

PREFACE: HANDS UP, DON'T SHOOT!

The intensification of the writing of this book, and the formulation of "the right to maim," its most urgent political theoretical contribution, began the summer of 2014. This was the summer police shot Michael Brown in Ferguson, Missouri, and the summer of Operation Protective Edge, the fifty-one-day Israeli siege of Gaza. Organizers protesting these seemingly disparate events began drawing connections, tracing the material relationships between the Israeli occupation of Palestine and the militarization of police in Ferguson, from the training of U.S. law enforcement by the Israeli state to the tweeting of advice from Palestinians on how to alleviate tear gas exposure. Descriptions of the militarized containment of civilians in Ferguson echoed those of the settler colonial occupation of Palestine. It was not long before the "Ferguson to Gaza" frame starting taking hold as an organizing rubric. Ferguson-to-Gaza forums sought to correlate the production of settler space, the vulnerability and degradation of black and brown bodies, the demands for justice through transnational solidarities, and the entangled workings of settler colonialism in the United States and Israel. The comparisons, linkages, and affective resonances between Ferguson and Gaza were not perfectly aligned, and they did not always yield immediate alliances. But these efforts were convivial in their mutual resistance to the violent control of populations via targeted bodily assaults, and reflected desires for reciprocating, intersectional, and co-constituted assemblages of solidarity.

One striking aspect of the connective tissue between Ferguson and Gaza involved security practices mining the relationship between disability and death. Police brutality in the United States toward black men and women in particular showed a definitive tendency to aim for death, often shooting numerous bullets into an unarmed, subjugated, and yet supposedly threatening body—overkill, some might call it. Why were there seemingly so

few attempts to minimize the loss of life? The U.S. security state enacted powerful sovereign entitlements even as it simultaneously claimed tremendous vulnerability. The police were merely “doing their job,” a dangerous, life-threatening one. This calculation of risk is the founding rationalization for the impunity of “the right to kill” wielded by U.S. law enforcement.

The might of Israel’s military—one of the most powerful in the world—is built upon the claim of an unchanging ontological vulnerability and precarity, driven by history, geopolitics, and geography. Alongside the “right to kill,” I noted a complementary logic long present in Israeli tactical calculations of settler colonial rule—that of creating injury and maintaining Palestinian populations as perpetually debilitated, and yet alive, in order to control them. The Israeli Defense Forces (IDF) have shown a demonstrable pattern over decades of sparing life, of shooting to maim rather than to kill. This is ostensibly a humanitarian practice, leaving many civilians “permanently disabled” in an occupied territory of destroyed hospitals, rationed medical supplies, and scarce resources. This pattern appeared again during Operation Protective Edge; the number of civilian casualties was reported daily and justified through the logic of collateral damage, while the number of injuries was rarely commented upon and never included in reflections of the daily toll of the siege.

Shooting to maim in order not to kill might appear as minor relief given the proclivity to shoot to kill. Why indeed were so many unarmed black victims of police brutality riddled with scores of bullets? But oscillations between the right to kill and the right to maim are hardly haphazard or arbitrary. The purportedly humanitarian practice of sparing death by shooting to maim has its biopolitical stakes not through the right to life, or even letting live, but rather through the logic of “will not let die.” Both are part of the deliberate debilitation of a population—whether through the sovereign right to kill or its covert attendant, the right to maim—and are key elements in the racializing biopolitical logic of security. Both are mobilized to make power visible on the body. Slated for death or slated for debilitation—both are forms of the racialization of individuals and populations that liberal (disability) rights frameworks, advocating for social accommodation, access, acceptance, pride, and empowerment, are unable to account for, much less disrupt.

Fast-forward to the summer of 2016. July 10, 2016, was the fourth day of Black Lives Matter protests going on in New York City, as well as in many other locations across the United States. During the previous week,

the police shootings of Philando Castile in St. Paul, Minnesota, and Alton Sterling in Baton Rouge, Louisiana, had galvanized protests all around the country. The shooting and killing of five police officers during a Black Lives Matter rally in Dallas had only amplified the lines of battle between civilians and law enforcement. The June 12 shooting in an Orlando queer club magnified a homonationalist discourse that posits Muslim homophobes as the primary danger to queer liberals of all colors, resulting in increased policing of LGBTQ pride events during the summer. Bombings by ISIS in the previous month had targeted Nice, Istanbul, and Dhaka. Protesters started gathering at Standing Rock to fight the Dakota Access Pipeline. There were more shootings of black bodies to come.

