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Resisting the rhetoric of indexing: disability, access, and the 2005 Tennessee State Capitol sit-in

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ABSTRACT

Healthcare has traditionally been structured by biopolitical processes of *indexing*. The rhetorical practice of indexing stratifies bodies into risk categories and determines who has access to services and at what cost. Indexing generalizes features of identity, artificially classifying them into risk categories to maximize corporate profits. This dubious process accounts for traditional matters of health such as disease and illness, but also assesses broad demographic markers such as gender, race, and disability. This essay engages an attempt by disability activists to resist such practices through a 2005 sit-in at the Tennessee State Capitol.

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On June 20, 2005, approximately two dozen protesters stormed into the office of then-Tennessee governor, Phil Bredesen. Among their ranks were doctors, nurses, ministers, carpenters, and at least one man who identified as homeless. This eclectic gathering included people with a variety of health conditions, numerous citizens who used wheelchairs, and one person on a ventilator. The group crowded into the anteroom of the executive suite to protest cuts to TennCare, the state Medicaid program that provided coverage to residents who were uninsured or uninsurable due to pre-existing conditions. As was often the case prior to the passage of the Affordable Care Act (ACA) in 2010, those conditions included a broad spectrum of illnesses, ranging from cancer and lupus to asthma and diabetes.¹ The cuts threatened everything from home services for disabled people to insurance coverage for children to the amounts of medication patients could be prescribed. For all these reasons, the demonstrators demanded a meeting with the governor but were flatly refused.² The protesters anticipated this outcome and replied that they would wait. In the end, they remained in the capitol for the next 75 days and in the process facilitated the longest indoor sit-in in U.S. history.³

At its zenith, TennCare provided some form of coverage to one in four people living in Tennessee. TennCare's expansive network of care put it among the most far-reaching Medicaid programs in the nation. During the late 1990s Tennessee's uninsured rate stood at only 14 percent, far lower than states such as California or Texas, where roughly one-quarter of the population had no coverage. But critics complained that TennCare's tremendous costs strained the budget and that the state could not remain

economically prosperous and maintain the status quo. Fulfilling such a mandate seemed especially burdensome in Tennessee, which has no state income tax and where the citizenry had no intention of introducing one. When the demonstrators entered Bredeesen's office, TennCare's annual costs had tripled in just over a decade, ballooning to \$8.5 billion.⁴ What those critics often failed to mention was that this inflation stemmed mainly from fraud committed by third-party factions in the healthcare industry, not services provided to residents.⁵ Nonetheless, when all was said and done, about 350,000 people were removed from the TennCare rolls and tens of thousands of others had their coverage severely diminished. Following the reductions, local hospitals were strained by uncompensated treatment and uninsured people bore the brunt of these cuts, often with their lives.

Healthcare in the United States has traditionally been structured by biopolitical processes of *indexing*. The rhetorical practice of indexing stratifies bodies into risk categories and thereby determines who has access to services and at what cost. Far from an objective appraisal of bodily well-being, indexing generalizes features of identity and artificially ranks levels of risk to maximize corporate profits. This dubious process not only accounts for traditional matters of health such as disease and illness, but also assesses broad demographic data such as gender, race, disability, and sexual orientation for cost-saving purposes. Those objecting to TennCare cuts spotlighted these obfuscatory conventions to delineate how some bodies are rhetorically naturalized as "at-risk" and thus denied care. The demonstrators attempted to reconfigure reductive schemas of risk by using corporeal practices of resistance to actualize an ethos of access. The protesters centralized an array of disabilities, chronic conditions, and health needs to provide, in the words of David Mitchell and Sharon Snyder, "alternative values for living that do not simply reify reigning concepts of normalcy."⁶ This so-called *cripistemology*, one that places disability and illness at the center of epistemological knowledge creation, resituates a consequential notion such as "risk" by questioning the norms that perpetuate onerous hierarchies of wellness. In short, the sit-in functioned as a rhetorical modality of access.⁷

Bredeesen's decision to gut TennCare exemplifies the widely documented deterioration of the welfare state that has accompanied the acceleration of neoliberal policymaking in the U.S.⁸ The government's privatization and deregulation of public goods, such as education, transportation, and income assistance, has escalated the precarity experienced by vulnerable populations and fortified ideological fictions about the moral righteousness of individual self-determination. The maltreatment that residents endure due to inaccessible healthcare is perhaps the most publicly contested of these callous trends. The Trump Administration's quest to repeal the ACA ten months into the COVID-19 pandemic without any consideration for the lives that would be destroyed (to say nothing of the ways in which "pre-existing conditions" would be redefined by coronavirus infections), for example, is indicative of the inhumane ramifications of fiscally conservative legislative agendas. And while the effects of these erosive forces are being felt more harshly, and by more people, than ever before, those living with disabilities have long suffered the consequences of deleterious policy arrangements and the virulent indifference for their lives. The tenacious admonitions of disability activists provide insight into these ongoing struggles as we continue to navigate the lethal repercussions of austerity and noxious visions of personal autonomy.

The demonstrators' seizure of a government building to thwart the administrative thinning of vulnerable populations elucidates the performative dynamics of "biocitizenship" and the utility that stems from publicly rebuking ruinous bureaucratic practices. Biocitizenship was made most famous in the works of Nikolas Rose, who defined it descriptively "to encompass all those citizenship projects that have linked their conceptions of citizens to beliefs about the biological existence of human beings, as individuals, as men and women, as families and lineages, as communities, populations and races, and species."⁹ This concept, according to Kelly Happe, Jenell Johnson, and Marina Levina, incorporates the conditions necessary for the recognition of citizen subjects and the means for "political agency within biopolitical modes of governance."¹⁰ Biocitizenship has been employed to name a diverse array of practices ranging from the obligations of a state to its inhabitants to the articulation of biological personhood in the context of networked global economies. I engage the protests at the Tennessee State Capitol to think through the relationship between embodied justice, rhetorical abstraction, and the necessity of collective action to resist bureaucratic malfeasance. The state conceived its most defenseless citizens not as deserving recipients of care, but as chimeric figures that endangered the well-being of the body politic because they, counter-intuitively, put the lives of normatively healthy citizens at risk with unbearable budget expenditures. The protesters intervened in this duplicitous mystification to augment claims to health protections.

