



Abstract

Recent events such as the COVID 19 pandemic and racist police violence have contributed to a heightened awareness about the nature and origin of health care disparities. Nurses are portrayed as heroes while expected to work with no equipment, and nursing organizations release antiracist statements, while little is done to address the underlying conditions that cause disparities. In this paper, we engage with ideas from The Invisible Committee and other theorists to suggest that nursing needs to develop new ways of thinking about both its past and its present politics if any chance of a radical new future is possible.

Key Words COVID-19, critical theory, destituent power, insurrection, nursing resistance

Tomorrow is cancelled: Rethinking nursing resistance as insurrection

KYLIE M. SMITH & THOMAS FOTH

“To limit oneself to denouncing discrimination, oppressions and injustices, and expect to harvest the fruits of that, is to get ones epoch wrong” - The Invisible Committee

Introduction

We began this paper in mid 2019 in preparation for the International Philosophy of Nursing Society/Philosophy in the Nurses World conference in Victoria, Canada. The theme of the conference was “Thinking about ideas in nursing” and we had some thoughts about the way that critical theory could be combined with critical history to address the racist thinking that was embedded in psychiatric practice, for example. As we began to write our paper for publication, we were

constantly outrun by events around us: first the COVID 19 situation and the re-opening of the global economy and then the street fights as resistance to racist police killings in the US and elsewhere. We adapted our paper to attempt to address some of these issues but we could not deal with all of them in depth. In the process, we also realized that our framework for understanding these events and for explicating the role of nurses needed new tools. At the same time, we read The Invisible Committee’s new work, *Now*, and realized that it had several important implications for thinking about how nursing power can be understood in the context of current social upheavals. In the paper that follows, we engage with certain key principles from the Invisible Collective’s work and consider how this kind of theorizing can open new ways of thinking about the role of nursing in social justice.

In their *Now* manifesto, the anonymous philosophers behind The Invisible Committee write “all the reasons for making a revolution are there. Not one is lacking. The shipwreck of politics, the arrogance of the powerful, the reign of falsehood, the vulgarity of the wealthy, the cataclysms of industry,

galloping misery, naked exploitation, ecological apocalypse – we are spared nothing”.[1] If this was true in 2017 when Now was published, it is even more so today in the context of the COVID-19 crisis and a surge in racist police violence, which has placed health care and nursing front and center in the everyday struggle between life and death. These events have combined to lay bare disparities and inequities in health care that reflect the racist foundation of western societies more broadly. At the same time, nurses are proclaimed heroes in this “war” with “the invisible enemy”, yet they are expected to go to work with inadequate protective equipment, paying the ultimate price with their lives, while leaders from nursing professional organizations willingly appear in White House photos bullied out of wearing protective masks.[2] These tensions represent a crisis in nursing, which has not been able to mount any substantial co-ordinated response to the situation for their own welfare, nor for the welfare of their patients.

Nursing theorists and philosophers have written critically about the way that nursing is embedded in systems of bio-political surveillance and governmentality through technologies and discourses of biomedicine and evidence-based practice.[3] They have also encouraged us to think less along lines of hierarchy and to embrace critical theory and thinking for an understanding of nursing’s role in systems of oppression.[4] In their recent article “We have never been nurses” authors Dillard-Wright, Walsh and Brown lay out the way nursing is implicated in hetero-patriarchal, neoliberal and colonizing systems that stifle nursing’s emancipatory potential.[5] Rather than posit a solution, they encourage us to engage in a discussion about the future of nursing in a post-human world. We take up their challenge in this paper, arguing that in order to realise this future of nursing, we must step outside what currently exists. We engage with the work of The Invisible Committee to argue that nursing cannot make “the system” better because the system does not want to be better, and that attempts to work with the system as it is serves only to intensify the inequity and injustice, especially in a time of crisis.

Before we move on, we want to pause to consider this use of the word crisis. Already adopting the language of “crisis” is covering up what really led us to the situation we are confronting right now. The term “crisis” is extensively used in public discourse and in the media, whether in the context of the “migration crisis,” the “economic crisis,” or “humanitarian crisis,” etc. Rosi Braidotti[6] points out the inflationary use of the term that has come to mean everything and nothing. Over the course of centuries “crisis” has had very diverse connotations in legal, military, social, economic and cultural

contexts. According to Giorgio Agamben, “[i]n the medical tradition, crisis means the moment in which the doctor has to judge, to decide if the patient will die or survive. The day or the days in which this decision is taken are called *crisimoi*, the decisive days”.[7] The idea of crisis also possesses an organic or processual character in medical catastrophic situations, suggesting “a natural process, a surge, a wave”- like process “as if by a violent natural force”.[8] In theology, “crisis is the Last Judgment pronounced by Christ at the end of times”.[7] In the late 19th century, economists developed a crisis theory and in the early 20th century, theories emerged around what were perceived as crises of cultures. It is because of the ability of the term to be combined with other words and “the implicit slippage between them that the term “crisis” has been able to become such a powerful trope, gaining traction in the most diverse domains and discourses”.[9] However, with, or perhaps despite, its inflationary use, the term “crisis” has taken on an important function in the governing of our societies.

