American Ethnological Society, 2018
Panel: Legitimizing a Less Exceptional Life in Global Public Health

The Worthiness of Disability: Economization and Exception in Veteran and Non-Veteran Worlds

Zoë Wool
Rice University, Department of Anthropology

Abstract:

Roughly half of all post-9-11 U.S. veterans peruse disability claims through the Veteran's Health Administration (VA), a highly technical and bureaucratic process through which veterans are often guided by certified counselors. The benefits to which they may become entitled are politically and culturally sacrosanct. This was not always the case, but now, as the VA finds itself engulfed in scandal after scandal, and the federal government swings from budget crisis to budget crisis, veterans' disabilities, especially those acquired during the exceptional work of war, seem increasingly economized and increasingly valuable. Seemingly a world away, Americans' with disabilities comprise more than half of the nation's Medicaid expenditures, expenditures that have been among the lowest hanging of sacrificial political fruit (vis Medicaid block granting and work requirements). The economization of these "unexceptional" disabilities increasingly insinuates they are worthless, hence the need to insist that "disabled lives matter." Deploying "worthiness" as an analytic that combines the spheres of value and virtue that liberal reckonings attempt to keep distinct, this paper works through ethnography and economization as well as recent work on the worth of disability to muddle the distinction between the exceptional worth of injured soldiers and the unexceptional worthlessness attached to other disabled people, moving between biopolitics and biolegitimacy and working away from a distinction between populations and toward figures and moments of resemblance.

Intro

This paper outlines and then attempts to disturb the distinction between worthy and unworthy disability populations in the contemporary US, a distinction which I think here through the discursive figures of injured veteran and the disabled adult. Like the racialized distinction between the deserving and undeserving poor with which it is intertwined, this distinction offers a vantage from which to apprehend the simultaneous operation of Foucauldian *biopolitics* (that is the management of life at the level of the population), what Didier Fassin calls *biolegitimacy* (that is the way that governed lives are unevenly evaluated as worthy) and what Michelle Murphey calls *economization* (that is the evaluation of kinds of lives in terms of their econometric and actuarial values and costs).

The Worthiness of The Injured Soldier

Historians have noted that when United States belatedly developed social welfare policies, it did not, like its European comparators, focus on the broad class of workers imagined as male heads of household and thus ideal subjects of biopolitical intervention. Instead, a small and patchy set of groups, including, notably soldiers, emerged as worthy of state support.

The Civil War veterans' pension was the first such policy, marking soldiers as uniquely compensable based on past service and regardless of any ongoing biopolitical function.

As difficult as it might be to imagine from our current moment in history, the valuation of solider bodies and lives does not trace a consistent incline from that point. Compensation and disability benefits have grown, shrunk, and stagnated in fits and starts.

In the post WWI era, efforts to reform the increasingly corrupt Civil War pensions elevated *injured* soldiers as the worthiest, ushering in rehabilitation programs and new compensation regimes. A central concern of these reforms was that soldiers not become *dependent* on the state, and rehabilitation programs of the era sought to transform injured soldiers into wage earning men (Linker), thus highlighting the way that the right kind of disability could make one worthy, while the wrong kind of poverty could make one undeserving.

In our post-9/11 era, an exceptional moment of reactionary largesse that followed the relatively lean post-cold war years, the uniquely compensable figure of the injured veteran has become both newly sacrosanct and exceptionally compensable.[1] [2] Exceptionally worthy in both the moral and economic senses.

---

[1] Though they still remain a 'problem' in the sense that historian Jon Kinder describes—that is, they testify to the endlessly ramifying violence and cost of war while simultaneously being necessary figures for the commemoration and justification of war.

[2] The long history of veteran's pensions, compensation, and entitlements is by no means a simple story of growth and increasing largesse. Military pay, for example, has grown unevenly, sometimes not keeping pace with inflation: entry level infantry pay stayed the same in nominal dollars between the Korean and the Vietnam war 20 years later—meaning the real dollar value actually went down; and Eisenhower cut benefits to Korean war veterans in order to balance the budget. Our period of reactionary growth is exceptional, as were the period of WWII and the post-Vietnam era. This post-9/11 growth of the military came on the heels of the far leaner years of the 1990s, when military size and spending had declined following the end of the cold war (cold war defense spending reached a Regan era high of 6.3% of GDP and a historic low of 2.9% in 1998. In 2016, it was 3.3% of GDP)[2], and the VA was largely serving an older generation of veterans and engaged in largely unexceptional practices of geriatric medicine, if on an exceptionally large scale.