In what follows, I explore the rhetorical construction of risk in the context of the insurance industry to explore how vulnerable populations, such as disabled people, are exploited for corporate gain.¹¹ I then piece together a rhetorical history of the sit-in at the Tennessee State Capitol to think through the dialectical relationship among risk and access. The state's procedural decisions presented significant obstacles to the protesters but their embodied resistance created unexpected opportunities to advance disability rights. Throughout the analysis, I critically assess news reports about the sit-in, incorporate interviews I conducted with ten activists who participated in the event, and detail the performative tactics that underwrote the occupation. I find that the activists were able to discursively stretch the repertoire of identification for those living with pre-existing conditions and disabilities, contributing to conversations that would reshape healthcare policy years after the action concluded.

Disability, risk, and the precarity of insurance policies

Disabled people have long confronted the reality that public conceptions of citizenship actively exclude them. The attachment that able-bodied people hold of the self, the citizenry, and the nation are often explicitly conceived in contradistinction to those living with disabilities. As Jim Cherney observes, within "ableist culture, ableism is a natural, necessary, and ultimately moral perspective required for the normal functioning of civilization—and it can be very hard to escape its limitations."¹² In the midst of crises like the COVID-19 pandemic, for example, discourses emphasizing who is expendable or healthy enough to be public are underwritten by overt articulations between ableism and nationalism. Nevertheless, as Rose notes, biocitizenship has "taken different forms in different national contexts" and in relation to various types of diseases and disabilities.¹³ As a result, disability activists have long negotiated the strategic tensions between the

universalizing of debility and the necessity of attending to individual incarnations of the body. The political exigence to mobilize large groups of people requires innovative strategies of identification that can momentarily connect advocates to those sympathetic to movement aims. The activist adage that “disability is just a day away” draws attention to how disabilities might be generalized to forge connections to a future that is not structured by able-bodiedness. Rather than isolate disabilities to a small segment of people, such moves expand the discursive umbrella of disability to foster political alliances. Of course, such rhetorics are accompanied by their own gambits. Activists must be mindful of the potential to erase the particular needs of a community, the dangers of prizing some bodies and conditions over others, and the hegemonic pull of respectability politics. The tensions between lived experience and the broad application of identity categories to varied contexts is both potentially productive and politically precarious. In this vein, scholars ranging from Cathy Cohen to Iris Marion Young to Isaac West have insisted on a provisional politics that stresses the contingent nature of coalitions and their associative ties.¹⁴ These factions have proven to be especially crucial when scrutinizing ableist policies that advance and fortify reductive notions of risk.

Risk is an essentially rhetorical concept, one that is constructed through assumed probabilities, specific contexts, and ever-evolving contingencies.¹⁵ Risk, after all, refers to the *possibility* of peril, not simply to empirical dangers that can be easily predicted or named.¹⁶ For this reason, François Ewald defines insurance as “a technology of risk” that cannot be separated from the “imaginary” in which it was conceived.¹⁷ In his words, risk represents “a schema of rationality, a way of breaking down, rearranging, ordering certain elements of reality.”¹⁸ These risks are imagined in the context of a presumed collective that is normatively able-bodied and whose wellness provides the statistical mean relative to other members of the polity. However, the cultural complications that often animate “poor health” or “illness” (such as racism, poverty, or environmental hazards) are typically omitted from insurance calculations that produce narrowed definitions of risk that generalize identities in order to maximize profits. In short, health insurance officials formulate the criteria for what constitutes a “risky body” and the processes that compare, index, and possibly cover individuals. Jay Dolmage argues that such metrics are ultimately dehumanizing for disabled people because the “individuating benefits of the relative mean . . . come somewhat detached from the body as each of us becomes part of a statistical mass.”¹⁹ In this vein, Catherine Chaput and Joshua Hanan have pointed to the ways neoliberal market schemes under capitalism are indifferent to the individual and more preoccupied with the results of calculated aggregates. These seemingly normative values do “not exist as a point on a grid but within myriad power relationships” that must be scrutinized and defied.²⁰

In the imagination of insurers, the designation “high-risk” applied to populations is not a benign descriptor of existing liabilities. Disabled people, women, racial minorities, and LGBT people have all been disproportionately situated as cumbersome bodies unworthy of medical attention rather than subjects deserving of care. Jonathan Cohen notes that insurance companies often denied coverage to African Americans by applying their actuarial criteria “more strictly to nonwhite applicants or soliciting business only from those customers where minorities were not present in large numbers.”²¹ As far back as the nineteenth century, corporations such as Prudential devised schemes that would pay out substantially less life insurance money to African Americans because,

the company argued, their mortality rates were higher than those of whites.²² Of course, such explanations disregarded essential variables such as poverty and the immediate effects of slavery on Black lives. Insurers in the late 1800s also developed a normatively “white” category for their classificatory systems, giving them a “particularly pertinent biopolitics” to establish a consumer base and then exploit it.²³ Dan Bouk argues that “white” became the “default standard category” and other races were deemed “substandard” under these manipulated data logics.²⁴ These discriminatory practices continued through the twentieth century as insurers used redlining as an excuse to fabricate the pre-determined risks of living in African American neighborhoods.²⁵ Even today, algorithms used by corporations to calculate insurance policies prolong such abuses because “risk scores” are not neutral markers.²⁶ Instead, such criteria are used to actively diminish the humanity of specific populations by simultaneously objectifying (and de-subjectifying) them as mere risks to be managed.²⁷

The slow death of vulnerable populations at the hands of insurance companies reinscribes a system that exploits those with limited economic means and ensures that the profit-generating mechanisms of capitalism run amok.²⁸ Scholars such as Jasbir Puar have engaged the ways neoliberalism produces geopolitical disparities and endemic debility through labor exploitation, state violence, and the administrative perpetuation of poverty.²⁹ Access to healthcare and home services is among such concerns because these benefits may well become “the defining factor” in one’s prospects for a livable future.³⁰ Here, the creation and perpetuation of disability is a biopolitical end unto itself, “moving neither toward life nor death as the aim.”³¹ The ideological operations that rhetorically materialize some bodies as more imperiled than others point to how biopolitics engenders the production of disabled bodies through the formulations of “risk, calculation, prognosis, and statistical probability.”³² These contrived designs are actualized through a vocabulary that emphasizes personal autonomy, hard work, and the benefits of private insurance in place of public access, accommodation, or communal risk management.

