterday my boyfriend died and i thought three things in that order.

i. nothing. my heart is shattered
in a million pieces on colored sheets because
we couldn't afford white.
look, mom, there he is,
didn't you tell me to fight for what i love?
look, mom. there he is. he's dead. and i am sick—
not like him, don't worry. worse.
i felt his fingers unclasp in mine, held his hand as his pain ended.
but frozen here with a broken mind, broken heart, and broken love,
mine has just begun.

ii. my boyfriend is dead
and the last thing his mother called him was a faggot.
my boyfriend is dead, he loves kids, and the last time
he saw the neighbors' they were being dragged away by the pinky.
white woman, white knuckles, hoarse whisper,
no, honey, we don't go there, and she looked at him like
the raccoon that trespasses her yard sometimes.
my boyfriend is dead and he watched television as he shriveled,
watched how they stared at "three Southern girls killed today in devastating fire"
and looked away from "thirty thousand killed this year in devastating ignorance,"
and my boyfriend is—
he's gone. just like that.

and no one gives a fuck.
let alone 30,000.

iii. i'm next.
i have seen the fires of ignorance rage from fist to fist,
seen it bloom black into the hearts of those meant to love, six years old—
no, carlos! don't you ever try to wear her things again, you're not gay, spat out like poison, ten—
they're brainwashing their sons to turn me black and blue, sixteen—
i said it, finally pulled it out of my throat, gasped at the pinch—
the winds on the street were bitter about something that night.
i remember because i never went inside again.

i have seen four years of a presidency without a single "aids,"
ten years of a funeral every week,
and i do not know why they are so angry.
i do not know why i have been sick for millennia, but this, this i know:
i am next.

EPILOGUE: 2021, THE 7th OF MARCH.

today my coworker asked me if i had a wife and i thought three things in that order.

i. "husband,"
i say politely, wielding a cautious smile. i watch his brows
furrow, then shoot up, pull his eyes comically wide. i hear
his apologies, see it on his face, feel his sincerity.
wrestle with his awkwardness. i think:
i am gay.
this man is not.
we do not care.

ii. my ex-boyfriend died thirty years ago today,
and thirty years ago today i could have been killed for my answer,
in the country that threw us away while pulling out chairs to watch—
but was i ever alive?
there's no life in the eyes of a man who gets crucified for a smudge of nail polish,

no flicker in his heart when he gets mysteriously fired from his job. again.
what is life without love,
and what is it when yours isn't even enough for a statistic.
thirty years ago, i bore nothing but the seedlings of pain.
today i flourish in them.

iii. we have come a long way.
throw a liquor bottle at brick, watch it shatter, call it stonewall; and
exhale, finally, to let your life begin.
love is love, we shouted as we flooded through the streets.
and we will have ours, we whispered to keep ourselves listening.

and oh, how they have stumbled, hearing our pride,
oh, how red we have had to bleed.
but somewhere out there, a rainbow still pulses—
women, hurled out of bathrooms by eyes that remain closed and clouded,
cakes, swirled into batter because veils are more important than weddings—
and my boyfriend was killed 30 years ago.

but my husband shines on my ring finger today.