On this particular day, the main Black Lives Matter protest in New York City was happening in Times Square. Not far from this location, the Second Annual Disability Pride parade, marketed as a festival and celebration, was marching on Broadway from Union Square to Madison Square Park. International in scope, the parade included veterans and actors involved in the development of the United Nations Convention on the Rights of Persons with Disabilities. I was in a part of Manhattan equidistant from both activities, one being an action and the other being an event. The relationship between the two confounded me. I recalled that on June 24, Black Lives Matter withdrew from the San Francisco Pride Parade, citing fear of increased police presence in the parade post-Orlando. On July 3, Black Lives Matter, selected as the Toronto Pride Parade’s Honored Group, brought the parade to a complete halt in order to demand a series of conditions, including banning police from marching in the parade. I was struck by the discord between an increasingly visible disability empowerment discourse in human rights platforms, cultural productions, and public discourse, and the divestment of Black Lives Matter from narratives of pride, with dominant messaging at Black Lives Matter actions including: “Hands up, don’t shoot!” and “I can’t breathe!” I remained in the middle, perplexed. This is not an either/or situation, but neither is it resolved by the commonsense logic of both/and. Disability empowerment and pride are part of rights discourses even as expressions of maiming, debilitation, and disabling are central to economies and vocabularies of violence and exploitation.

What kinds of biopolitical fissures produce a spectacle of disability empowerment and pride mere blocks from a movement protesting the targeted debilitation of an entire racialized population, contesting the production



FIG. PREF.1. Peoples Power Assemblies providing powerful counternarratives at the NYC Disability Pride March, July 10, 2016.

of disability that is central to state securitization practices? The New York City branch of the Peoples Power Assemblies (PPA), a part of the Movement for Black Lives, organizes a presence yearly at the Disability Pride March. Participants carry Black Disabled Lives Matter banners, signs that say “Stop the War on Black America” and “Support the Black Lives Matter Movement,” and placards noting that more than 50 percent of police shootings of black bodies involve individuals with disabilities. It is a direct action rather than a pride celebration, one demanding attention to both targeting of the disabled and targeting to disable, with distinctly different terms from empowerment and pride rhetorics. As PPA member Colin Ashley put it, “Those on the sidelines either get it automatically and really cheer, or seem completely mystified as to why we would be in the march. We feel it is necessary to go in order to disrupt the normative messaging.”¹ For its part, Black Lives Matter has been clear that people with disabilities are both survivors of injustice and also part of their assembly. Alicia Garcia writes that “Black Lives Matter affirms the lives of Black queer and trans folks, disabled folks, Black-undocumented folks, folks with records, women, and all Black lives along the gender spectrum. It centers those that have been marginalized within Black liberation movements. It is a tactic to (re)build



FIG. PREF.2. The location where Jamar Clark was killed by Minneapolis police on November 15, 2015, following the March 29, 2016, decision by Hennepin County attorney Mike Freeman not to charge the officers involved in the shooting. Photo by Tony Webster.

the Black liberation movement.”² And yet, the Movement for Black Lives received important feedback, specifically from the Harriet Tubman Collective, “A Collective of Black Deaf & Black Disabled organizers, community builders, activists, dreamers, lovers striving for radical inclusion and collective liberation,” about the absence of any acknowledgment of or discussion about the impact of disability in black communities in their six-point platform released in August 2016.³ The intervention from the Harriet Tubman Collective not only highlights ableist frameworks of resistance; it also raises questions about how, in this time of political upheaval and dissent, meetings, protests, and actions could become more accessible to people with varying debilities, capacities, and disabilities.

Today the solidarity pathways between Black Lives Matter and Free Palestine are rhizomatic and bountiful.⁴ Pro-Palestinian antiwar activists will join PPA next year, protesting both the targeting of disabled Palestinians by the IDF and the targeting to debilitate, part of a biopolitics not of disability alone but a biopolitics of debilitation. I contend that the term “debilitation” is distinct from the term “disablement” because it foregrounds the

slow wearing down of populations instead of the event of becoming disabled. While the latter concept creates and hinges on a narrative of before and after for individuals who will eventually be identified as disabled, the former comprehends those bodies that are sustained in a perpetual state of debilitation precisely through foreclosing the social, cultural, and political translation to disability. It is this tension, the tension between *targeting the disabled* and *targeting to debilitate*, the tension between being and becoming, this is the understated alliance that I push in this project. The first presumes a legitimate identification with disability that is manifest through state, market, and institutional recognition, if not subjective position: I call myself disabled. But this cannot be the end of the story, because what counts as a disability is already overdetermined by "white fragility" on one side and the racialization of bodies that are expected to endure pain, suffering, and injury on the other.⁵ As such, the latter is an understanding of biopolitical risk: to extrapolate a bit from Claudia Rankine's prose: "I am in death's position."⁶ And to expand: I am in debility's position.