The protesters at the Tennessee Capitol employed corporeal practices of resistance to eschew manufactured notions of risk and renounce state-produced trauma. Vanessa Beasley has observed that disabled people are often “subject to a double-bind: when they are seen (and thereby repudiate the historic norms of invisibility), they may not be viewed as having political agency.”³³ Rather, they must rehearse “a distinctly bodily intelligence” that navigates probabilities, is innovative in its impulses, and evinces an intuitive competency.³⁴ By enacting this intelligence, disabled people become “makers of meaning” and not objects of knowledge.³⁵ The demonstrators’ displays of defiance ultimately illustrated that risk and access are two sides of the same coin; the ways one is discursively and materially defined alters how the other is enacted, sometimes by the state and sometimes by the insurance industry.

Bureaucratic rhetoric and the TennCare debate

When politicians resort to decisions that negatively impact the lives of their constituents, they must conceive rhetorical strategies that make otherwise unpopular decisions digestible to voters. In this vein, Bredesen’s policy measures required that he carefully frame the healthcare rollbacks as necessary, situate those people most affected by the changes as

abstractions, and conceive harms in monetary terms rather than loss of life. If biopolitics, in Foucault's words, evolved to "foster life or disallow it to the point of death," it certainly could not do so without a corresponding discourse of power.³⁶ Media coverage from the time just before the TennCare cuts were implemented finds that Bredesen was able to frame the most precarious citizens as the most expensive, and hence detrimental, to the body politic. Bredesen adopted a bureaucratic rhetoric that mirrored indexing processes by positioning the most insecure residents as expendable; they needed to be excised from the insurance rolls to protect healthcare and, by rhetorical extension, the people of the state. In this way, he crafted a virulent dissociation that separated those with disabilities and pre-existing conditions from the normative mechanisms of a healthy citizenry.

The bureaucratic style is characterized by the impersonal mechanisms of jurisdictional autonomy, one where people have only "incidental status" and rules are explicitly cited as the "legitimate means of social exchange."³⁷ In bureaucracies, Robert Hariman remarks, personal identity "becomes a drama of assimilation into a culture of procedural rationality."³⁸ When people, including those living with disabilities, do not conform to such logics, state actors must rhetorically justify the injuries they are perpetuating. Officials who champion especially draconian policies dressed up in the language of reasonableness exemplify the moral failures of bureaucratic systems and the ills they perpetuate.³⁹ In this case, Bredesen needed to dissociate vulnerable citizens with claims to healthcare rights and reconceive them as dependents that would decimate the system.⁴⁰ The governor consistently referenced three key points: that everyone would have to pay into the TennCare system, that the state should "pay for the *important* things first," and that it should "pay for *what works*."⁴¹ These talking points were reiterated in outlets that included the National Democratic Radio Address, where at-risk residents were eclipsed by the bureaucratic language of "efficiency." The ambiguity of the talking points about what is "important" and "what works" is self-evident enough. But, significantly, these abstractions functioned to erase the people suffering most from the cuts. Bredesen spoke broadly about "enrollees" rather than citizens and the prospects of state "bankruptcy" over the medical needs of those dependent on TennCare. These impressions were often guided by scripts that emphasized personal choice and consumerism, not health and well-being. For example, during the radio broadcast Bredesen commented, "Imagine shopping at a store where nothing has a price tag and you never get a bill. You'd spend a lot more than you do now." To say that his analogy stretches credulity is an understatement. If nothing has a price, the consumer is not spending anything. His fantastical excursion also flattens the import of communal risk pools in insurance bundling and the positive effect that process has on the health of economically marginalized populations. Bredesen's analogy actually foresees *no* material risk to the vulnerable, just unthoughtful spending on the part of consumers. The governor suggests that citizens have no incentive to save, but such logics do little more than provide an ideological buffer zone for economic inequality.⁴²

Bredesen also blamed the process of medicalization, wherein minor conditions are elevated to the status of disease, for high costs.⁴³ But again, those issues were rhetorically fused to patient preferences at the conclusion of his speech. He stated: "What my mother called heartburn and took Pepto-Bismol for is now called acid reflux disease, and the little

purple pill is a billion-dollar industry. Medicaid 2.0 needs to pare down what it pays for so that everyone has access to basic health care before we bring in the fancy trimmings. A Chevy for everyone before a Cadillac for anyone.”⁴⁴ In a matter of words, Bredesen moves from blaming the pharmaceutical industry for artificially inflating costs to castigating citizens for expenditures. The imagery of the Cadillac is also rife with racialization, calling to mind Ronald Reagan’s fictitious “welfare queen” who supposedly wore a fur coat and drove a Cadillac while living off the taxpayer’s dime.⁴⁵ In doing so, the governor resurrected the racist “discarded logics of disposability and worthlessness” that structure the biopolitical state.⁴⁶ And, of course, not everyone had basic healthcare—including the 350,000 he eventually eliminated from the rolls.

Bredesen’s rhetoric was, not surprisingly, adopted by citizens around the state who were eager to single out and stigmatize those who most required care. When the governor bemoaned the “extra burdens imposed” by expansive coverage, many Tennesseans embraced the frame and recirculated ideas about undeserving recipients who needed to complain less and work more.⁴⁷ *The Tennessean* found that residents assumed TennCare was riddled with fraud from people “enrolling and getting benefits to which they were never entitled.”⁴⁸ Others surmised that Tennesseans had surrendered their health completely by drinking, smoking, and eating too much and wanting others to pay for their ensuing medical care.⁴⁹ Jim Shmerling, then CEO of the Vanderbilt Children’s Hospital, criticized residents protesting the cuts as “not familiar with the laws of health-care economics,” asserting, “These are the same individuals who would jump off a cliff blindly denying the laws of gravity—at least until they hit bottom. We should not blindly follow these advocates off the cliff and bankrupt our state.”⁵⁰ His obtuse use of an ableist metaphor captures the level of awareness that activists confronted. These arguments never resonated with advocates who felt the ethical imperative to perform a “self-inflicted form of precarity” to redress systemic economic sabotage and combat biopolitical reasoning.⁵¹ The protesters in the state capitol forwarded a strategic bioresistance, one underwritten by demands for access to care.