We can see the double worthiness of the injured soldier in the way this figure has become, through the psyences of trauma, a posterfigure for the unassailable moral position of victimhood (Fassin & Rechtman), and, concomitantly the way that investments in treatments for the injured soldier body have become a central part of US 'attachments to war' (Terry), attachments that, in fact *require* injured soldier bodies in order to redeem and reproduce the violence of war (Wool, Kinder).

Here, worthiness means that injured US soldier bodies are both politically and morally valuable, and they are economically valuable, justifying expenditures on new biomedical technologies like wearable robotic exoskeletons the market for which relies on technophilic fantasies of bionic and worthy veterans, despite the less glamourous reality that, designed for use a few hours per day, their primary utility is preventing blood clots and urinary tract infections.

In this muddling of worth and worthiness--a trick of what I elsewhere describe as the sacrificial economy of patriotism (Wool, cf MacLeish)--value depends on virtue producing what Michael Lambek has called 'meta-value' (cf Lambek) that holds together the whole arrangement of victimhood, compensability, and endless investment. Here, as Didier Fassin puts it, "quantity rhymes with quality" (53).

The Worth-less-ness of The Disabled Adult

Seemingly a world apart, non-veterans with disabilities--particularly adults of 'productive' and 'reproductive' age--are routinely governed as a worthless population. Though liberal 'Goodness' might be enacted by championing disability rights, the disabled adult is continually figured as an unproductive problem.

Take the Americans with Disabilities Act (the ADA), a key mode through which 'Americans with disabilities' are called forth as a population. The ADA is based on the social model of disability, which holds that people with impairments become disabled by barriers and stigma in their social, institutional, and physical environments. If those disabling barriers were removed, people would not be disabled (an idea increasingly critiqued from within disability communities). And so--without disparaging the important protections it has enabled--the ADA is less a set of protections for disabled people and more a set of practices through which disabled people can become productively undisabled; a normative biopolitical technology.[3]

[3] I in no way mean to suggest that the ADA is *bad* or that it should be done away with. It is certainly better and more significant than the rehabilitation act that came before it, and the radical dehumanization of the era of institutionalization that came before that. That the ADA is under newly invigorated threats from the current administration is serious cause for concern (the bill HR 260 would essentially exempt many large businesses including doctor's offices [of obvious importance to PWD] and malls [one of the few reliably accessible public and social spaces for PWD], from complying with the ADA). My critique of the logic of the ADA does not

Enacted as a piece of civil rights legislation, the ADA is largely addressed to employment. Equal rights are thus enacted through becoming a paid worker, a solution only within the problematizaiton that figures disabled adults as unproductive, productivity imagined here as wage earning capacity. This problematization[4] is enshrined in US labor law which allows people with disabilities to be paid less than minimum wage based on the logic that people with disabilities are not entitled to equal pay because they are not capable of equal work.[5]

Thus the impoverishment of disabled adults--26% of whom live below the poverty line (more than double the national average)--perversely becomes evidence of unproductivity and worth-less-ness.

As an unproductive population, disabled adults (especially the disabled poor) are addressed in terms of their *costs*, particularly health costs covered by Medicaid. The disabled poor are positioned as both costly, and as potentially not worth the expense; a drain on state resources to which they are not properly entitled.

Though people with disabilities are a 14% Medicaid users, they account for 40% of Medicaid expenditures. Because of the income thresholds that go along with eligibility, if people with disabilities want to keep their access to care, like other poor people, they must stay poor (and in most cases they must also stay unmarried). Though means-tested programs like Medicaid are usually described as "needs-based" (exemplary of Foucauldian biopolitics as well as Arendtian Society), basic life need is increasingly insufficient to qualify.

---

preclude a stringent and strategic defense of it on the grounds that it is better than the alternative, even if it is not good enough. It is also important to note that while the logic of the ADA is normative (not only in that is seeks to make people 'undisabled' but also in that the rights it guarantees are closely tied to heteronormative visions of the life course) it has been deployed in other ways, including to counter discrimination against HIV+ people that is about homophobia as much as it is seropositivity (the two being deeply entangled in the US imaginary).

