
CALL FOR PAPERS

A Workshop on Universal Vulnerability and the Politics of Public Health: Challenging the ‘Categories’ of Age and Disability

September 19-20, 2019
University of Lund, Sweden

Like many projects aimed at responding to social inequalities, the focus in public health often has been on designated “vulnerable populations,” or groups of individuals deemed to be in need of special protection, surveillance, or other exceptional response on the part of the state. Individuals who are deemed to have “disabilities,” as well as those occupying distinct stages of life, such as childhood or old age, have been designated as vulnerable in order to justify the provision of “special” social welfare benefits. The fact that such “exceptions” have had to be created in order to justify such benefits indicates a problem with the assumptions governing a state’s general responsiveness to human need.

Vulnerability theory challenges the idealized conception of the paradigmatic individual as rational, capable of independence, and naturally valuing liberty and autonomy. This conception of the individual ignores the realities of the human body and has resulted in a diminished sense of state or collective responsibility. As embodied beings, we are universally and constantly vulnerable – susceptible to changes in both our physical and social well-being over the life course. Dependency on social relationships and institutions is inevitable, not only for individuals with specific bodily variations (who are now wrongly deemed “especially vulnerable”), but for each individual as we move from infancy and childhood into adulthood and old age. Properly understood, vulnerability is generative and presents opportunities for innovation and growth, as well as creativity and fulfillment. What is the state’s responsibility for the universal vulnerable subject?

This workshop asks participants to consider the limits inherent in dividing humanity into populations and drawing categories of difference that often also signal “deficiencies.” We suggest that an understanding of human vulnerability as universal and constant over the life course can offer a more inclusive and productive framing of state responsibility in the context of public health, as well as in public policy and law. In particular, we want to move away from a discrimination paradigm that focuses on the characteristics of individuals and mandates the remedy of “equality” for protected classes. Instead, we want to focus on defining the relationship between state and individual responsibility by considering the purpose, design, and functioning of existing social relationships and institutions and how they might be restructured to be more inclusive and responsive to human vulnerability. In that regard, we are especially interested in expanding concepts that have emerged from disability scholarship, such as accommodation and universal design.

Rather than seeking to modify the built environment in limited ways that carve out ‘exceptions’ for certain protected classes, universal design seeks to create inclusive spaces that respond to a range of human embodiment and neurodiversity. Yet even such structural innovations often find themselves framed within the legal language of identity and discrimination. Vulnerability theory seeks to translate the inclusive principles of universal design into legal norms and strategies. It argues for a language of state responsibility to ensure that our institutions are responsive to human vulnerability, in whatever stage and whatever manifestation it may occur. We welcome papers that take up such a perspective to think through questions around the law and politics of public health.

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Issues for discussion may include:

- What work do categories such as disability do for us? What is missed and what is gained when energy is spent on determining who is in and out?
- What is being limited or included with thresholds of age – i.e. of majority, elderly? What special legal subjectivities are being created and why?
- What work is performed by terms such as capacity, consent, rationality, autonomy, independence?
- What is the role of metrics of cognitive ability, such as IQ or diagnoses of capacity? What sorting function do they achieve?
- Why do we distinguish between cognitive and physical impairments? What standard of 'non-impairment' is going unremarked?
- What are the benefits and limits of human rights discourse in the context of disability and age?
- How can a vulnerability perspective reframe the understanding of what it means to be human? And by extension, non-human?
- How might a vulnerability analysis challenge understandings of 'vulnerability as deficit,' often deployed in public health and welfare law?
- What happens when the workplace for professional caretaking for dependency occurs in the 'private' space of the home? Are public and private adequate legal and conceptual terms to describe questions of caregiving?
- What is the responsibility of the state for wide-ranging accommodation and inclusion of all variations in human physical and mental capacity? What if we began with the premise that this *was* the responsibility of the state?
- What do we expect from the profession of public health? What do ethics mean in this context?
- How can we effectively discuss the politics of public health, vulnerability and resilience?
- What is the right balance of state vs. market responses for addressing public health issues?

The workshop is being convened by:

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Michael Thomson (m.a.thomson@leeds.ac.uk)

Vulnerability & Resilience Background Reading:

<http://web.gs.emory.edu/vulnerability/>

Submissions Procedure:

Email a proposal of several paragraphs as a Word or PDF document by **Friday, May 17** to Mangala Kanayson (mangala.kanayson@emory.edu) and Stu Marvel (smarvel@emory.edu).

Decisions will be made by **Thursday, May 30** and working paper drafts will be due **Wednesday, September 4** so they can be duplicated and distributed prior to the Workshop.

Workshop Details:

The Workshop begins Thursday, September 19 at the University of Lund. Panels continue on Friday, September 20. (More to follow.)



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Vulnerability and the
Human Condition Initiative



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