The rhetorical form of the sit-in

The Tennessee State Capitol building is approximately two miles from my home in Nashville. When I discovered there had been a sit-in to protest TennCare cuts a decade prior to my living in the city, I pursued conversations with those activists as part of a larger project focusing on healthcare. To start, I located a blog that maintained a daily account of the sit-in through the Memphis Center for Independent Living (MCIL), a disability advocacy group, and contacted Tim Wheat, the person who ran the site at the time. Wheat connected me with activists who were central to planning the event and those advocates in turn gave me additional names. The interviews were conducted using a semi-structured set of standard questions, which the respondents were given ahead of time so they could recount memories from 13 years prior. Each interview took between 30 and 90 minutes to complete and was then transcribed and assessed for thematic similarities and differences. I also toured the capitol to get a sense of the space, which appears identical to photos taken in 2005. There was one major difference: visitors are now prohibited from entering the anteroom of the governor’s office, which has been roped off.

The activists' decision to organize a sit-in, among the many possibilities to express their disappointment and defiance, was certainly no accident. The sit-in is a romantic ideal in the American political imaginary. It is a practice that is at once pragmatic and mythic and almost always accentuates the inventive resources of the marginalized to rebuff those in power. Sean O'Rourke contends that sit-ins are rhetorically somatic in their execution because the body itself becomes the focal point of address and retort.⁵² When situated in the past, sit-ins also create heroes and villains in stark terms, endowing the scene with a moral choice that is generally transparent to witnesses of history. The sit-in presents an us–them dichotomy that is both formally dramatic and instinctively familiar. Sit-ins are generally accompanied by an aspirational narrative about progress and are ideologically furnished with associations about the virtues of civic life and movements toward inclusion.⁵³ Rebekah Kowal observes that audience is central to any sit-in, as it is a “ritual performance designed for the consumption of a wider group of onlookers.”⁵⁴ Nashville is no stranger to the mythic appeal of the sit-in. Civil Rights icon John Lewis repeatedly told crowds that he was arrested for the first time during a sit-in at the downtown Woolworth's just a stone's throw from the governor's office.

For the purposes of this essay, the Nashville sit-in metonymically crystalizes two features of biocitizenship: it accentuates the failure of the state to fulfill obligations to its people and it signals a personification of statistical abstractions that both naturalizes the stratification of risky bodies and the rhetorical referents that are attached to them. Perhaps most important, the protesters' adoption of the sit-in functioned as a rhetorical mode of access that troubled the normative mechanisms of bureaucratic language that banefully disregarded their lives. In doing so, they crafted a public-facing rhetoric that refused privatization and gave presence to the maleficence of the administration's policies. For example, as part of their negotiations, the demonstrators insisted that meetings with state leaders always be public. Access, for these activists, was an essential element of public deliberation, not a private gesture that might be used to fractionalize their ranks and reinforce neoliberal conceptions of citizenship.⁵⁵

A primary function of the sit-in is to interrupt the workings of everyday life in order to draw attention to the systemic abuse suffered by people who have been marginalized. Participants do the important work of inciting exigence in spaces where institutional gradualism is frequently prized and protected. No longer able to tolerate the slow pace of cultural transformation, demonstrators put themselves in harm's way to disrupt quotidian power structures and counter bureaucratic abstractions that buttress cruelty. In a similar vein, those who organized the Tennessee Capitol sit-in came together only after groups including the Nashville Peace and Justice Center (NPJC) and the Tennessee Health Care Campaign had met with Bredesen and his staff. When those sessions failed to save the program, the sit-in was assembled to attract a broad spectrum of citizens to oppose the state's reductions to care. The action garnered support from civil liberties organizations that included the disability rights group ADAPT, the Southern Christian Leadership Conference, the National Organization for Women, AIDS activists, and scores of community justice organizations. ADAPT members were specifically called in by the NPJC to train protesters in nonviolent resistance and lend their media-savvy skills to make the effort as generative as possible. Much like the AIDS activist coalition ACT-UP, ADAPT members deploy a confrontational style of address, occupy public

spaces in disruptive fashion, and participate actively in the policies being crafted about disabled people.

The protesters anticipated that Bredesen would decline their meeting and made the decision to wait in his office. ADAPT member Randy Alexander commented that the bloc went into the situation “pretty hard-nosed” with their ultimatums and that it was “the consensus that we were going to be there to stay a while if they wouldn’t meet with us and meet our demands and also knowing that some of those probably weren’t going to be met.”⁵⁶ The collective also had detailed plans about how to proceed if they were arrested. Nashville activist Karl Meyer conducted research to determine the fallout of going to jail and brainstormed the potential offenses they could be charged with. From there, he developed a tiered system for who would be arrested first.⁵⁷ And for a moment, being detained seemed like a real possibility. Keith Caldwell remembered the aide at the frontdesk calling state troopers. As an African American, he was especially nervous about potentially abusive treatment from the police.

I remember [thinking] this could go really bad. And I remember some white women sat in front of me because they knew that this devaluation of my embodiment—that I would be, as a black man, grabbed first, and maybe beaten or whatever they were going to do. And they were like, “Keith, just come right here.” And so, I sat so they would have to reach over these white women to grab me if they were going to do that.⁵⁸

Ultimately, the governor did not have the protesters arrested, which the group read as an attempt to avoid bad press. This came as a surprise to many of the organizers, including Meyer, who told me, “We didn’t much consider the option that we wouldn’t be arrested.”⁵⁹ Others, such as NPJC member Catherine Lemaire Lozier, were less convinced incarceration was ever a possibility; she also believed that Bredesen’s restraint directly affected how the protest has been remembered.⁶⁰ The governor’s decision not to jail protesters, even as he allowed them to occupy the capitol, circumvented the group’s publicity efforts. If Kowal is correct that onlookers are vital to the success of a sit-in, Bredesen functionally removed the possibility of a spectacle that might instigate change.

