The 'Right' to Maim: Disablement and Inhumanist Biopolitics in Palestine[i]

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This essay argues that Israel manifests an implicit claim to the 'right to maim' and debilitate Palestinian bodies and environments as a form of biopolitical control and as central to a scientifically authorized humanitarian economy. In this context, the essay tracks the permeating relations between living and dying that complicate Michel Foucault's foundational mapping of biopower, in this case, the practice of deliberate maiming. In doing so it demonstrates the limitations of the idea of 'collateral damage' that disarticulates the effects of warfare from the perpetration of violence, and notes that the policy of maiming is a productive one, a form of weaponized epigenetics through the profitability of a speculative rehabilitative economy.

> *All this gnawing at the existence of the colonized tends to make of life something resembling an incomplete death. (Frantz Fanon, A Dying Colonialism, p. 128)*

I. A Catalogue of Suffering

It is as yet unclear what the summer of 2014's carnage in Gaza will be known as, remembered as, or named. And it may remain unclear for quite some time.

The tally is in (though ever-evolving) after 51 days of Operation Protective Edge.

The United Nations reports that 2,131 Palestinians were killed during Israel's offensive, including 501 children; 70 percent were under the age of 12. Two hundred and forty-four schools were shelled and one

was used as a military base by Israeli soldiers (OCHA 2014; Kasrils 2014).

The Ministry of Health in Gaza recorded 10,918 people injured including 3,312 children and 2,120 women.[ii]

The Palestinian human rights organization Al Mezan documented at least 10,589 houses damaged or destroyed of which 2,715 were completely flattened (Al Mezan 2014). (Later reports state 18,000 homes were destroyed, including high-rise apartment buildings (Avni 2014). Eight hospitals—resulting in six being taken out of service—46 NGOs, 50 fishing boats, 161 mosques, and 244 vehicles were also hit. Eighty percent of Gazan families currently have no way to feed themselves and are completely dependent on aid (Kasrils 2014).

Amnesty International reported that at least 13 health facilities and 84 schools were forced to close (Amnesty International 2014; Taylor 2014a).

Doctors Without Borders/Médecins Sans Frontières (MSF) had difficulty reaching populations that needed assistance given the severity of the bombing, fuel shortages that grounded more than half of the ambulances, and depletion of supplies (Doctors without Borders 2014). A number of hospitals were damaged, contravening the Geneva Convention which considers civilian hospitals to be protected during wartime, including Gaza City's el-Wafa Rehabilitation Center in Shijaiyah, which had been targeted at least six times and has been severely damaged; its 15 disabled and elderly patients finally managed to be evacuated (Amnesty International 2014; Alashi et al. 2014).

This is what is meant by the residents of Gaza being 'under siege', a commonly used refrain meant to obscure much of this detail; I have resorted here to a somewhat polemical deployment of empirical information in part to counter this tendency to obscure the specifics of the occupation. Gaza is also claimed to be the most densely populated place on earth, and also the world's largest 'open air prison'. Belying these tidy descriptions are what Allen Feldman calls the 'new forms of imagery, discourse, war, security and state rights being carved out of the bent backs of Palestinian civilians' (Feldman 2014). One of the biopolitical aspects I have been tracking are the permeating relations between living and dying that complicate or test Michel Foucault's foundational mapping, in this case, the practice of deliberate maiming. I argue that Israel manifests an implicit claim to the 'right to maim' and debilitate Palestinian bodies and environments as a form of biopolitical control and as central to a scientifically authorized humanitarian economy. I further demonstrate the limitations of the idea of 'collateral damage' that disarticulates the effects of warfare from the perpetration of violence. Finally, I note that the policy of maiming is a productive one, as a form of weaponized

epigenetics and through the profitability of what I call a speculative rehabilitative economy.

How is the practice of maiming manifested? Medical personnel in both Gaza and the West Bank report a notable 'shoot to cripple' phenomenon. In Ramallah, Dr Rajai Abukhalil speaks of an increasing shift from 'traditional means' such as teargas and rubber coated metal bullets used to 'disperse' protests to '[…] firing at protestors' knees, femurs, or aiming for their vital organs' (Blumenthal 2014a). As a continuity and intensification of the practice of breaking the arms of stone-throwers in the first Intifada, shoot to cripple *attempts* to pre-emptively debilitate the resistant capacities of another Intifada, the next Intifada. In Gaza, the Israeli Defense Forces used flechette shells. While these are not 'expressly forbidden under international humanitarian law in all circumstances', nevertheless they are considered inappropriate for densely populated areas as they explode upon impact into thousands of tiny steel darts (Sherwood 2014; Withnall 2014).