Invoking the term crisis means to prepare for the imposition of exceptional measures that are justified by the urgency or the emergency of the situation – as in the case of COVID-19 – and these “crisis” situations often call for the immediate suspension of rights and freedoms and democratic practices, often on a “semi-permanent basis”.[9] By emphasizing that a situation is a crisis, measures can be implemented that would normally not be accepted by the general public. “A crisis situation is often an “opportunity” to introduce far-reaching mechanisms of control, cutbacks, or practices of large-scale extraction of resources, such as in the kinds of “crisis management” following natural disasters like earthquakes”[9] or a pandemic like we are currently experiencing. Thus, these situations allow democratic decision-making processes or public debates to be circumvented. Agamben emphasized that the role of crisis in the governance of current societies touches on every aspect of our life and coincides with normality – crisis has become a tool of governmentality. But a society ruled in this mode of governance is a society in which democracy is abended, “because in it political life has become impossible, while democracy means precisely the possibility of a political life.” Government has put itself into a permanent state of emergency and a “destituent power, in so far as it deposes once and for all the law”.[7] It was Agamben who clearly highlighted the dangers that come with the declaration of a public health emergency and the implementation of a global state of exception in the context of the pandemic.

But it is also possible to use the term crisis differently. Jean-Luc Nancy[10] reminds us that “a crisis is a period where something is revealed,” symptoms appear and reveal something about us and it is this “moment of revelation

that allows us to judge and to heal”,[10] and Joseph Vogl[8] contends that “crisis” and “critique” are complementary. Seen from this perspective, if a crisis is claimed, a struggle evolves around the interpretation of the situation. Questions can be asked as to what concepts should be used, or what problems should be foreseen. Whereas the notion of crisis is often used to foreclose the possibility of assessing a situation differently or of finding different solutions, it could also be used to resist or contest even the descriptions of the situation. As DeCauwer suggests, “[o]ther questions should be formulated and different projections of the future should be proposed”. Not only is “another future possible,” but so are other assessments of a “crisis situation”[10] and this is an important struggle if the Left wants to regain the traction it seems to have lost. A “crisis situation” is an invitation to sharpen our capacity for judging a situation, to propose different concepts, theories, and narratives, and to invent alternative solutions to the attempts to manipulate the anxieties, uncertainty, and suffering of the people by different political fractions”.[9] This paper is one step in contesting the commonly accepted definition of the COVID-19 crisis.

As we face the reality of a “crisis” in which some patients are chosen to die through deliberate government negligence and nurses themselves are forced (and accept) to work without proper protection, an appropriate question to ask is how did we get here, which is necessarily a historical question. In a world now decimated by COVID-19, where Black lives obviously do not matter, we can not simply wait for a return to the normal, or even to settle for a new-normal. Rather we must interrogate the normal we did have. For the writers of *The Invisible Committee* this equates to “tearing a hole in things from the inside”[1] and facing the multiple deferrals from the past that have led to this present. The next section of this paper surveys the current situation and the state of nursing activism in the face of COVID19 and the renewed Black Lives Matter movement. We then explore some of the concepts used by *The Invisible Committee* and the philosophical and theoretical threads they pull on to consider what it might mean to imagine a new “politics” of nursing for social justice.

The current situation

The COVID19 pandemic has exposed the social and racial inequalities, the precarious living conditions of workers, the disastrous consequences of the neoliberal transformations of healthcare systems and social services, the link between infectious diseases and climate change as well as the consequences of the ruthless exploitation of resources, the consequences of pharmaceutical corporations solely interested in profits, the disastrous effects of the continuous

systematic dismantling of public goods and austerity measures.[11] Combined with the impact of police violence, the COVID-19 crisis has made visible and exaggerated the already existing inequalities of our neoliberal societies,[12] yet nursing has presented few answers to the question of how to deal with this pandemic and its consequences in the future. 2020 has exposed multiple social disasters but there are no models for how to arrive at a better and more just world. Historian Joan Scott described this as one of the failures of our epoch, namely the difficulty of imagining a world different to the one we live in today.[13] Historian François Hartog called this failure “presentism”. [14] With this term, Hartog tries to grasp the fact that a “corporeal discipline” of the pandemic has been imposed without us having the time to reflect on the consequences of this new regime. Pressured by the notion of a public health emergency, this “regime of presentism” is perceived as a sudden onset of chaos that can only be counteracted by the medical gaze that introduces a temporality of medicine – we live in the medical prognostics of the crisis and our lives are structured by the rhythm of the “crisis” and its expected peaks or waves.

However, the pandemic also exposed a global vulnerability. Everyone is vulnerable to the virus either through direct interactions with other human beings or by touching contaminated surfaces. At this level, vulnerability describes the way our bodies and our social lives are interconnected and interdependent. At another level, the public health response to the virus has been to identify “vulnerable groups” that include Black, Brown and Indigenous communities deprived of adequate healthcare throughout their lifetimes and through the long history of colonialism, exacerbated by structural racism and police violence. Thus, the pandemic highlights that for some vulnerability to COVID-19 is exponentially heightened. As Judith Butler has written, “Perhaps there are at least two lessons about vulnerability that follow: it describes a shared condition of social life, of interdependency, exposure and porosity; it names the greater likelihood of dying, understood as the fatal consequence of a pervasive social inequality”. [15,16]