The biopolitics of debilitation is not intended to advocate a facile demoralization of disability, as if to rehash the familiar cant that tells us we will all be disabled if we live long enough. In fact, depending on where we live, what resources we have, what traumas we have endured, what color our skin is, what access we have to clean water, air, and decent food, what type of health care we have, what kind of work we do . . . we will not all be disabled. Some of us will simply not live long enough, embedded in a distribution of risk already factored into the calculus of debilitation. Death's position. Others, at risk because of seeming risky, may encounter disability in ways that compound the debilitating effects of biopolitics.

DEBILITY, CAPACITY, DISABILITY

Disability is not a fixed state or attribute but exists in relation to assemblages of capacity and debility, modulated across historical time, geopolitical space, institutional mandates, and discursive regimes. The globalization of disability as an identity through human rights discourses contributes to a standardization of bodily usefulness and uselessness that discounts not only the specificity of location but also the ways bodies exceed or defy identities and subjects. The non-disabled/disabled binary traverses social, geographic, and political spaces. The distinctions or parameters between disabled and non-disabled bodies shift historically, as designations be-

tween productivity, vagrancy, deviancy, illness, and labor market relations have undergone transformations from subsistence work to waged labor to hypercapitalist modes of surplus accumulation and neoliberal subject formation. They shift geographically, as varied cultural, regional, and national conceptualizations of bodily habitations and metaphysics inhabit corporeal relations differently and sometimes irreconcilably, and issues of environmental racism are prominent. They shift infrastructurally, as a wheelchair-accessible elevator becomes a completely altered vehicle of mobility, one that masks various capacities to climb stairs, in many parts of the world where power outages are a daily, if not hourly, occurrence. They shift legally, administratively, and legislatively, as rights-bearing subjects are formed and dismantled in response to health care and insurance regimes, human rights discourses, economic opportunism, and the uneven distribution of resources, medical supplies, and basic care. They shift scientifically, as prosthetic technologies of capacity, from wheelchairs to cell phones to DNA testing to steroids, script and rescript what a body can, could, or should do. And they shift representationally, as discourses of multicultural diversity and plurality absorb "difference" into regimes of visibility that then reorganize sites of marginalization into subjects of privilege, indeed privileged disabled subjects.

In *The Right to Maim: Debility, Capacity, Disability*, I think through how and why bodies are perceived as debilitated, capacitated, or often simultaneously both. I mobilize the term "debility" as a needed disruption (but also expose it as a collaborator) of the category of disability and as a triangulation of the ability/disability binary, noting that while some bodies may not be recognized as or identify as disabled, they may well be debilitated, in part by being foreclosed access to legibility and resources as disabled. Relatedly, some bodies may well be disabled but also capacitated. I want to be clear here: I am not diluting or diffusing the identity rubrics of disability by suggesting all bodies are disabled to some extent or another, or by smoothing disability into a continuum of debility and capacity. Quite the opposite; I am arguing that the three vectors, capacity, debility, and disability, exist in a mutually reinforcing constellation, are often overlapping or coexistent, and that debilitation is a necessary component that both exposes and sutures the non-disabled/disabled binary. As Christina Crosby rightly points out, "The challenge is to represent the ways in which disability is articulated with debility, without having one disappear into the other."⁷ I would add that the biopolitical management of disability entails that the visibility

and social acceptance of disability rely on and engender the obfuscation and in fact deeper proliferation of debility.