What is often claimed by the IOF (Israeli occupation forces, otherwise known as the Israeli Defense Forces) as a 'let live' praxis, understood in liberal terms as less violent than killing (and thus, less sensational and more under the radar), shoot to cripple appears on the surface to be a humanitarian approach to warfare. Another manifestation of this purported humanitarianism is the example of the 'roof knock', a preliminary assault on structures to warn residents to evacuate, sometimes happening no less than 60 seconds before a full assault. Roof knocks were insufficient, however, when disabled Palestinians with mobility restrictions were unable to escape the bombardment of the Mubaret Philistine Care Home for Orphans and Handicapped in Gaza's Beit Lahiya district; three disabled residents died (Henderson 2014). These were not mobile residents; the capacity of mobility circumscribes the utility of the roof knock, though the humanitarian intention of a 60 second warning is dubious (Beaumont 2014a).

Civilians in Gaza were also alerted to impending airstrikes through phone calls and texts, often misdirected to the wrongly targeted households. This purportedly humanitarian practice of warning Gazans of impending strikes with phone calls appears more like a 'reminder of how powerless they are' given the control that Israel has over the telecommunication networks in the West Bank and Gaza (Taylor 2014b). As the research of Helga Tawil-Souri on 'digital occupation' documents, telecommunication companies owned and operated by Palestinians are routed through servers in Israel (Tawil-Souri 2011; Tawil-Souri 2012).

What happened last summer is preceded by much of the same during earlier periods. During the second intifada, there were reports that the IOF were using 'high-velocity' fragmenting bullets that created a 'lead snowstorm' effect in the body—scattering the bullet throughout and creating multiple internal injuries—leading to high rates of crippling

injuries (Andoni & Tolan 2001). Dum-dum bullets, which are banned under international human rights law, are difficult to extract once entering and exploding outwards within the body and usually guarantee those hit will 'suffer for life' (Blumenthal 2014a). Dr Robert Kirschner of Physicians for Human Rights stated that 'the Israeli soldiers appear to be shooting to inflict harm rather than solely in self-defense', their actions amounting to 'a form of torture' (Kirschner quoted in Qato 2004, p. 351). Dimo Qato, among many other global health researchers and practitioners, argues that 'the pattern of injuries cannot be claimed to be accidental' (Qato 2004, p. 351).

Also documented since the second Intifada are 'Israeli attacks on Palestinian healthcare providers while on duty, and on Palestinian medical facilities', demonstrating a blatant disregard for the principal of medical neutrality, which Israel is bound to by the Fourth Geneva Convention Articles 18 and 20 (Jamjoum 2002, p. 56). The Palestinian Red Crescent Society (PRCS), the main provider of emergency medical care in Palestine, reported 174 documented attacks on their ambulances during a period of approximately 18 months from September 2000 to March 2002, damaging 78 out of 100 total available ambulances. Additionally they report 166 attacks on emergency medical technicians and heavy machine gun fire hitting the PRCS headquarters (Jamjoum 2002, p. 56). Another health related violation of the Fourth Geneva Convention, Article 17, prohibits obstructing the 'passage of patients', in other words, delaying or preventing access to medical facilities, a quotidian occurrence even in non-bombardment times due to Israel's checkpoint regime (Beste 2014). The Israeli government's disregard for international human rights laws in Gaza and the West Bank, over time, have led to the 'large-scale destruction of the developing health system, the inability of local and international healthcare providers to perform their duties, and a deterioration of the health conditions of Palestinians' (Jamjoum 2002, p. 72).

II. Infrastructural Warfare

Thus, not only bodies are being maimed in Gaza, but also territories. In 'Necropolitics', Achille Mbembe writes of asymmetric war entailed in infrastructural war or the 'war on life support' as he calls it: the war on life itself, on the state capacity to preserve and flourish life (Mbembe 2003, p. 31). Two further examples from the summer of 2014 should suffice: Gaza's water system collapsed and waste treatment services were rendered non-functional, leaving raw sewage spewing into streets. Several water authority technicians were killed, thus also rendering maintenance and repair work compromised (Haas & Efrati 2014; Chick 2014). Even before the summer, the deterioration of water infrastructure resulted in: 'households received running water for only six to eight hours at a time: 25 percent had access on a daily basis, 40 percent every other day, 20 percent once every three days, and the remaining 15 percent only one day out of four' (Qandil 2014). An apparently new tactic of infrastructural warfare was employed

during Operation Protective Edge: the destruction of Gaza's professional class: 'The targeting of the professional class, a key pillar of Palestinian society generally considered unsympathetic to the political goals of Hamas, was a new front of economic and social warfare on Gaza' (Cohen 2014). Targeting the assets of the middle class by focusing on high rises was a political message to those who remained, as others had migrated since the 2000s through Egypt when border regime allowed.