One interesting aspect of current developments is that multiple forms of resistances are emerging: general strikes and continuous wildcat strikes by low paid workers at Amazon, Meat-packing facilities, rent strikes, social media campaigns etc.[17] Mainstream media rarely report about these new forms of resistance and nursing associations are often not involved in these protests. Rather, they promote an image of the nurse as hero visualized in the celebration of frontline workers every evening and push for the nursing voice to be

strengthened at “the policy table”. These campaigns not only obscure the fact that it is a political decision to increase the precarity of nurses and other low paid workers and to expose them to an increased risk of dying, but what is more problematic is that nurses themselves often disseminate the image of the nurse as a hero. Despite the fact that some nurses (and even more physicians) exposed the lack of PPEs and the deplorable conditions in hospitals (it is noteworthy that the deadly conditions in long-term facilities have rarely been made public by nurses) seldom nurses speak-up in support of the movements for a radical change, a change that is actually needed if we want to live in a liveable world. It seems as if many nurses are pleased to be perceived as (dying) heroes and see this discourse as a sign for a societal recognition of nurses. But by not actively supporting and advancing more radical changes nurses become once again “complicit” in the perpetuation of this unequal condition by promoting a view of going back to “normal” – a normal that will be built on the death of what neoliberalism considers superfluous people. There are numerous ways that nursing actions can be seen to perpetuate these problems.

a. Nursing the pandemic

Early on in the pandemic, nurses began to campaign for people “self-isolating” at home. Pictures of nurses holding signs like “Stay Home For Us” mushroomed on social media.[18] These moralizing images promoted what the majority of governments decided as a response to the coronavirus: “saving lives was more important than anything else.” As Didier Fassin[19] emphasized, this “anything” implies a lot. “It is not only the interruption of social and economic activities with all that we can foresee in terms of recession, unemployment, and pauperization, but it is also the suspension of civil liberties and fundamental rights-the possibility of circulating, of meeting, of protesting, of going to work or to school. Moreover, in many countries, the declaration of a state of emergency has altered the checks and balances in government”.[20] This seemingly humanitarian discourse promoted “saving lives” as the ultimate reason for state mandated lockdowns but what this discourse did not question was who in our current societies is excluded from being considered as a life worthy of being saved and whose lives will be lost as the consequence of the confinement. Early on in the pandemic, Judith Butler observed the unequal consequences of the “lockdown” for those whose loss of lives did not count because they had been abandoned by society long before the onset of the COVID. These superfluous human beings comprise the homeless, the

unemployed, the racialized low-paid “frontline” workers, the people confined in overcrowded prisons, migrants, refugees and asylum seekers who are retained in camps under terrible conditions, the “sans-papiers” in many countries who are afraid of going to a doctor, etc. All these categories of people have not been included in the humanitarian politics of saving lives and nurses, by repeating the mantra of “stay at home” and uncritically supporting confinement and state of exceptions, once again unwittingly promoted a politics of (racist) exclusion. Furthermore, the unequal value of lives will play out after the “reopening” of the economy. What we will see are the devastating effects of the measures taken during the pandemic, particularly in regard to impoverishment, food insecurity, unemployment and health. Already before the pandemic, neoliberal capitalism in the US (but a similar trend seems to emerge in Canada) (21) has led to what economists Anne Case and Angus Deaton called “death of despair” meaning the decline of life expectancy for people between 25 and 50 years of age from the poor and lower middle class (22). Most of these deaths are due to suicide, drug overdose and the consequences of alcoholism. It can be expected that this trend will fortify in the years to come. These deaths are not grievable because they are not publicly acknowledged (23). Butler contented that certain deaths are ungrivable deaths because these are deaths of lives that were never recognized as lives in the first place (24). When these lives are lost nothing is lost because these lives were never considered lives. This is particularly evident in the movement for Black Lives Matter.

b. Nursing and Black Lives Matter

Nursing organizations have suddenly realized that anti-racism should be one of the foundations of nursing caring attitudes in the midst of the uprisings following the police murders in the US. Both the American Nurses Association and the American Association of Colleges of Nursing released statements deploring the killings and stating their support for the Black Lives Matter movement. However, what these associations rarely recognize is the fact that “the state-sanctioned murder of Black people continues on other fronts as well, including public health and economic injustice”.[12] Neoliberalism paired with colonialism and white supremacy systematically abandoned Black communities and Indigenous people long ago, thus increasing their vulnerabilities and risk of premature death.[25-27] At the very moment we write this, new allegations about the racism of health-care staff in emergency rooms in the Canadian province of British Columbia have been made public. Health-care staff, including

nurses, were playing a ‘game’ they called “The Price is Right” to guess the blood alcohol-level of incoming patients they presumed to be Indigenous as closely as they could, without going over. This example highlights once again how deeply racism is entrenched in healthcare in all Western/Northern countries.[28] As with the COVID-19 pandemic, the pandemic of racist violence cannot be separated from the violence imposed by neoliberal capitalism. Neoliberalism produces massive misery and plunders the public sector. The coronavirus pandemic and the pandemic of racist violence are both the consequences of the neoliberal societies we live in. The paramilitary police forces attacking peaceful demonstrators are another aspect of neoliberal capitalism that systematically dismantles liberal-democratic institutions and makes resistance a life-threatening undertaking.[29-31]

What nursing organizations do not provide is an in-depth analysis of the roots of racism and the role nurses are playing in sustaining a colonial society that is founded on racism. For example, nurses rarely reflect on their role in sustaining the inequalities in health services and in our societies at large.[32] This needs to change. Instead of insisting on their benevolent caring attitudes, nurses must confront their complicity with the history of colonialism, racism, healthcare disparities, etc.