In her work on bodily impaired miners in Botswana who do not necessarily articulate their plight in relation to disability, Julie Livingston uses the term "debility," defined broadly to encompass "experiences of chronic illness and senescence, as well as disability *per se*."⁸ She demonstrates that historically many bodily infirmities "were not regarded as disabilities: indeed they were 'normal' and in some cases even expected impairments."⁹ I take up Livingston's intervention with an important refinement: debility in my usage is not meant to encompass disability. Rather, I mobilize debility as a connective tissue to illuminate the possibilities and limits of disability imaginaries and economies. Debilitation as a normal consequence of laboring, as an "expected impairment," is not a flattening of disability; rather, this framing exposes the violence of what constitutes "a normal consequence." The category of disability is instrumentalized by state discourses of inclusion not only to obscure forms of debility but also to actually produce debility and sustain its proliferation. In a literal sense, caretakers of people with disabilities often come from chronically disenfranchised populations that endure debilities themselves. Conceptually, state, medical, and other forms of recognition of disability may shroud debilities and forms of slow death while also effacing the quotidian modalities of wide-scale debilitation so prevalent due to capitalist exploitation and imperialist expansion. In my usage, debility signals precisely the temporospatial frame eclipsed by toggling between exceptionalizing disability and exceptional disability: the endemic. Relational forms of capitalism, care, and racialization inform an assemblage of disability to a constellation of debilities and capacities. If, in one definition, disability becomes a privileged category by virtue of state recognition,¹⁰ another definition of disability may well be that body or that subject that can aspire both economically and emotionally to wellness, empowerment, and pride through the exceptionalized status it accrues while embedded within unexceptional and, in fact endemic, debility. The compounding of disability and poverty as a field of debilitation is certainly happening in the era of Donald Trump, whose efforts to completely eliminate any whiff of socialized medicine are only really remarkable because they definitively expose the actual scale of disregard for human life, having blown so far open so quickly. Access to health care may well become the defining factor in one's relationship to the non-disabled/disabled dichotomy.

Debility is thus a crucial complication of the neoliberal transit of disability rights. Debility addresses injury and bodily exclusion that are endemic rather than epidemic or exceptional, and reflects a need for rethinking overarching structures of working, schooling, and living rather than relying on rights frames to provide accommodationist solutions. Challenging liberal disability rights frames, debility not only elucidates what is left out of disability imaginaries and rights politics; it also illuminates the constitutive absences necessary for capacitating discourses of disability empowerment, pride, visibility, and inclusion to take shape. Thus, I argue, disability and debility are not at odds with each other. Rather, they are necessary supplements in an economy of injury that claims and promotes disability empowerment at the same time that it maintains the precarity of certain bodies and populations precisely through making them available for maiming.

In a context whereby four-fifths of the world's people with disabilities are located in what was once hailed as the "global south," liberal interventions are invariably infused with certitude that disability should be reclaimed as a valuable difference—the difference of the Other—through rights, visibility, and empowerment discourses—rather than addressing how much debilitation is caused by global injustice and the war machines of colonialism, occupation, and U.S. imperialism. Assemblages of disability, capacity, and debility are elements of the biopolitical control of populations that foreground risk, prognosis, life chances, settler colonialism, war impairment, and capitalist exploitation. My analysis centralizes disability rights as a capacitating frame that recognizes some disabilities at the expense of other disabilities that do not fit the respectability and empowerment models of disability progress—what David Mitchell and Sharon Snyder term the "biopolitics of disability."¹¹ But the normalization of disability as an empowered status purportedly recognized by the state is not contradicted by, but rather is produced through, the creation and sustaining of debilitation on a mass scale. Debilitation is not a by-product of the operation of biopolitics but an intended result, functioning both as a disruption of the non-disabled/disabled binary—as an in-between space—and as a supplement to disability, that which shadows and often overlaps with disability. I therefore do not offer debility as an identity; it is instead a form of massification. My alternative conceptualization of the biopolitics of debilitation not only refers to the remainder of what the liberal inclusion of disability fails to fully embrace, but also points to the forms of violent debilitation of

those whose inevitable injuring is assumed by racial capitalism. I therefore seek to connect disability, usually routed through a conceptual frame of identification, and debilitation, a practice of rendering populations available for statistically likely injury.

WHY BIOPOLITICS?