Omar Jabary Salamanca extensively details the Israeli government's resignification of Gaza's infrastructural networks as 'terrorist infrastructures', noting that this rationale is used to justify Israel's policy of what he calls 'infrastructural violence'. This form of violence has increased, not decreased, after Israeli 'disengagement' from the Gaza Strip in 2005 (Salamanca 2011). The assault on infrastructure, Salamanca argues, is an essential, even central component of the biopolitical regulation of a malleable humanitarian collapse, whereby 'the supporting infrastructure of ordinary life became both target and weapon …' (Salamanca 2011, p. 25). The disengagement from Gaza facilitates the appearance of the end of Israel's colonial presence while allowing it to retain forms of 'remote' infrastructural control—Gaza as open-air prison—manifested as a new colonial present, one crafted through a 'reassembled regime of spatial control' and works through manufacturing a 'regulated humanitarian collapse' (Salamanca 2011, p. 26). As a form of what Sari Hanafi terms 'spacio-cide', the terrain is dependent on the withdrawn colonizer's infrastructural support, which modulates calories, megawatts, water, telecommunication networks, and spectrum and bandwidth allocation to provide the bare minimum for survival but minimal enough to attempt to deplete or strip resistance.

Salamanca calls this 'the turn from a "regulatory" to an "asphyxiatory" application of power' (Salamanca 2011, p. 30). The target here is not just life itself, but resistance itself. … Salamanca quotes Israeli politician Dov Wiesglass, who states 'Israel's policy would be "like an appointment with a dietician. The Palestinians will get a lot thinner, but won't die"' (Salamanca, 2011, p. 30). Because of this asphixatory control, Israel can create a crisis at will, having already set in place the bare minimum requisite for life that can be withheld at any moment, what he terms 'an elastic humanitarian crisis' (Salamanca 2011, p. 32). Clearly the capacity to asphyxiate is not a metaphor: while the West Bank is controlled largely through checkpoints, the Gaza Strip is suffocated through choke points. The intensification of policing and control thus happens through, and not despite, 'disengagement' and disinvestment, not through checkpoints, but through chokepoints.

It is not only the capture and stripping of 'life itself' (Rose 2007) that is at stake here, but the attempt to capture 'resistance itself'. So one calculation that might be intrinsic to the aims of Israel is the measure of how much resistance can be stripped without actually exterminating

the population. Another question is of course, what are the productive, resistant, indeed creative, effects of such attempts to squash Palestinian vitality, fortitude, and revolt.

III. The Biopolitics of Settler Colonialism

These practices of bodily as well as infrastructural debilitation, loosely effaced in concerns about 'disproportionate force', indicate the extension or perhaps the mutation of the 'right to kill' claimed by states in warfare into what I am calling the 'right to maim'. Maiming as intentional practice expands biopolitics beyond simply the question of 'right of death and power over life'; maiming becomes a primary vector through which biopolitical control is deployed in colonized space and hence not easily demarcated 'necro' as it is mapped in Mbembe's reworking of biopolitics. That is to say, while the distinctions between living and dying are often recognized through the 'cuts' of race and the 'folds' of overlapping population construction and management, maiming, debilitation, and stunting are relatively under-theorized components of these cuts and folds; centering these processes may potentially alter presumed relations to living and dying altogether.