c. I can't breathe

Actually, this sentence is much more than the last words of George Floyd before he was lynched by police officers. What we are confronting today is the collapse of our world in which even the right to breathe is not a universal right. What we experienced with COVID-19 is what Latour called a dress rehearsal for what will come in the near future.[33] This means that the ruthless exploitation of the earth, the extraction of resources and the systematic and ongoing dispossession of Indigenous unceded territories and land will lead to a crisis that will amplify the disastrous consequences we encountered during the pandemic.[26] In a blog entitled *The Universal Right to Breathe*, Achille Mbembe points to a need for a post-human understanding of the convergence of the virus with the consequences of colonialism and globalization. “We must answer here and now for our life on Earth with others (including viruses) and our shared fate. Such is the injunction this pathogenic period addresses to humankind. It is pathogenic, but also the catabolic period par excellence, with the decomposition of bodies, the sorting and expulsion of all sorts of human waste – the “great separation” and great confinement caused by the stunning spread of the virus – and along with it, the widespread digitization of the world”.[34]

Nursing organizations’ inability to critically self-reflect during

the COVID19 pandemic is symptomatic of nurses’ self-image today, which we see as a continuation of how nurses construed themselves in history. Instead of trying to maximally manage a healthcare crisis that is the result of the continuous neoliberal attacks on healthcare and social services, nurses should wake up and boycott a system that continuously jeopardizes their lives and the lives of the many they care for (19, 35). We need to abolish this healthcare system (and the way we live and exploit this world) and come to a different understanding of what it means to live together, including non-human inhabitants of the earth (36).

Tomorrow is cancelled and destituent power

The idea of abolishing systems as they currently exist is central to the work of *The Invisible Committee*, who have spelled out their approach to insurrection in numerous works since the uprisings across Europe, the so called Arab Spring and the many anti-racist insurrections all over the world beginning in the early 2000s.[37,38] In *Now*, they argue that this project can not be delayed any further. When they state that “Tomorrow is Cancelled” they are stating that waiting for the right time or the right conditions is not possible or ethical anymore, that the time for change is Now.[1] There will be no tomorrow otherwise. They also argue that politics as usual will not bring the required depth or nature of change that the world needs. Instead they argue that we are living in societies in which politics is a spectacle and at the same time politics is in the process of decomposition. Over the course of the COVID crisis, the spectacle of politics is probably once again best represented by Trump and his COVID press conferences. But Trump is not alone. On a global scale, politicians use the “crises” to stage a form of politics that systematically negates the way politics had been understood up till now. The armed storming of the Michigan state house and the many racist and right-wing demonstrations against the lockdowns globally shows what is meant by decomposition of politics.[39-41]

We live in a “fog of commentaries” that makes it increasingly difficult to actually see the world how it is. Politicians like Trump, Netanyahu, Bolsonaro, Modi, Putin or European rightist governments in Poland, Hungary, etc. but also Johnson, Merkel or Macron can no longer be criticized because they are the personification of the caricature of politics and they are proud of it. The political condition we live in today no longer tries to hide authoritarian forms of domination and has abandoned the pretence of liberalism. This new age disseminates an “illusion of unity”[1] that hides the fact that we are living in an increasingly fragmented reality that has been pushed even further through “social distancing” measures. *The Committee* writes: “We live in a world that has established itself beyond

any justification”.[1] This is the reason why criticism no longer works. It is merely absorbed and passed over, like a discarded protest sign in a tear-gassed street. We are living in the “cage of counterrevolution”[1] that makes it increasingly difficult to achieve radical change. The only way is to invent a critical praxis that is built around action which is not understood as a way to achieve a goal but rather as a value in and of itself. In order to make a new world, action is an end in itself and only through action will we be able to construct a world that is radically different.

If the COVID pandemic has achieved one thing it is that it unveiled the world we live in, which is built on inequalities, racism, blunt disregard of social justice, etc. There can not be a “back to normal” in whatever way that may be imagined because trying to get back to normal would rebuild the power relations that need to be abolished. Instead the Invisible Committee calls for an instant insurrection and communalist living. We see this call to insurrection as wake-up call to nurses to become involved in insurrectional practices instead of trying to make the health care system “better.” Nurses must realize that they are once again being used as “cannon fodder” in a war they never chose and that this is the result of a neoliberal, racist political rationale.

This idea of insurrection goes probably against the grain of how nurses often understand their “caring” attitudes. The Invisible Committee rejects the idea of constituent power and calls instead for destitution, meaning rather than trying to make existing institutions better they call for destroying political institutions in their traditionally understood forms. The problem of trying to ameliorate the system is that we will always be caught in a vicious cycle. History shows that political activists often end up in governments and oppositional leaders often end up as ministers, making them part of the system they can no longer critique. One example from the area of health and nursing is the history of Medicine Sans Frontiers (MSF) and other humanitarian NGOs. Former presidents of MSF like Bernard Kouchner became ministers in socialist and conservative governments in France. This is a characteristic of what the Committee calls the counterrevolutionary regime we live in - it reintegrates revolutionary movements by reconstituting the power relations these movements attacked in the first place. The only way to escape this circle is destituent insurrections, which means to disengage with authority, institutions, governments, and the system at large. “[W]here the ‘constituents’ place themselves in a dialectical relation of struggle with the ruling authority in order to take possession of it, destituent logic obeys the vital need to disengage from it. It doesn’t abandon the struggle; it fastens on to the struggles

positively. It doesn’t adjust itself to the movements of the adversary but to what is required for the increase of its own potential. So, it has little use for criticizing”.[1] When nurses continually call for nursing voice or a seat at the policy table, they are asking to be closer to the power that already exists and not fundamentally reject or transform it.