The protesters adopted a strategy wherein their very presence became a corporeal form of resistance to the governor’s antipathy. The demonstrators first entered the capitol on Monday, June 20. They were able to inhabit portions of the governor’s offices until July 1. On that day, police moved their things into a hallway while they held a press conference elsewhere in the building. After that, the coalition was secluded in the marble hallways of the capitol for the duration of the sit-in. Construction on the statehouse was completed in 1859, just two years prior to the start of the Civil War, using enslaved people’s labor, and its Greek Revival architecture leaves little room for light in the building’s interior. Participants described the scene as dimly lit and cold.⁶¹ At least one said that cockroaches were not an uncommon sight after dark.⁶² The hallways of the structure are spacious and contain benches on either side where the protesters often slept. Although the occupiers could come and go during the day, they alternated who would remain in the capitol overnight and during weekends to sustain the protest. Staying in the capitol came with its own complications. The only bathrooms on the floor were not accessible and several of the activists use wheelchairs. Weekends locked inside without television or radio made for long days.⁶³ Food and water were

initially permitted but the guards eventually prohibited additional supplies, so provisions had to be snuck in. In one instance, which garnered significant media coverage, the governor bought the protesters fast food. One of the ADAPT activists told the press, “It was kind of funny bringing the fries and burgers and he’s such a big health-care expert. I don’t know what he was trying to do. Kill us with kindness maybe?”⁶⁴ Vigils were held at least from the day protesters arrived until August 1, the day TennCare cuts went into effect.⁶⁵

The activists’ presence in the capitol was especially imperative because they were an embodied reminder of the risks confronting residents who would need to live without care. Access to insurance allowed disabled people to maintain a higher quality of life but without these essential resources they were being actively imperiled by the state. Disabled people are not easily conscripted as “appropriate neoliberal citizens” under capitalist regimes that marginalize them with ableist notions of productivity.⁶⁶ In this case, the government’s restrictions on care did little more than perpetuate logics that would put life-saving resources even further out of reach. Don DeVaul was one of the protesters who was poised to experience hardship because of the cuts. He became involved with disability activism after he fell off a roof and broke his back, which now requires him to use a wheelchair. DeVaul recalls that he was actually talked into using TennCare when he first became injured. At the time, he didn’t have insurance and TennCare was free. But DeVaul was also among the first to be cut from the program and the replacement Medicare premium cost more than he made in a year. He noted that the presence of disabled people was essential because it kept the issue alive, even if the governor’s staff was noticeably uncomfortable interacting with demonstrators. He remembered, “They ignored us unless we pushed an issue in some way. If I were to drop something near any of the staff. . . .you’re not going to get somebody who’d bend down, pick it up. So, we were ignored pretty much.”⁶⁷ Capitol personnel would sometimes stop to chat with protesters but it was mainly in passing and with degrees of discomfort that are readily recognizable for disabled people.

The activists leaned into this uneasiness by occupying a space not accustomed to their presence. The people’s house found disability activists sitting in the middle of the rotunda and those in wheelchairs pressed against the cold wall to rest, while others took to sleeping bags on the marble floor when the benches were not available or their bodies required more room. Looking at photos of the event, I found that even in this relatively spacious structure, wheelchairs, including one designed for a protester on a ventilator, take up an impressive amount of space. One of the benches, flanked by coolers and banker boxes with supplies, was filled with stacks of books, decorated with signs that read, “Phil’s Cuts Will Kill,” and a piece of paper detailing how long they had been there. Although not always covered by local media, the advocates constantly reminded government officials of their complicity in the deaths of their constituents. Jack Halberstam suggests that cripistemologies must offer some attention to a subject who knows their “ability is limited and that the body guarantees only the most fragile, temporary access to knowledge, to speech, to memory, and to connection.”⁶⁸ But such a way of knowing must also acknowledge the extent to which some factions will always render those with disabilities and chronic conditions as abstract, unintelligible, and expendable.

The biopolitical practices of indexing administered by state bureaucrats affected the lives of real people in irreversible and insurmountable ways. Even years later, participants expressed disappointment in and frustration with these deplorable healthcare

modifications. For them, risks were not abstract metrics—they had instead become government-created hazards that threatened the citizenry. Kathryn Chamberlain joined the occupation shortly after the protests began and decided to become involved because her coverage was going to be revoked. A series of life events, including a traumatic brain injury, made her reliant on TennCare and she had few options but to picket the government's actions. She commented, "I talked to people who lost their coverage that had had heart transplants and organ transplants and could no longer get their medications, could no longer see their doctors, and they died."⁶⁹ John Zirker was a prominent activist for people experiencing homelessness in Nashville. He contended that the desire to abolish TennCare stemmed directly from political disdain for the poor: "If you can't afford the most expensive thing in America, which is healthcare, then you die at an early age."⁷⁰ Caldwell remembers thinking, "We've really got to do something about this because the most vulnerable people are being cut." He recalls insulin-dependent friends not being able to access the medication. In his words, "It was just really horrific." Lozier echoed these sentiments when she thought about people "on ventilators, people who require around-the-clock care, in home health, and all of these things that were being threatened to be cut."⁷¹ Along with their embodied tactics of opposition, the protesters necessarily reached out to the public, hoping their presence would garner further support.