Alongside examining how and why Foucault elided a theory of colonial occupation in his formulation of biopolitics, we might also ask, what is biopolitics in the 21st century—and especially as informed by the on-going structure of settler colonialism? Recent interventions by Alex Weheliye and Mel Chen continue to raise critical issues about the formulation of race in the theorization of biopolitics (Weheliye 2014; Chen 2012). According to Weheliye, race only became important to Foucault when it entered European state management, not through colonialism. For this, Weheliye argues that the frame of biopolitics is foundationally flawed, for even as Foucault claims that the cut of race drives biopolitical distinctions, the severing of colonial occupation from a (belated) state racism relegates race to a derivative status. Weheliye's rather loose archival excavations of Foucault's work notwithstanding, what his and others analyses lay bare is the dearth of theorization of the biopolitics of colonial regimes, especially that of settler colonialism, of colonialism as a structure and not an event (Wolfe 1999; Wolfe 2006). Further, Scott Morgensen rightly notes that settler colonialism remains undifferentiated within theorizations of the biopolitics of colonialism, continuing the propagation of colonialism as a bygone event or within a naturalized frame of periodization (Morgensen 2011).

Foucault's frame of biopolitics is intrinsically dedicated to variations of bodily health and vulnerability. In *Security Territory Population*, he details the different regimes of power associated with distinct illnesses. Leprosy is defined through the sovereign power to exclude; the plague through disciplinary power of quarantining; and smallpox becomes managed and regularized as epidemic through what Foucault calls 'regimes of security', Foucault's formulation of regimes

of security informs much of what Gilles Deleuze would later understand as integral to 'societies of control' (Deleuze 1997, p. 177).

In *Society Must Be Defended* Foucault writes: '… biopolitics will derive its knowledge from, and define its power's field of intervention in terms of, the birth rate, the mortality rate, various biological disabilities, and the effects of the environment' (Foucault 2003, p. 245). Here, disability is understood as a biologically produced rather than a socially induced condition. In some sense Foucault is inadvertently already mapping the liberal elision between disability as an unfortunate accident or circumstance and disability as intrinsic to the function of colonial war machines. 'Biological disabilities' are thus distinct from the way illness is something that shifts from epidemic to endemic; the endemic modulates 'the form, nature, extension, duration, and intensity of the illnesses prevalent in a population … as permanent factors which … sapped the populations' strength, shortened the work week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive' (Foucault 2003, pp. 243-4). Within the context of emergent forms of social welfare that Foucault speaks to, illness needs to be reduced, contained, isolated, and in some cases abandoned, because it compromises the thriving of the 'make live' vector. What is clear in contemporary biopolitics is that economic life can grow without the flourishing of much of human life, which means precisely that the eliminated and cordoning off of illness is no longer a hindrance to, but rather is implicated in, 'make live'.

As Foucault writes, 'The [old] right of sovereignty was the right to take life or let live. … And then this new right is established: the right to make live and to let die' (Foucault 2003, p. 241). Foucault notes that sovereignty's old right was not replaced, rather complemented by this new right 'which does penetrate it, permeate it' (p. 241).[iii] Given the interpenetrations of sovereign and biopolitical power, one mapping we must continually be alert to is what forms of the sovereign right to take life or let live are machinating. The sovereign right to maim implicates all of the other vectors at once—make die and make live (because disablement can be productively harnessed into rehabilitation) as well as let live and let die, or what Lauren Berlant has dubbed 'slow death'. In Berlant's framing, slow death refers to a population marked for wearing out, a gradual decay of bodies that are both overworked and under-resourced (Berlant 2007).

Maiming functions as slow but simultaneously intensive death-making, as targeting to maim is an accelerated assault on both bodily and infrastructural fronts. Different temporalities of living and dying labor here, a different modulation of time and a reworking of the temporalities of biopolitics, the stretching of the horizon of life (what can bare life bear?) and the finality of death into perverted versions of life that look and feel neither like life nor death, not even attenuated death. In this complication of the temporalities and processes, the speed of biopolitics turns not through distinctions between fast and

slow, quick and languorous, but rather the intensification and amplification of 'life itself', and in fact, 'resistance itself' as a target of neglect, damage, and speculative rehabilitation.[iv]

If slow death is conceptualized as primarily through the vector of 'let die' or 'make die', maiming functions as 'will not let die' and, its supposed humanitarian complement, 'will not make die'. Maiming masquerades as 'let live' when in fact it acts as 'will not let die'. For example, the IOF policy of shooting to maim, not to kill, is often misperceived as a preservation of life. In this version of attenuated life, neither living nor dying is the aim. Instead, 'will not let die' and 'will not make die' replaces altogether the coordinate 'make live' or 'let die'. It is not only the right to kill but the right to maim being exercised as the domain of sovereignty. What kind of sovereignty is being articulated when the right to kill is enacted as the right to disable, to target both bodies and infrastructure for disablement? This element of biopolitics entails targeting for death but not killing.