It is in these street struggles (and not in academic critique) that the Committee sees an experience of what they call communism. In these fights the combatants experience what living and fighting together really implies. United in a (violent) fight suspends the fragmentation of our lives and instills a true sense of being together. It’s a coming community. A critical part of this way of living is the Committee’s notion of becoming ungovernable as the way to resist. Becoming ungovernable means that institutions need to be neutralized and emptied of their substance through an active undermining of their political legitimacy. Only the ungovernable cannot be reintegrated into the counterrevolutionary regime. What is meant by ungovernability was visible in the protests against Trump’s inauguration in January 2017 when the slogan “become ungovernable” gained traction on social media and the huge demonstrations in different big cities in the US. As Nikita Shepard notes, “[e]ven Chris Hedges, a left-wing author notorious for his attacks on anarchists and other social rebels, adopted this anarchist and autonomist rhetoric within weeks of Trump’s inauguration: “We have the power to make the country ungovernable. But we do not have much time...Now is the time NOT to cooperate. Now is the time to shut down the system of power. Now is the time to resist”.[42] The same became true for the recent Indigenous protests against the construction of the Coastal GasLink Pipeline in Canada when railways and bridges were blocked for weeks and brought the economy to a halt in solidarity with the Wet’suwet’en fight for the protection of their unceded land.[43] And particularly Black and Indigenous autonomists have taken up the language of ungovernability and used it in practical actions of resistance. [44-46]

The Invisible Committee provides some concrete examples of sites they believe should be destituted of power, all of which have implications for nursing. In relation to the academy, they argue that “to destitute the university is to establish, at a distance, the places of research, of education and thought, that are more vibrant and more demanding than it is - which would not be hard - and to greet the arrival of the last vigorous minds who are tired of frequenting the academic zombies, and only then to administer its death blow”.[1] For nursing, this means a deep questioning of the very foundations of knowledge, of what “health” means and who it privileges, and

to take an account of the racist history and consequences of biomedicine and evidence-based practice which have become so unquestionable in nursing discourse. The uncritical invocation of “science” means that nursing seeks only to bring itself further into the systems of discrimination of oppression and therefore robs itself of a language of critique.

This is also true where nursing is complicit with systems of incarceration, from jails through to immigrant detention camps. If we were to learn anything from nursing’s history then these should be an anathema to nursing organizations and are sites where nurses could actively refuse to be participants. Rather, nursing could argue for other ways of thinking about issues of public safety and public health. “To destitute the juridical system is to learn to settle our disputes ourselves, applying some methods to this, paralyzing its faculty of judgement and driving its henchmen from our lives”.[1] To defund the police would open up space for abolishing the conditions that cause “crime” in the first place: poverty, trauma, inequity, disenfranchisement, racism. Black Lives Matter “call for a national defunding of police. We demand investment in our communities and the resources to ensure Black people not only survive, but thrive”.[47] One current example for how destitution could work in praxis is the Capitol Hill Autonomous Zone (CHAZ) in Seattle, an area taken over by protesters after the police withdrew on June 7, 2020 during the protests against the systematic killing of black people by the police. [48] Autonomous zones are nothing new and exist in many countries, like the Zone To Defend (ZAD) in Notre-Dame-des-Landes in France against the construction of a new airport,[49] the occupation of the Hambacher Forst in Germany against the deforestation for brown coal extraction,[50] Standing Rock and the occupation of railways in Canada against pipeline projects.[51]

When the Invisible Committee writes that “to destitute the government is to make ourselves ungovernable. Who said anything about winning? Overcoming is everything”[1] they speak to the respectability politics that is at the core of nursing hierarchy and leadership. The very real fear of becoming unemployable keeps nurses governable, and it also limits their ability to critique the policies and systems that cause oppression in the first place. Policing the discipline in terms of appearance and language while allowing racism to flourish undercuts nursing’s claims to any kind of radical reimagining.

The most obvious call to arms from The Invisible Committee is their call to destitute medicine. Even though the Committee refers to biomedicine here, their message applies to nursing too, because it operates within the same system of technologies of biopower, discipline and surveillance of

people’s bodies. The Invisible Committee argues that “to destitute medicine is to know what is good for us and what makes us sick, to rescue from the institution the passionate knowledge that survive there out of view, and never again find oneself alone at the hospital, with one’s body handed over to the artistic sovereignty of a disdainful surgeon”.[1] Nurses and nursing scholars emphasize a caring attitude as a central characteristic of nursing and try to distance themselves from the biomedical discourse in healthcare. However, by adopting post-positivistic discourses and methodologies like Evidence-Based Nursing, rational decision making, quality and LEAN management, to name just a few, nurses actually promoted the neoliberal transformations of healthcare and converged with the biopolitical perspective of medicine. Thus, in regard to healthcare, we think that we must destitute medicine and nursing by developing our own knowledge about what constitutes health and wellness and to truly emancipate both future nurses and our patients from the biopolitical regime of surveillance and the discipline of compliant bodies. Health is not a moral choice that people as individuals make, rather it is shaped by the circumstances over which people have no say, and is therefore something that people negotiate to the best of their ability according to their own measures.