The Right to Maim situates disability as a register of biopolitical population control, one that modulates which bodies are hailed by institutions to represent the professed progress made by liberal rights-bearing subjects. As with *Terrorist Assemblages*, this book is largely about what happens after certain liberal rights are bestowed, certain thresholds or parameters of success are claimed to have been reached: What happens when “we” get what “we” want? In other words, how is it that we have come to this historical juncture where we can or must talk about “(white) privilege,” and “disability” together? But my argument also makes a critical intervention into the literatures of and scholarship on biopolitics, which have been less likely to take up issues of disability and debility. Michel Foucault’s foundational formulation hinges on all the population measures that enable some forms of living and inhibit others: birthrates, fertility, longevity, disease, impairment, toxicity, productivity. In other words, these irreducible metrics of biopolitics are also metrics of debility and capacity. Biopolitics deployed through its neoliberal guises is a capacitation machine; biopolitics seeks capacitation for some as a liberal rationale (in some cases) or foil for the debilitation of many others. It is, in sum, an ableist mechanism that debilitates.

Biopolitics as a conceptual paradigm can thus be read as a theory of debility and capacity. Addressing disability directly forces a new, discrete component into the living/dying pendulum that forms most discussions of biopolitics: the living dead, death worlds, necropolitics, slow death, life itself. These frames presume death to be the ultimate assault, transgression, or goal, and the biopolitical end point or opposite of life. I am arguing that debilitation and the production of disability are in fact biopolitical ends unto themselves, with moving neither toward life nor toward death as the aim. This is what I call “the right to maim”: a right expressive of sovereign power that is linked to, but not the same as, “the right to kill.” Maiming is a source of value extraction from populations that would otherwise be disposable. The right to maim exemplifies the most intensive practice of the

biopolitics of debilitation, where maiming is a sanctioned tactic of settler colonial rule, justified in protectionist terms and soliciting disability rights solutions that, while absolutely crucial to aiding some individuals, unfortunately lead to further perpetuation of debilitation.

In *The Right to Maim*, I focus less on an important project of disability rights and disability studies, which is to refute disability as lack, as inherently undesirable, and as the sign, evidence, or fetish of injustice and victimhood. I am not sidestepping this issue. Rather, I centralize the quest for justice to situate what material conditions of possibility are necessary for such positive reenvisions of disability to flourish, and what happens when those conditions are not available. My goal here is to examine how disability is produced, how certain bodies and populations come into biopolitical being through having greater risk to become disabled than others. The difference between disability and debility that I schematize is not derived from expounding upon and contrasting phenomenological experiences of corporeality, but from evaluating the violences of biopolitical risk and metrics of health, fertility, longevity, education, and geography.

Disability studies scholars such as Nirmla Erevelles and Christopher Bell have insistently pointed out the need in disability studies for intersectional analyses in order to disrupt the normative (white, male, middle-class, physically impaired) subjects that have historically dominated the field.¹² The epistemic whiteness of the field is no dirty secret.¹³ Part of how white centrality is maintained is through the policing of disability itself: what it is, who or what is responsible for it, how one lives it, whether it melds into an overarching condition of precarity of a population or is significant as an exceptional attribute of an otherwise fortunate life. These normative subjects cohere not only in terms of racial, class, and gendered privilege; they also tend toward impairments that are thought to be discernible, rather than cognitive and intellectual disabilities, chronic pain conditions like fibromyalgia or migraines, and depression.

The (largely unmarked) Euro-American bias of disability studies has had to confront itself, as the production of most of the world’s disability happens through colonial violence, developmentalism, war, occupation, and the disparity of resources—indeed, through U.S. settler colonial and imperial occupations, as a sign of the global reach of empire.¹⁴ In 2006, Livingston noted that “while four-fifths of the world’s disabled persons live in developing countries, there is a relative dearth of humanities and social science scholarship exploring disability in non-Western contexts.”¹⁵ The same

cannot be said ten years later. Crucial work now exists in southern disability studies; the relation of disability to U.S. incarceration, settler colonialism, and imperialism; and a systemic critique of the military-industrial complex and its debilitating global expanse.¹⁶ The reproduction of this violence through neoliberal biomedical circuits of capital ensures that human rights regimes impose definitions about what disability is, creating evaluations and judgments, and distributes resources unevenly with effects that reorganize and/or reiterate orderings and hierarchies.¹⁷