Israeli state practices of occupation and settler colonialism may well be rationalized, through the conventional parameters of living and dying in Foucault's four quadrants of biopolitical management. The work of Eyal Weizman, Sherene Seikaly, and others have shown, that the calories they allow into Gaza, the plotting of the number of deaths of Hamas members, the transit of fuel, materials, supplies, all of these parameters are mediated by expert language, algorithmic calculations, and rational science and framed in a discourse of humanitarian war. Thus what I am explicitly arguing is that from the discursive and empirical evidence offered by Palestinians, this foundational biopolitical frame is a liberal fantasy that produces 'let live' as an alibi for colonial rule and thus indeed facilitates the covert destruction of 'will not let die'. It is from the vantage of the occupied, I argue, and not from state power nor from the outlook of the occupier, that we must apprehend and contend with revising—challenging, in fact—the theorization of the mechanisms of violent biopolitical population creation and maintenance. How is 'will not let die' expressed? How is the distinction between death and debility mined? And how does this capitalization of this distinction occur while simultaneously obscuring the practices of deliberate maiming?

The debilitation of the Gazan infrastructure is elaborated in this statement from Maher Najjar, the Deputy General of Gaza's Coastal Municipalities Water Utilities (CMWU):

> There is no water reaching any of the houses right now. We're facing a real catastrophe. Sewage pumps cannot work because the power plant has been destroyed, so we have sewage flooding the streets of Gaza. We can't assess the extent of the damage as we can't even go out without risking our lives right now. We had five staff members killed while doing repair work, another two were killed at home with their families. It will take more than US$20 million to rebuild the water and sewage networks, but there's no way they can be rebuilt under blockade. We have the total collapse

of all essential services and there's nothing we can do about it. Believe me, it would be better if the Israelis just dropped the nuclear bomb on Gaza and get done with it. This is the worst ever assault on the Gaza Strip. (Quotation provided by Schembri 2014; partially quoted in Al-Helou & Waters 2014)

Here, debilitation is proffered as a fate worse than death. Treating Najjar's statement as political speech more so than the 'truth' of death as a form of mercy, the strategy of this speech is perhaps to expose the absolute farce of Israel's 'let live' praxes. To suggest that the Gazan population is better off dead is surely to mock Israel's liberal democratic investment in humanitarian gestures of 'let live'. Najjar sharply contests this investment with a vision of humanitarianism that is startling. It is as if withholding death—will not let or make die—becomes an act of dehumanization: the Palestinians are not even human enough for death.

Further, death is preferable to disability, a stance that contravenes the human rights model of disability. Why maiming is especially striking in this historical moment is because in the face of the rise of disability as a recognized vulnerable identity in need of state and global human rights protections, seeking to debilitate, or to further debilitate the disabled, contrasts heavily with the propagation of disability as a socially maligned condition that must be empowered to and through a liberal politics of recognition. Beyond the twisted hypocrisy of the Israeli state in regards to disabilities (which I examine at length in 'Disabled Diaspora, Rehabilitating State', a chapter in my forthcoming book, *States of Debility and Capacity*) sanctioning maiming, which is distinct from sanctioning the 'collateral damage' of civilian deaths, bespeaks a profound failure in the global human rights framing of disability as a protected and supported social difference—protected and supported unless it is part of the war tactic of a settler colonial regime, one financially buttressed by the United States. This is all the more ironic given that Israel is a signatory on the United Nations Convention for the Rights of People with Disabilities (Schulze 2010) (as well as for the UNC for the Rights of the Child). Not to mention this other contortion of the relation between the cripple and the disabled: Gaza has a Paralympics team, one that is actually much more successful than the main Olympic team (Al-Mughrabi 2012; Degun 2012).

IV. Collateral Damage

Israel does not claim the actual 'right' to maim in the way it claims a right to self-defense and a right to kill in warfare. Rather I am arguing instead that by disobeying international protocol regarding medical neutrality—bombing hospitals and medical personnel, part of a larger tactic of infrastructural warfare—along with pacifying the injunction to minimize civilian deaths—otherwise known as collateral damage—Israel covertly enacts the right to maim through promoting itself as attempting to avoid civilian casualties. As the death toll of Palestinians soared this summer in comparison to Israeli deaths, much less

spectacular and less commented upon yet potentially more deleterious to the future of the Palestinian people are the numbers of injured civilians.