To destitute medicine and nursing also means that we should re-discover a knowledge that has been suppressed but still exists in the underground. This knowledge might be Indigenous knowledge or the knowledge that has been violently erased through witch hunts, professional midwifery etc. We, and nurses in particular, should cultivate this knowledge because we must realize that how the healthcare system is organized now is not beneficial to our health. COVID has shown that the healthcare crisis was not just because states were not prepared, but rather something is fundamentally wrong with our healthcare, otherwise the mass dying in long-term care facilities or refugee camps, prisons and of racialized groups could not have occurred. Instead of merely protesting to get more PPE, nurses should be at the forefront in the fight for different ways of providing care. Instead, nurses try to compensate for the consequences of the murderous state health policies even if it means that they pay with their own lives or health. When, if not now, is the moment that nurses must engage in the struggles that emerge globally in the form of general strikes, rent strikes, upheaval against racialized treatment of people, prison riots, etc. to destitute the world. Instead of going to work as usual and waiting for injured bodies to be delivered into the system as it is, and charged for the pleasure, nurses could be in the street providing mobile health care, refusing to be sidelined, and taking a stand at the same time. If nurses and other healthcare workers would

become ungovernable on a global scale, we oddly might be on the way to build a medicine and nursing that is good for us. CHAZ is an opportunity to live another form of being together and to develop an actual form of solidarity by contributing our knowledge and ideas for the development of this community. This is much more than the defunding of the police and rather a way to build something new. But the precondition would be to break down the failed system and only from the ruins and rubbles of the current healthcare system that has failed the majority of people can something new develop. It is not by attacking institutions, but rather by letting them die that change will come. “The destituent gesture does not oppose the institution. It doesn’t even mount a frontal fight, it neutralizes it, empties it of substance, then steps to the side and watches it expire. It reduces it down to the incoherent ensemble of its practices and makes decisions about them”.[1]

Black studies scholars Stefano Harney and Fred Morton[44] used the term undercommons to try to describe a similar approach. The undercommons is a kind of subversive power that unites all those people who are generally excluded.[44] If we unite and act together with those who are excluded from the healthcare system, we are able to infiltrate these institutions in a way that neutralizes them and undermines their function. It is something that happens beneath the surface and builds up an uncontrollable power that eventually leads to demise of the institution. This is necessary because “the purpose of the medical institution is not to care for people’s health but to produce the patients that justify its existence and a corresponding definition of health”.[1] Is this what nursing wants for itself?

Thus, it is not about trying to make institutions better or trying to influence the political system but rather to destroy them. We currently see that all the promises made during the lockdowns, like the promise to increase funding for healthcare, to make healthcare more inclusive, to strengthen public health and hospitals against privatization and profit orientation are end up in smoke. France is probably the most impressive example. French president Manuel Macron pledged “massive investments in healthcare”[52] during the COVID-19 implementation of a state of emergency that led many healthcare workers to believe that they would have a say in “correcting” the faults of the past, these healthcare workers now realize that the government will not change the course of its neoliberal transformations. Healthcare workers participated in what the French government called “Ségur de la santé”, where nurses, physicians, paramedics, technicians, rehab, etc., compiled a list of demands including better recognition of healthcare workers, better remuneration, new

forms of healthcare funding and particularly a critique of pay for performance schemes, new policies for investments in hospitals and health, inclusion of users of services in the planning of these healthcare services, but realized after only three weeks of so-called consultations that their proposals were dismissed.[53]

What would it mean to “destitute” these kinds of processes? The Committee defines two dimensions of destituent power. Going back to the Latin root of the word, the Committee understands destitute as “to place standing separate, raise up in isolation; to abandon; put aside, let drop, knock down; to let down, deceive”.[1] The second dimension of destituent power is destruction as a necessary way to build something completely new. Harcourt explains this two-dimensional understanding as “[t]he first represents the secessionist and separatist removal to the commune, apart from capitalism and liberal society; the second, the attack on capitalism, on private property, on consumption, on ‘the world of capital’... The first is a ‘communal ideal’ and the second is a ‘violent anarchist action’”.[54] But there is too much invested by nursing, in its politics of respectability and desire for comfort, that works against this kind of radical and uncomfortable change. We are advocating for practical action from nurses, for getting involved and engaged with actual ongoing struggles and for a kind of anarchy in thinking – a complete rejection of what we think we know and have been told in order to imagine the seemingly impossible.

Conclusion

Based on our theoretical discussion, we see the actual task of a nurses’ insurrection in the practical support of the ongoing street fights. If nurses would provide care to those wounded in these struggles, nursing would become something very different to what it is right now. For us, the invitation to destitute nursing and to invent new forms of care would mean that we care for the ones fighting for another way of living together and by doing so, we will find new ways of what it means to really care for each other and for the world we live in. There is no easy answer here and we do not pretend to know what it is, but we know that the articulation of a new way of thinking, a new set of ideas, is required. If we want to be part of a movement, not merely a moment, if nursing wants to be part of a future in which Black lives truly matter, then it can not continue on the path it is on. A call to singular values, vapid anti-racist statements, a reiteration of nursing’s mandate to care, the demand for a seat at the policy table or for recognition of the contribution of nurses during this pandemic, merely serves to shore up nursing’s place within the system that is itself the problem. So too, the rhetoric that nursing

uses through adopting a neoliberal managerial approach which reifies biomedicine, technologies of surveillance, and white supremacy, makes nursing incapable of imagining any other way of being in the world. A critical philosophy that seeks to destitute racist medicine and nursing's complicity with systems of neoliberalism is what is required. We can not afford to wait, the insurrection is coming, the insurrection is now.