From the rhetoric of risk to a discourse of access

In *The Politics of Life Itself*, Rose suggests that biological citizenship "requires those with investments in their biology to become political."⁷² His contention seems self-evident enough but the means, ends, and mechanisms by which populations are understood as "political" are less transparent. Rose's ambiguity leaves room to conceptualize more complicated forms of agency and labor not reducible to "success" or "failure." There is little doubt that the protesters at the Tennessee capitol were guided by deeply pragmatic goals and tactics. At the same time, when protesters entered the governor's office, they were under no illusions that their efforts would save TennCare. As Lozier relayed, "I don't think anyone thought, 'Sitting in the governor's office is going to change this specifically,' but that, 'Hopefully we can make the public aware of exactly what's going on, and let them see the faces of some people who would be directly affected by this.'"⁷³ In this sense, the sit-in was the message. It communicated to the governor, to state lawmakers, and to a variety of publics that dramatic action was needed to shift conversations about healthcare. This bold initiative, which captured everything from the slow death of people in need of heart transplants to those requiring life-saving pharmaceuticals, also dictated that both sweeping claims and nuanced demands be forwarded. These dual objectives occasionally placed long-term political goals in tension with shorter-term policy achievements. To meet these sometimes incompatible goals, the protesters appealed to both an abstract, biopolitical universalism that stressed the health and well-being of all citizens and the specific needs of disabled people.

Prior to the advent of social media, the protesters had fewer means of circulating messages that would advance their cause. Nonetheless, they often found their undertaking resonating in local and national media. A state estimate that 200,000 people would lose their coverage became a centerpiece of press coverage and was reiterated in news

outlets that included the *New York Times*, *NPR*, and *The Nation*.⁷⁴ And time and again, the state government retorted that proposed plans to save money would not work, that the number of people being kicked off TennCare was being exaggerated, and that the occupiers were being unreasonable with their demands. Those objecting to slashed funding argued that repealing TennCare would cost over \$1.5 billion each year, leave over 14,000 people unemployed, and create a significant tax burden on local communities.⁷⁵ They prophesied that the cuts would lead to countless deaths. And they were correct.⁷⁶

Organizers attempted to draw attention to these daunting statistics in innovative manners and often in ways that did not mirror the biopolitical logics of state reasoning. In one of the more dramatic events during the protest, members of the Edgehill United Methodist Church hauled a bell from their space of worship down to Legislative Plaza. The congregation rang the bell one time for every ten people losing their benefits. They started ringing the bell at noon on Friday, July 28 and it did not stop sounding through downtown Nashville until Sunday at 9:00 pm. This affective tactic, which captured the attention of those close to the scene with its steady cadence and aural imposition, performed a ritual of last rites for those on the Medicaid program. It forecast the unnecessary demise of citizens as the policy's true cost to savings. TennCare cuts went into effect the next morning.

The protesters' performative gestures of loss were always delivered through nonviolent forms of resistance, which authorized for them a significant amount of cultural capital. As with the American Civil Rights Movement, the sit-in has a storied history in disability activist communities. Wheat traces the history of disability sit-ins to 1935 when the League for the Physically Handicapped was formed to contest discrimination by the Works Progress Administration. Wheat relayed the import of the sit-in by noting, "this is our format, our method of protest. It's what we are using to speak truth to power."⁷⁷ Evoking phrases such as "civil disobedience" and "sit-in" has strong resonance in American political culture and stimulates affectively positive identifications with Western progress narratives. *The Tennessean* embraced the romance of the effort in an editorial that argued, "If you want to show your children what it means to be an American, take them to witness the power to protest. You can park on Charlotte Avenue in front of the Capitol. Then watch those willing to light a candle against the darkness—in hopes of a new dawn of government and leaders listening to the people."⁷⁸ Media outlets repeatedly turned to the trope of a people who had nothing left to lose, a government that was unresponsive to its citizens, and a system that sacrifices its most marginalized to placate corporate greed.⁷⁹ This romantic language could productively nuance abstractions of risk that tend to accompany insurance rhetoric but such sentimentality does not always capture the suffering or urgency faced by disabled people. Nor does it suggest how to interrupt the bureaucracies that sustain such savagery. The witnessing being advocated by the editorial certainly stands on the correct side of history but, in many ways, it also exhibits the limits of determination, hard work, and personal fortitude, the very qualities extolled by Bredesen's neoliberal approach to policy.

Disabled people have traditionally garnered notable public support when they take up nonviolent protest tactics. However, these practices sometimes have unintended consequences. Members of ADAPT have commented that they often have a difficult time getting onlookers to focus on their causes and the risks they confront, and not simply

on their wheelchairs. This was certainly true at the state capitol, where advocates struggled to reconcile why the sit-in was not energizing more citizens to seek redress from the government. Because Bredesen did not arrest the demonstrators, and because the ongoing event did not always have moments deemed “newsworthy,” the media largely ignored the occupation. Although the sit-in was a looming reminder to the governor and his staff, the banality of the protesters’ presence did not generate the conflict-driven narratives prized by the media, which further stabilized risk as an abstraction. Chamberlain had hoped that if their message was disseminated, then surely people would be motivated to support the cause. “I really thought, because these are human lives, I just really thought, if we make them aware of how tragically people’s lives are being affected, because we are human life, they will do the right thing. And they didn’t.”⁸⁰ DeVaul remembered a group that drove in from Missouri to back the demonstrators. And while he was thankful for their support, he was also dismayed at the lack of attention from Tennesseans. He remarked, “we held the capitol for that long, those many days, and yet we couldn’t get Tennesseans to participate. Don’t you know that, that was a stab in our heart every day that we had more Missouri people show up and sit with us for a day than we did Tennesseans.”⁸¹ Others, such as Meyer, said that this was not so surprising, especially when factoring in the impact the policy had on lower-income residents. Those most affected by such issues are often the ones least likely to have the resources to be able to join in the political process.⁸²