The shoot to maim but not kill vector meshes, indeed colludes, with the principle of 'collateral damage', which states that the unintentional killing of civilians, and the killing and injuring of children, if not deliberately targeted, is collateral damage. Since the Vietnam war, highly visible and inhumane techniques of maiming and destroying a population had become unacceptable and these aims have been achieved through more subtle, low-intensity forms of warfare (Graff 1993). Maiming evades the optic of collateral damage. Jennifer Leaning, the Director of Harvard University's FXB Center for Health and Human Rights, notes that 'the number of dead and the number of wounded convey the false impression that the wounded are going to be okay' (quoted in Said & Zahriyeh 2014). Further, the construction of targeting the disabled as an illegitimate, inhumane and often shock worthy tactic, as reflected in the response of horror when the IOF bombed the Home for Mubaret Philistine Care Home for Orphans and Handicapped, killing three disabled residents, is then available as a foil to obfuscate the tactic of targeting *to* disable.

Numerous debates about collateral damage and intentional versus unintentional civilian deaths proliferated during the summer of 2014. Critics avowed that Israel was using 'unguided, indirect fire with high-explosive shells', weaponry widely understood to be 'inappropriate for a densely populated area'. Nadia Abu El-Haj writes that Israeli allies proclaim that 'the Israeli army wages war with moral integrity. It doesn't target civilians. It never intends to kill them. It even warns Gazans when an attack is coming so they can get out of harm's way' (Abu El-Haj 2014). Abu El-Haj dissects the discourse of 'unintentionality', arguing that 'most civilian deaths in urban counterinsurgency warfare may be 'unintentional', but they are also predictable' (Abu El-Haj 2014). Laleh Khalili takes a more pointed view, arguing that civilians are not accidental casualties, but 'the very object of a settler-colonial counterinsurgency' (Khalili 2014). But the discussion on intentionality leaves another possibility unspoken: while the purposiveness behind civilian deaths may be indiscernible, debatable, or as Khalili avers, absolutely transparently obvious, what the debate on civilian deaths obscures is what may well be the intentional activity of maiming: the proliferation of injuries leading to permanent debilitation that remain uncalculated within the metrics of collateral damage. As a term that emerges in 1961, and signals the 'debt' of war, that which should be avoided and must be paid back, why does collateral damage disarticulate debilitation from death? Such a disarticulation effectively disconnects the act of violent perpetration from the effects of violence. Official terminology follows suit; for example, the designation 'explosive remnants of war' suggests that the war is over and that the remnants, ranging from dum dum bullets to armament toxicity to landmines, are benign, manageable, or negligible (McFann 2014).

Maiming thus functions not as an incomplete death, or an accidental assault on life, rather the end goal in the dual production of permanent disability via the infliction of harm and the attrition of the life support systems that might allow populations to heal from this harm. Maiming is required. Not merely a by-product of war, of war's collateral damage, it is used to achieve the tactical aims of settler colonialism. This functions on two levels: the maiming of humans within a context that is utterly and systematically resource-deprived, an infrastructural field that is unable to transform the cripple into the disabled. This point is crucial, for part of what gels the disabled body that is hailed by rights discourses is the availability of the process of rehabilitation. And second, the maiming of infrastructure in order to stunt or decay the able-bodied into debilitation through the control of calories, water, electricity, health care supplies, and fuel (Seikaly 2012; Weizman 2012). The understanding of maiming as a specific aim of biopolitics puts pressure on the framing of settler colonialism as a project of elimination of the indigenous through either genocide or assimilation. It asks us to re-evaluate the frame of biopolitics in relation to the forms of maiming (and stunting, which I will discuss shortly) that have gone on for centuries in settler colonial occupations. Examining the role of maiming, not only in Palestine (though that is my prime focus here) but also in Canada, New Zealand, Australia and the United States puts analytic pressure on the assumption that the goal of settler colonialism is necessarily elimination (see Stevenson 2012). What does the sustained practice of maiming—in this case, sustained since the first Intifada at least—accomplish for settler colonialism? What is the long-term value of will not let die, of withholding death?

The productivity of maiming—'will not let die'—is manifold. This third biopolitical vector, 'will not let nor make die', keeps the death toll numbers relatively low in comparison to injuries, while still thoroughly debilitating the population—depopulation through slow attrition, through maiming the human form. The dying after the dying, perhaps years later, would not count as a war death alongside the quick administration of war deaths. Where do the numbers of 'collateral damage' end and the demarcation of 'slow death' begin?