[4] Research in social work and psychology shows this kind of discrimination varies based on disability, and on the tasks associated with a particular job. On the whole, people with mental illnesses, developmental disabilities, and brain injuries are seen as less employable (though there are interesting exceptions and variations within that pattern). The unemployment rate for non-institutionalized working age adults with disabilities is 63% (calculated by the Cornell University Yang Tan Institute using the U.S. Census Bureau's 2016 American Community Survey (ACS) Public Use Microdata Sample (PUMS) data) (http://www.disabilitystatistics.org/reports/acs.cfm?statistic=2).

[5] This year Alaska joined Maryland and New Hampshire in barring subminimum wages for PWD. PWD are also included in Federal Government's own guaranteed minimum wage of $10.50, a minimum put in place by President Obama in 2016.

Work requirements for Medicaid are currently being rolled out in states across the country, transforming Medicaid from a program ostensibly aimed at letting the poor and disabled live to one aimed at either reducing the cost of supporting their lives (economization), or eliminating their lives altogether (*rejeter dans la mort*). As disability activists have increasingly noted since the 2016 election, the difference between being insured and not being insured can be the difference between life and death.[6]

We can add these enactments of the worthlessness of disabled lives to a slew of others. For example, restrictive abortion laws described in terms of the valuing of all lives often include an exception for fetuses assumed to be disabled.[7] This is tied to the perennial argument that disabled people--and the communities around them--would themselves be better off if disabled people were never born.[8] The

---

[6] A 2018 Kaiser Family Foundation report notes that while in most states people would be able to exempt themselves from work requirements by proving they are unable to work or look for work because of illness or disability, the documentation requirements are extremely onerous and people with disabilities (among others) are likely to lose coverage for bureaucratic reasons. It is also interesting to note that of the 10 states who initiated income requirements in January, the only exemption criteria other than being above retirement age was unpaid caregiving. ("Medicaid and Work Requirements: New Guidance, State Waiver Details and Key Issues," Mary Beth Musumeci, Rachel Garfield, and Robin Rudowitz Jan 16, 2018 https://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements-new-guidance-state-waiver-details-and-key-issues/). This incentivizes the continued infomalization of gendered caregiving labor, labor that is often required precisely because of the insufficiencies of the health care system to which the impoverished have access

[7] A recent Ohio law prevents abortions of fetuses with trisomy 21 (a genetic signature of Downs Syndrome). In this case, the retrenchment of reproductive health care was framed as a protection and valuing of disabled lives. However, Ohio (a state hit especially hard by the opioid epidemic) has also attempted to freeze Medicaid expansion. Ohio is middling in terms of it's services and support for people with disabilities. For example, it is one of a minority of states that has not met the "80/80" Home and Community Standard goals (80% of PWD live outside of institutions and 80% of funds for PWD are for home and community support) and dropped from 10th in 2015 to 16th in 2016 in the annual United Cerebral Palsy (UPC) rankings of how well state Medicaid programs serve people with intellectual and developmental disabilities ("Case for Inclusion" 2016). The state also has a higher than average rate of disability poverty (30% vs national average of 26% calculated by the Cornell University Yang Tan Institute using the U.S. Census Bureau's 2016 American Community Survey (ACS) Public Use Microdata Sample (PUMS) data).

[8] This was the basis of the publically staged "unspeakable conversation" in 2002 between Peter Singer and Harriet McBryde Johnson, an account of which Johnson published under that title in the New York Times, and which is also included in her

economization of life shored up by its biodelegitimation. It is this enactment of unworthiness that disability activists counter with claims that 'disabled lives matter.'

As the lives of people with disabilities are taken into account as population expenses, disabled life is seen as worth less and also worthless. Quantification rhymes with the qualification here too. The expense of disabled life must be minimized, sometimes through the making undisabled of the ADA, sometimes through the letting die of Medcaid withdrawal, and sometimes through the prevention of life in the case of genetic testing and selective abortion.

Indistinction

The injured veteran and the disabled adult; the distinction between the worthy and unworthy disabled. Biopolitical, economizing, and bio-delegitimizing arrangements of life in a figural mode. But what of that *other life* our panel organizers invite us to consider, the biographical mode which Didier Fassin calls *life as such*: "the course of events which occurs from birth to death, which can be shortened by political or structural violence[…]which is lived through a body[…]and as a society (not only as species)" (Fassin, 48).

I end with an evocation of life as such that I hope will both muddle the distinction between the worthy and unworthy disabled and also give a more vivid sense of what is at stake in modes of population politics.