Although universal appeals to a broad spectrum of residents were touted, it was also true that the cuts would not affect all populations equally. Many of the disability activists taking part in the sit-in were also protesting the elimination of state funds that would remove them from their homes and place them in institutions. Prior to the start of the sit-in, Bredesen told Alexander that he would do just that.⁸³ Reporting on institutionalization occupied a significant amount of space in the press and in activist media outlets. Wheat pointed out that, “Institutional care is the most expensive and least desirable form of long-term care, but Tennessee offers almost no alternatives to institutions.”⁸⁴ Tennessee was also last in the nation in providing home and community long-term care services. Wheat added that home services typically cost about a third less than institutionalization and that these changes would force more taxpayer money into the private nursing home industry, a system that garners about 70 percent of its funding from the government. This fiscal mismanagement calls attention to the corporate welfare that preserves neoliberal market-logics at the expense of solutions that would actually keep people well. The demonstrators repeatedly combatted the administration’s compulsive desire to place them in facilities where they did not want to live. These private corporations, they argue, present an affront to personal freedom, community well-being, and quality of life. They also tend to expand the amount of debt carried by already marginalized citizens.⁸⁵ These measures recreate what Mitchell and Snyder describe as a “peripheral embodiment,” which denies disabled people equity and adequate accommodation because their “excessive deviance from culturally inculcated norms” cannot be reconciled in the face of dwindling economic resources and the limits of community infrastructure.⁸⁶

The governor’s plans to “incarcerate” disabled people drew direct rebuke from the protesters.⁸⁷ Not content to be rendered faceless abstractions in budgets and insurance schemes, the demonstrators vibrantly rebuked the chief executive by performing

improvised interventions on behalf of the powerless.⁸⁸ Commenting on the MCIL blog, the advocates ferociously attacked Bredesen, painting him as nothing less than a tyrant. They compared him to King George III, joked that he would build a marble statue of “Phil the Great,” and compared him to Charles Manson’s follower, Squeaky Fromme. When Bredesen claimed that he might keep 97,000 of the most vulnerable enrollees on TennCare, the activists countered, “What Bredesen does not say is that he is the one kicking them off TennCare. The governor’s spin is similar to arguing that Squeaky [Fromme] saved President Ford’s life by being a bad shot. Bredesen is ‘saving’ those 97,000 by not disqualifying them while he does not apologize for the other 290,000 citizens he is cutting.”⁸⁹ In short, the demonstrators drew attention to the fact that he was rhetorically fabricating both the risk pool *and* the metrics of who deserved to be saved, thereby mimicking the logics of corporate insurers. They repeatedly accused him of being corrupt, an autocrat, a bad business executive, and a megalomaniac. At every turn the governor was seen as locking them out from full access to care and propelling them toward a risky future.

Ultimately, the demonstrators relented. The last person to leave the capitol building was Chamberlain, who departed the space in the early days of September 2005. A fellow protester who had been staying in the capitol with her had been asked to leave for smoking a cigarette in a bathroom and, as a result, she was alone. Chamberlain recalled the final nights in the building. It was dark, the aforementioned roaches were wandering the floor, and she felt increasingly uneasy. The capitol police were making an unusual amount of noise, which she viewed as an intimidation tactic to further her discomfort.⁹⁰ In her view, the protest was having no further effect and she ultimately walked out. After 75 days, the sit-in had come to an end.

The triumphs and tribulations of bioresistance

In the wake of the TennCare cuts, Bredesen ran for reelection in 2006. He was the first and only gubernatorial candidate in the state’s history to win every single county. Bredesen was able to repackage himself as a fiscally responsible man of action and the voters responded in kind. The degree to which the governor’s decision to cut TennCare was seen as inherently productive, despite its egregious harms, spotlights the ongoing necessity of embodied activism and the pleas of individuals who are too frequently told that their digression from the exalted norms of bodily productivity is inherently dysfunctional.⁹¹ In 2018, Bredesen unsuccessfully ran as the Democratic nominee for the U.S. Senate and, much to the surprise of the people I interviewed, expanding Medicare was one of his major platforms.⁹²

It would be easy to suggest that the sit-in illustrates the limits of embodied activism, when in fact it highlights the ongoing ideological malfeasance of able-bodied policies. The inventive capacities of the protesters drew attention to the failure of the state to provide citizens with access to care much more than it did to the shortcomings of protest rhetoric. These tactics exposed the destructive tendencies of capitalist approaches to health. Nonetheless, even the most vigorous demonstrations can only go so far. Despite the fact that the protests lasted 75 days, the event had little effect on TennCare being saved. Indeed, some activists feared that the extended nature of the protest meant that valuable resources and cultural capital may have been squandered. If the sit-in was

not going to generate media coverage or change the governor's mind, was it a lost cause? Alexander expressed this point:

To be really honest with you, after two weeks . . . personally I felt we had had enough [and] that we should step out and claim the victory . . . There does come a point where I think the sit-in went really long. And that's a great thing but at the same time if we would've cut it a little bit shorter it could've been just as positive.⁹³

The ADAPT activists decided that, because people had been empowered, it was not their place to call off the action. And sometimes, they surmised, lost causes are worth pursuing in the name of a more robust and healthy polity.

The activists illustrate the glacial pace of cultural change, but also the extent to which the sit-in functioned as a modality of institutional access, at least for some. Several of the shorter-term goals set out by activists were accomplished. Hussain said that she championed the health needs of children and believed the sit-in guaranteed that young people remained insured.⁹⁴ Disability activists pushed for so-called "money follows the person" programs to keep residents in their homes. The following year, the governor signed into law Tennessee's CHOICES program, which provides home health services to disabled people. The members of ADAPT I interviewed extol it as a decidedly forward-looking policy and one that they helped bring to life. As Wheat noted, "I think that that sit-in, that the ADAPT action . . . brought home and community-based services to Tennessee."⁹⁵ The CHOICES legislation mirrored many of the characteristics of a plan that ADAPT members had penned and championed for several years. Alexander and other members of ADAPT traveled to Memphis to watch the governor sign the bill.⁹⁶ During his 2008 state of the state address, Bredesen directly focused on the necessity of funding at-home services for disabled people. He remarked:

And most personally, I know my mother is watching this proceeding tonight, and she still hasn't stopped teaching me. I want to say to her, Mom, I've seen how much you want to be in your own home; I know how difficult that would have been a few times these past couple of years without some help; I know that not everyone has a granddaughter like you do who can give that help. My job is to open more doors to alternatives here in Tennessee. If you want to stay in your home, if it makes sense to do so, this is the year we're going to start making it easier.⁹⁷