References

1. The Invisible Committee. Now. South Pasadena: Semiotexte(e); 2017.
2. Carvaja N. Trump contradicts nurse he's honoring over PPE availability. CNN [Internet]. 2020 June 17, 2020. Available from: <https://www.cnn.com/2020/05/06/politics/donald-trump-nurse-ppe-coronavirus/index.html>.
3. Hanemaayer A. The impossible Clinic. A Critical Sociology of Evidence-Based Medicine. Vancouver: University of British Columbia Press; 2020.
4. Foth T, Remmers H, Holmes D, Kreutzer S, Hülsken-Giesler M. Introduction. 2017. In: Critical Approaches in Nursing Theory and Nursing Research: Implications for Nursing Practice [open access] [Internet]. Göttingen: V&R unipress, University Osnabrück Pflegewissenschaft und Pflegebildung [Nursing Sciences and Nursing Education]; [9-32]. Available from: http://www.v-r.de/_uploads_media/files/eb_9783737005128_094217.pdf.
5. Dillard-Wright J, Walsh JH, Brown BB. We Have Never Been Nurses: Nursing in the Anthropocene, Undoing the Capitalocene. *Advances in Nursing Science*. 2020;43(2):132-46.
6. Braidotti R. A Critical Europe Can Do It! Interview with Rosi Braidotti conducted and transcribed by Joost de Bloois. In: De Cauwer S, editor. *Critical Theory at a Crossroads Conversations on Resistance in Times of Crisis*. New York: Columbia University Press; 2018. p. 1-46.
7. Agamben G. For a Theory of Distuent Power - Public lecture in Athens, 16.11.2013 Invitation and organization by Nicos Poulantzas Institute and SYRIZA Youth. ΧΡΟΝΟΣ [Internet]. 2014; 10. Available from: <http://www.chronosmag.eu/index.php/g-agamben-for-a-theory-of-distuent-power.html>.
8. Vogl J. The History of the Notion of Crisis. Interview with Joseph Vogl conducted and translated by Sven Fabré and Arne Vanraes. In: De Cauwer S, editor. *Critical Theory at a Crossroads Conversations on Resistance in Times of Crisis*. New York: Columbia University Press; 2018. p. 61-74.
9. De Cauwer S. Introduction. *Resistance in Times of Crisis*. In: De Cauwer S, editor. *Critical Theory at a Crossroads Conversations on Resistance in Times of Crisis*. New York: Columbia University Press; 2018. p. ix-xxxv.
10. Nancy J-L. The Idea of Crisis. Interview with Jean-Luc Nancy conducted and translated by Erik Meganeck and Evelin Van Beeck. In: De Gauwer S, editor. *Critical Theory at a Crossroads Conversations on Resistance in Times of Crisis*. New York: Columbia University Press; 2018. p. 159-72.
11. Goodman A, Shaikh N. The Coronavirus Pandemic Has Exposed the "Violence of Social Inequality" - Interview with Thomas Piketty. *Democracy Now* [Internet]. 2020 June 10, 2020. Available from: <https://truthout.org/video/the-coronavirus-pandemic-has-exposed-the-violence-of-social-inequality/>.
12. Giroux HA. Racist Violence Can't Be Separated From the Violence of Neoliberal Capitalism. *Truthout* [Internet]. 2020 June 10, 2020. Available from: <https://truthout.org/articles/racist-violence-cant-be-separated-fr.../?eType=EmailBlastContent&eld=53761b2d-bab0-4622-8771-945e948c26d8>.
13. Scott JW. Ce à quoi la pensée critique doit s'atteler, maintenant. *AOC - Analyse Opinion Critique* [Internet]. 2020 April 30, 2020. Available from: <https://aoc.media/opinion/2020/04/30/ce-a-quoi-la-pensee-critique-doit-satteler-maintenant/>.
14. Hartog F. Trouble dans le présentisme: le temps du Covid-19. *AOC - Analyse Opinion Critique* [Internet]. 2020 April 30, 2020. Available from: <https://aoc.media/analyse/2020/03/31/trouble-dans-le-presentisme-le-temps-du-covid-19/>.
15. Yancy G. Judith Butler: Mourning Is a Political Act Amid the Pandemic and Its Disparities. *Truthout* [Internet]. 2020 April 30, 2020. Available from: <https://truthout.org/articles/judith-butler-mourning-is-a-political-...es/?eType=EmailBlastContent&eld=1f5d0cf8-61f9-41b0-a627-9e45fbeb4e2d>.
16. Butler J. Verso Books. 2020. [cited 2020]. Available from: <https://www.versobooks.com/blogs/4603-capitalism-has-its-limits>.
17. General Strike 2020. People's Strike The First of Every Month 2020 2020 [Available from: <https://peoplesstrike.org>].
18. Abrahamson RP. 'Stay home for us': Doctors and nurses share same message during pandemic. *Today* [Internet]. 2020 June 17, 2020. Available from: <https://www.today.com/health/doctors-nurses-share-viral-signs-during-coronavirus-pandemic-t176403>.
19. Fassin D. Didier Fassin: "Ce n'est pas d'en haut qu'il faut espérer du changement". *Mediapart.fr*. 2020(22 Mars)

2020):5.

20.Lipman J. An Unprecedented Health Crisis: Didier Fassin on the Global Response to the Covid Pandemic 2020 [Available from: <https://www.ias.edu/ideas/fassin-covid-global-response>].

21.Canadian Press. 'Deaths Of Despair' Could Cause Life Expectancy To Decline: Experts. In Canada, factors include drug overdose, suicide and alcohol abuse. Huffingtonpost Canada [Internet]. 2018 [cited 2019 July 10]. Available from: https://www.huffingtonpost.ca/2018/11/05/canadian-life-expectancy-declines_a_23580643/.

22.Case A, Deaton A. Deaths of Despair and the Future of Capitalism. Princeton & Oxford: Princeton University Press; 2020.

23.Butler J. Precarious Life, Grievable Life. Frames of War When Is Life Grievable? London, New York: Verso; 2009. p. 1-32.

24.Butler J. Precarious Life. In: Butler J, editor. Precarious Life The Powers of Mourning and Violence. London, New York: Verso; 2006. p. 129-51.