Stressor Request

Between 12:30-2:30 on the first and third Wednesday of the month, a Texas Veteran Service Organization turns its conference room over to VA benefits officers who assist veterans in filing benefits claims. One day last fall, the entire two hours was devoted to the case of Ms. Brown, an African American veteran with PTSD in her early 40s. Slight and put together, Ms Brown wore a camouflage printed tank top, army green skinny jeans, a camo printed baseball cap, her long ponytail dangling from the back, and converse high-top sneakers folded open to reveal a camo print inside. Her story is harrowing and complex, and I cannot do it justice here. What I offer instead are some moments that reveal the abundance of investment in veterans' lives while also blurring the distinction between the worthy injured veteran and the worthless disabled adult, producing resemblance.

Like Ms. Brown, the benefits officer Frank is also an African American veteran with a service connected disability. He moves back and forth between a deeply attuned stance of sympathy, and the forensic task of claims making as he pieces together a

---

2005 memoir "Too Late to Die Young."[8] In another response to this perennial argument, Alison Kafer (2013) offers critical reflections on *desiring* disability.

bureaucratic timeline using Ms. Brown's digital records in the VA's E-Benefits system he accesses on his laptop. She beings to explain the problems she's encountered trying to get her benefits, and Frank attempts to extract the points of possible bureaucratic intervention. She hasn't been reimbursed for her son's tuition. Frank asks if she filed a 674? Yes, but it seems it was denied. "I'm gonna give you a 41-38" Frank says, to "stop the clock" and allow more time to appeal. Ms. Brown also needs to file a claim for Military Sexual Trauma (MST) related to a sexual assault during basic training. Frank passes her a "0781A where you describe your stressor. That stressor is important because of the service connection," he explains. In addition to the MST, and the tuition reimbursement, Ms. Brown hasn't been receiving her full disability pension. Frank tries to figure out why. Ms. Brown begins to write an account of her sexual assault in the blank spaces on the 0781A. As he looks through her file, Frank asks explains what he sees and then asks questions--"when did you submit the 674?" "Was there a licensed clinical supervisor at your therapy group?"--with each response, the bureaucratic remains biographically embedded. We learn that until 2009, Ms. Brown worked part time "taking care of this little old lady," she says. "When she passed away… I filed my income taxes for the first time in a few years." That's when her disability payments dropped, just as she was out of a job. She became homeless and moved into a shelter for women veterans. She had been referred to group therapy at the VA, but the other patients triggered her PTSD. "It made my body hurt," she says. She gave up on the VA and found free therapy elsewhere. Describing the women's shelter, she says, "I almost died there." "They took away my microwave. I have a sensitive stomach." She says the shelter's food was prepared in a church across the street, which was full of "black grime." "Come to find out I got botulism from them not cleaning the grill." After that, they gave her a housing voucher meant to prevent veteran homelessness so she could rent a place of her own.

All the while Ms. Brown has been "describing her stressor" in the blank boxes on the 0781A.

And then, she breaks down. She says she can't write any more. That it is making her body hurt. "It's really messed up my life" she says of the MST. Frank listens with great care. He acknowledges her pain. He asks her if her mother might write a corroborating letter. He tells her about services available for MST survivors, and that she does not have to finish her claim now. I give her some tissues. As she gets up to go, she asks Frank for a hug.

Among the many things that surface in Ms. Brown's account, there is the irony of an abundance of care that comes along with a world of harm, seemingly endless investments in maintaining and managing the life of the veteran--tuition waivers and disability pensions, therapy and support groups, shelters and housing vouchers, a certified officer to help you access them all--and a much more familiar story of debility--of sexual assault, structural impoverishment, maternal labor and raced and gendered care work, debt, homelessness, sickness, body burden.

Before that day, Ms. Brown had given up trying to get her benefits. Her body hurt. She came that day to start again, newly housed, the thinnest of margins allowing her to turn back to the thing that so exhausted her. She left reengaged in the same exhausting process, her body hurting, one form filed to buy time on an existing claim, another too painful to complete.

Conclusion

I offer this case not to suggest that there is no difference between the structural position of the injured veteran and the disabled adult--it is in no small part the special worthiness of Ms. Brown's life that keeps her alive. Rather, by offering an account that complicates this distinction, I mean to point toward the considerable moral and political work and the erasures and violences of recognition and legibility, that it takes to maintain it. And I mean to suggest that in tracing the effects of this distinction we might move toward new ways to critically apprehend the worthiness of disability.