Further to this project of unmooring disability from its hegemonic references, critical ethnic studies, indigenous studies, and postcolonial studies have long been elaborating the debilitating effects of racism, colonialism, exploitative industrial growth, and environmental toxicities. Yet these literatures, because they may not engage the identity rubric of the subject position of the disabled person, are not often read as scholarship on disability.¹⁸ As such, I seek here to connect critical race theory and transnational and postcolonial theory to disability studies scholarship. From the vantage of these interdisciplinary fields, disability is everywhere and yet, for all sorts of important reasons, not claimed as such. Many bodies might not be hailed as disabled but certainly are not awash in the privileges of being able-bodied either. This project is thus less interested in what disability is (or is not), less interested in adding to the registers of disability—for example, including people of color with disabilities—and more driven by the question: what does disability as a concept do? The stigmatization of bodily difference, racialized bodily difference, often understood as bodily defect, is already at the core of how populations come to be in the first place. My project refuses to reify racialization as defect but rather asks what other conceptual alternatives are available besides being relegated to defect or its dichotomous counterpart, embracing pride.

The Right to Maim is absorbed with excavating the chunkiness of power more so than the subtleties of navigating it. That is to say that assemblages can get stuck, blocked, frozen, and instrumentalized. Stories of dividuality are stories of control societies. Rather than assuming a corrective stance, I am interested in contributing to and expanding the critical lexicon, vocabulary, and conceptual apparatuses of biopolitical inquiry on disability, especially for bodies and populations that may fall into neither disability nor ability, but challenge and upturn these distinctions altogether. Throughout the text, multiple relationships of disciplinary, control, and sovereign power are central to my analyses. Detailing the interface of technologies

of discipline and control makes the case for multiplying the relations of the two beyond teleological or geographic deterministic mappings. While the rise of digital forms gives control an anchoring periodization and geospatial rationale, a reliance on this narrative obscures the ongoingness of discipline and the brutal exercise of sovereign power, often cloaked in humanitarian, democratic, or life preservationist terms.

Traversing a number of contemporary political and social issues, my elaboration of debilitation as potentiating capacitation is expounded throughout the book: an examination of the spate of “queer suicides” and the “It Gets Better” response that occurred in the fall of 2010, foregrounding queer (theory) as a capacitation machine; the coalitional potential of trans people and people with disabilities, examining the array of access, de-limitation, and foreclosure that trans bodies have in relation to discourses and alliances with disability, the medical-industrial complex, and the recapacitation of whiteness that strategic manipulations of embodiment might afford; Israel’s complex program of rehabilitation through the debilitation of Palestinian life and land; the “rehabilitation” of the Israeli state as part of a biopolitical assemblage of control that instrumentalizes a spectrum of capacities and debilities for the use of the occupation of Palestine; the role of targeted debilitation whereby Israel manifests an implicit claim to the right to maim and debilitate Palestinian bodies and environments as a form of biopolitical control and as central to a scientifically authorized humanitarian economy. The framing of the right to maim haunts the book throughout, until it reaches its climactic and most forceful articulation in the final chapter on debilitation as a biopolitical end point unto itself. Observations from time spent in occupied East Jerusalem and the West Bank in January 2016 underscore the effects of the collision between disability rights practices and discourses, largely generated by international nongovernmental organizations, and the reality of the occupation as the primary producer of debility.

WHEN WE BREATHE

In a series in the *New York Times* on “people living with disabilities,” feminist disability studies scholar Rosemarie Garland-Thomson wonders why pride movements for people with disabilities “have not gained the same sort of traction in the American consciousness” as the pride movements of “women, gay people, racial minorities, and other groups.” Mentioning



FIG. PREF.3. ADAPT activists demonstrating for accessible transportation in Atlanta, Georgia, October 1990. Photo courtesy of Tom Olin.

Black Lives Matter and the LGBTQ rights movement as examples of this traction, she responds to her musings: "One answer is that we have a much clearer collective notion of what it means to be a woman or an African American, gay or transgender person than we do of what it means to be disabled."¹⁹ There is perhaps misrecognition of Black Lives Matter as a "pride" movement, not to mention that at an earlier moment in history, the disability rights movement often marked itself as both intertwined with and following in the path of the black civil rights movement.²⁰ Analogies between disability and race, gender, and sexuality tend to obfuscate biopolitical realities, as Garland-Thomson's clunky list of identifications attests. Movements need to be intersectional, says Angela Davis, and the rapid uptake of this seasoned observation is invigorating and hopeful.²¹ This invocation of intersectional movements should not leave us intact with ally models but rather create new assemblages of accountability, conspiratorial lines of flight, and seams of affinity.