25.Mbembe A. Necropolitics. Durham and London: Duke University Press; 2019.

26.Mbembe A. Brutalisme. Paris: La Découverte; 2020.

27.Coulthard GS. Red Skin White Masks.Rejecting th Colonial Politics of Recognition. Minneapolis: University of Minnesota Press; 2014.

28.Schmunk R. B.C. investigating allegations ER staff played 'game' to guess blood-alcohol level of Indigenous patients. CBC [Internet]. 2020 June 19, 2020. Available from: <https://www.cbc.ca/news/canada/british-columbia/racism-in-bc-healthcare-health-minister-adrian-dix-1.5619245>.

29.Harcourt BE. The Counterrevolution. How Government Went to War Against its own Citizens. New York: Basic Books; 2018.

30.Lazzarato M. Governing by Debt. California: Semiotext(e); 2013.

31.Alliez É, Lazzarato M. Wars and Capital. California: Semiotext(e); 2016.

32.Foth T. Biopolitical Spaces, Vanished Death, & the Power of Vulnerability in Nursing2009; 1(4):[16-26 pp.].

33.Latour B. Is This a Dress Rehearsal? Critical Inquiry [Internet]. 2020 April 09, 2020. Available from: <https://critinq.wordpress.com/2020/03/26/is-this-a-dress-rehearsal/>.

34.Mbembe A. The Universal Right to Breathe. Critical Inquiry [Internet]. 2020 April 13, 2020. Available from: https://critinq.wordpress.com/2020/04/13/the-universal-right-to-breathe/?blogsub=subscribed#blog_subscription-2.

35.Polychroniou CJ. Chomsky and Pollin: To Heal From COVID-19, We Must Imagine a Different World. Thruthout [Internet]. 2020 April 14, 2020. Available from: <https://truthout.org/articles/chomsky-and-pollin-to-heal-from-covid-19-we-must-imagine-a-different-world/>.

36.Goodman A, González J. Naomi Klein: Healthcare Industry Sees "Potential Bonanza" of Profits in COVID-19 Crisis. Democracy Now! [Internet]. 2020 May 15, 2020. Available from: https://www.democracynow.org/2020/5/13/naomi_klein_coronavirus_...01&utm_medium=email&utm_term=0_fa2346a853-1b96e9ef32-192482529.

37.The Invisible Committee. The Coming Insurrection. Los Angeles: Semiotext(e); 2009.

38.The invisible Committee. To Our Friends. South Pasadena: Semiotext(e); 2014.

39.Wilson J. Rightwing vigilantes on armed patrol after fake rumours of antifa threat. The Guardian. 2020 June 6, 2020.

40.Ellyatt H. More anti-lockdown protests seen in Germany as coronavirus fatigue spreads in Europe. CNBC. 2020 May 18, 2020.

41.Ward A. Anti-lockdown protests aren't just an American thing. They're a global phenomenon. Vox. 2020 May 20, 2020.

42.Shephard N. Critique & Praxis 13/13 What is to be done? [Internet]. Harcourt BE, editor2018. [cited 2019]. Available from: <http://blogs.law.columbia.edu/praxis1313/nikita-shepard-becoming-ungovernable-a-reassessment/>.

43.US & Canada News. The Wet'suwet'en conflict disrupting Canada's rail system. BBC News. 2020.

44.Harney S, Moten F. The University and the Undercommons. The Undercommons Fugitive Planning & Black Studies. Wivenhoe, New York, Port Watson: Minor Compositions - Autonomedia; 2013.

45.Harney S, Moten F. Improvement and Preservation. Or, Usufruct and Use. In: Johnson GT, Lubin A, editors. Futures of Black Radicalism. London, New York: Verso; 2017. p. 83-91.

46.Navin Brooks A. Fugitive Listening: Sounds from the Undercommons. Theory, Culture & Society. 2020:0263276420911962.

47.Black Lives Matter. Black Lives Matter [Internet]2020.

[cited 2020]. Available from: <https://blacklivesmatter.com/defundthepolice/>.

48.Nguyen T. How 6 blocks in Seattle became a microcosm of the culture wars. Politico. 2020 June 18, 2020.

49.Willsher K. End of la ZAD? France's 'utopian' anti-airport community faces bitter last stand. The Guardian. 2017 December 28, 2017.

50.Hambacherforst.org. Hambi Bleibt! 2020 [Available from: <https://hambacherforst.org>].

51.Estes N. Our History is the Future. London: Verso; 2019.

52.Reuters. France's Macron pledges massive investment in health system after virus crisis. Reuters World News. 2020.

53.Les jours heureux - Collectif de soignants médicaux et paramédicaux. "Monsieur le Président, montrez-nous qu'on peut compter sur vous". Libération. 2020 Mai 25, 2020;Sect. Événement.

54.Harcourt BE. A Reader's Guide to The Invisible Committee's *Now*(2017) – Praxis 13/13. Critique and Practice 13/13 [Internet]. 2017. Available from: <http://blogs.law.columbia.edu/praxis1313/bernard-e-harcourt-a-readers-guide-to-the-invisible-committees-now-2017/>.

To contact the authors:

Kylie M. Smith B.A. Ph.D

Associate Professor

Emory University

Mellon Faculty Fellow for Nursing & the Humanities

Nell Hodgson Woodruff School of Nursing

1520 Clifton Rd NE Room 354

Atlanta GA 30322

United States

email: Kylie.m.smith@emory.edu

Thomas Foth, RN, PhD

Associate Professor

University of Ottawa

Faculty of Health sciences

School of Nursing