While readers might wince at the idea that someone in Bredesen's own family had to experience hardship for him to be overtly moved by an issue that would have placed scores of citizens at risk of involuntary institutionalization, at least two of the activists I spoke with disagreed. They thought that the slow plodding of cultural change is sometimes all that one can hope for. Wheat described the signing as a "moment of contrition" and "a vindication of the whole process."⁹⁸

The sit-in, however, is perhaps best assessed outside any heuristic that situates it as a "success" or "failure." Looking back on the sit-in, it is clear that the demonstrators had both policy achievements as well as political shortfalls. Regardless of their short-term successes, the activists illustrated foresight on an issue that would become essential at the dawn of the Obama years. The protesters were attempting to capture the plight of people who lived with pre-existing conditions at a time when that phrase was not always widely employed by the public. While that term was occasionally invoked by laypeople, it was generally utilized by insurance companies to deny care. I suggest that the

bodily resistance posed by the advocates helped to expand the discursive landscape that eventually gave rise to the ubiquity of the phrase “pre-existing conditions” and the wide identification it sparked among Americans. Drawing from the work of Sara Ahmed, Chaput explains that “the more signs circulate, the more affective they become.”⁹⁹ Events such as the sit-in—a material event that had incorporeal consequences—energized signs associated with healthcare, indexing, and risk, resulting in the amplification of lived experiences with insurance woes.¹⁰⁰ This is not to say that the activists alone did this. Rather, they were one of many groups in a constellation of advocates that helped to foment opposition to deleterious healthcare policies by placing themselves at the center of epistemological knowledge creation. They clearly foreshadowed significant actions, such as the occupation of the U.S. Senate by disability activists in 2017.

The push for access to healthcare and home services is more imperative than ever. As I write these words, one million Americans have died of COVID-19 and countless others have lost their health insurance due to pandemic-related unemployment. Like the activists who protested back in 2005, organizations such as ADAPT have continued to demand that coverage be expanded, not protracted, as corporate influence peddlers attempt to put more of us in harm’s way. Far from a theoretical endeavor, these advocates highlight that disability “puts the somewhat malleable rubber of constructivist theories to the road of lived experience.”¹⁰¹ As long as health insurance is tied to employment, we will live with murderous practices, such as indexing, that continue to haunt those who live on the margins of society. Pushing back on the callousness of bureaucratic risk will require the creative impulses and courageous acts of people ready to fight. As Alexander told me, reflecting on Bredesen’s belated change of heart to the CHOICES program, “I figure, whatever it takes.”¹⁰²

Notes

1. Anita Wadhvani, “Few Losing TennCare can Afford Insurance,” *Tennessean*, July, 24, 2005: A1.
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3. See Equal Access and Disability Rights Commission, “Disability Rights History,” www.equalaccesscommission.org.
4. Anita Wadhvani, TennCare Timeline, *Tennessean*, October 5, 2014.
5. Bob Herbert, “Curing Health Costs: Let the Sick Suffer,” *New York Times*, September 1, 2005: A23.
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7. Merri Lisa Johnson and Robert McRuer, “Cripistemologies: An Introduction,” *Journal of Literary and Cultural Disability Studies* 8 (2014): 127–147.
8. Lisa Duggan, *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy* (Boston: Beacon Press, 2003).
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10. Kelly Happe, Jenell Johnson, and Marina Levina, “Introduction,” *Biocitizenship: The Politics of Bodies, Governance, and Power* (New York: New York University Press, 2018), 1.
11. I tend to use identity-first language (“disabled person”) in this essay because that is the widely preferred choice of contemporary disability advocates.

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14. Cathy Cohen, "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?," *GLQ* 3 (1997): 437–465; Iris Marion Young, *Intersecting Voices: Dilemmas of Gender, Political Philosophy, and Policy* (Princeton: Princeton University Press, 1997); Isaac West, "PISSAR's Critically Queer and Disabled Politics," *Communication and Critical/Cultural Studies* 7 (2010): 156–175.
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18. Ewald, "Insurance and Risk," 199.
19. Jay Dolmage, *Disability Rhetoric* (Syracuse: Syracuse University Press, 2014), 29.
20. Catherine Chaput and Joshua Hanan, "Economic Rhetoric as Taxis: Neoliberal Governmentality and the Dispositif of Freakonomics," *Journal of Cultural Economy* 8 (2015): 46.
21. Jonathan Cohen, *Sick: The Untold Story of America's Health Care Crisis* (New York: Harper, 2007), 34.
22. Jessie Wright-Mendoza, "How Insurance Companies Used Bad Science to Discriminate," *JStore Daily*, September 17, 2018.
23. Dan Bouk, *How Our Days Became Numbered: Risk and the Rise of the Statistical Individual* (Chicago: University of Chicago Press, 2015), 185.
24. Bouk, *How Our Days Became Numbered*, 185.
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26. Ito, "Supposedly 'Fair' Algorithms."
27. Mel Chen, *Animacies: Biopolitics, Racial Mattering, and Queer Affect* (Durham: Duke University Press, 2012), 43.
28. Lauren Berlant, "Slow Death (Sovereignty, Obesity, Lateral Agency)," *Critical Inquiry* 33 (2007).
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30. Puar, *Right to Maim*, xvi.
31. Puar, *Right to Maim*, xviii.
32. Puar, *Right to Maim*, 73.
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41. Emphasis mine.
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57. Interview, Karl Meyer, August 26, 2018.
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59. Interview, Meyer.
60. Interview, Catherine Lemaire Lozier, September 20, 2018.
61. Interview, Jane Hussain, July 2, 2018.
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80. Interview, Chamberlain.
81. Interview, DeVaul.
82. Interview, Meyer.
83. Wheat, MCIL blog post, June 21, 2005.
84. Wheat, MCIL blog post, July 2, 2005.
85. Puar, *Right to Maim*, 17.
86. Mitchell and Snyder, *Biopolitics of Disability*, 14.
87. The word "incarcerate" was used repeatedly on the MCIL blog.
88. Dolmage, *Disability Rhetoric*, 162.
89. MCIL blog, August 2, 2005. One respondent to this manuscript worried that the protesters were mocking a person with mental illness. There is no evidence that Fromme had a mental illness.
90. Interview, Chamberlain.
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