In the midst of the Movement for Black Lives, the fight against the Dakota Access Pipeline, the struggle for socialized health care in the United States, the demand to end U.S. imperial power in the Middle East (Israel,



FIG. PREF.4. The Palestine contingent at the Millions March, New York City, December 2014. The ends of the banner display the pattern of the Palestinian keffiyeh. The Washington Square Arch is visible in the background. Photo courtesy of Direct Action Front for Palestine. Reprinted with artist's permission.

Afghanistan, Iraq, Syria, Yemen), what constitutes the able body is ever evolving, and its apparent referents are ever shrinking. What is an able body in this context? What is a non-disabled body, and is it the same as an able body? Layers of precarity and vulnerability to police brutality, reckless maiming and killing, deprivation, and destruction of resources that are daily features of living for some populations must not be smoothed over by hailing these bodies as able-bodied if they do not have or claim to be a person(s) with a disability. In the wise words of disability studies scholar and prison abolitionist Liat Ben-Moshe, "It does not matter if people identify as disabled or not."²² "Hands up, don't shoot!" is not a catchy slogan that emerges from or announces able-bodied populations. Rather, this common Black Lives Matter chant is a revolutionary call for redressing the debilitating logics of racial capitalism. It is a compact sketch of the frozen black body, rendered immobile by systemic racism and the punishment doled out for not transcending it. It is the story of a Palestinian resister shot dead for wielding a knife (if that) against an IDF soldier who has the full backing of the world's military might. "I can't breathe!" captures the suffocation of chokeholds on movement in Gaza and the West Bank as it does the violent forces of restraint meted out through police brutality. "Hands up, don't shoot!" and "I can't breathe!" are, in fact, disability justice rally cries.

The Right to Maim therefore does not seek to answer the question, where is our disability pride movement? Instead, it hopes to change the conversation to one that challenges the presumption that the distinction between

who is disabled and who is not should fuel a pride movement. I explore if and how this binary effaces the biopolitical production of precarity and (un)livability that runs across these identities. The project, then, is not just one that hopes to contribute to intersectional movement building, though let me insist that this is crucial from the outset. That is to say, Black Lives Matter and the struggle to end the Israeli occupation of Palestine are not only movements "allied" with disability rights, nor are they only distinct disability justice issues. Rather, I am motivated to think of these fierce organizing practices collectively as a *disability justice movement itself*, as a movement that is demanding an end to so many conditions of precaritization that debilitate many populations. At our current political conjuncture, Black Lives Matter, the Palestinian solidarity movement, the protest against the Dakota Access Pipeline to protect sacred grounds and access to water: these are some of the movements that are leading the way to demand livable lives for all. These movements may not represent the most appealing or desired versions of disability pride. But they are movements anchored, in fact, in the lived experiences of debilitation, implicitly contesting the right to maim, and imagining multiple futures where bodily capacities and debilities are embraced rather than weaponized.

ACKNOWLEDGMENTS

This is a book first and foremost about biopolitics. It is a continuation of thinking about many of the issues raised in *Terrorist Assemblages*, a text that was fortunate enough to garner several unexpected readerships. Noted disability studies scholars Robert McRuer and David Mitchell offered expansive re-readings of the "upright" homonationalist citizen, elegantly wedding conceptions of "ablenationalism" and "crip nationalism" to homonationalism and expanding its frame considerably. The other major readership that invited me into new directions was that of scholars of Middle Eastern studies. I welcomed the solicitation of *Terrorist Assemblages* into these conversations and worked diligently to foster the kinds of inter- and transdisciplinary connections that I believe are the payoff of the risks that such frames allow. As such, this scholarship is active, insofar as I have attempted to grapple with reception, responses, and events as they have emerged. For quite some time I thought I was writing two distinct books, one on racism as chronic debilitation that posed a challenge to non-disabled/disabled binaries, the other on settler colonial occupation and sexuality in Palestine. Where and how these two projects became one is evident, I believe, in the manner in which this book unfolds and in the productive tensions between abstraction and location, intellectual analysis and political commitment (should those even be fantasized as separable). The effort herein to bring together conceptual impulses typically rendered distinct, dichotomous even, signals the main political import of this work. Moreover it seemed necessary to write a book marking the limits of Euro-American framings of disability while also providing concepts to spatialize the relationality of absence to presence and actually attending in some small way to alleviating the absence itself. Through this process, it is now hard to imagine ever conceiving of this book as two stand-alone projects. This