Further, debilitation is extremely profitable economically and ideologically for Israel's settler colonial regime. Many sectors take on the 'rehabilitation' of Gaza in the aftermath of war: Israel, Egypt, the Arab Gulf states, NGO actors who are embedded in corporate economies of humanitarianism. Crumbs of the reconstruction will be fought over through local forms of control brokered by Hamas and The Palestinian Authority. But these circuits of profit are uneven and perverse; who profits and how are extremely complex issues and not straightforward at an imperial scale. However distinct some of these actors may appear, the overall assemblage works to feed back into the economic and ideological validation of Israel. The actors in play all calculate Palestinian life, death, and debilitation according to different economic and geopolitical and domestic metrics. For the Arab Gulf States, this disjuncture between rhetoric and the outcome of financial exchanges points to certain political benefits, not simply profit in an

economic sense, but their favored status within an imperial order led by the United States (Hamid 2014). Similarly, Egypt under Abdel Fatah Al-Sis is rewarded for a disjuncture between policy and rhetoric, receiving military aid and support for their own domestic tyranny in return for shutting off the flow of vital goods to Gaza (while condemning Israeli airstrikes publicly) (Blumenthal 2014b). As Blumenthal points out further, the team of consultants hired by the NGO complex to oversee Gaza's (privatized) rebuilding envision a future of sweatshops producing zippers and buttons for Israeli fashion houses. The United States and other Western countries provide the majority of money for the UNRWA while providing the money and munitions that go into destroying UNRWA infrastructure like schools and hospitals.

As a public health crisis, Gaza now represents a perversion of Foucault's management of health frame in that it feeds into models of disaster capitalism. Joseph Pugliese documents that Elbit, the company whose drones were tested during Israel's assault, recorded a six percent increase in profits during the first month of Operation Protective Edge (Pugliese, 2015). Post-onslaught donor conferences raise billons of dollars for rebuilding infrastructure in Gaza, capitalist accumulation that ultimately feeds back into Israel's regime, despite the inevitability that Israel will destroy Gaza again (Cohen 2014). Despite 'donor fatigue' due to the cycle of rebuilding infrastructure that will surely be razed yet again, it is most likely that 'donors will pay up because it is far easier than addressing the underlying causes of and possible solutions to the Israeli-Palestinian conflict' (IRIN 2014).

Israeli commitments to allow the five million tons of construction materials needed to rebuild the strip have resulted in naught; as of January 2015 only 3.9% of that has entered Gaza (Gisha 2015a). Materials to rebuild Gaza are subjected to massive administrative oversight by Israel and the UN because of fears that cement will be used to rebuild the tunnels (Beaumont 2014b). Maintenance of the 'separation policy' of Gaza from the West Bank is part of the economic withholding that gives license to other networks (Gisha 2015b).

These multi-faceted calculations suggest that the targeting of Palestinian bodies as a source of extractive value goes beyond the plus-minus logic of accumulation towards a broader strategic goal of regenerating the structure of occupation, both locally in Gaza and globally through the many circuits of the imperial order. Given the economic profitability of the occupation to numerous actors who are ultimately beholden to the geopolitical and economic legitimation of Israel, it becomes even more urgent that resistant strategies such as BDS disrupt the circuits of capitalist accumulation. More trenchantly, resistant strategies must also respond to Ilana Feldman's urgent call to break open the obscuring frame of humanitarianism and disrupt the cycle of destruction and rebuilding that ultimately regenerates the colonial situation (Feldman 2009, pp. 33-4). Anne Le More concurs:

'the international donor community has financed not only Israel's continued occupation but also its expansionist agenda—at the expense of international law, of the well-being of the Palestinian population, of their right to self-determination, and of the international community's own stated developmental and political objectives' (Le More 2005, p. 983).[v]

Thus one interpretation here is that the debilitation of Gazans is not simply capitalized upon in a neoliberal economic order that thrives on the profitability of debility, as is the case elsewhere, but that Gazans must be debilitated in order to make (their) life (lives) productive. Perhaps differing from earlier colonial and occupation regimes where deprivation was distributed in order to maim yet keep labor alive, there is little need for Palestinian labor, for Palestinian production. Rather profit is derived from the dismemberment of reproduction, a function of capitalism without labor (in part because a massive increase in migrant labor has been used to offset the need for Palestinian labor) and again, a move from the welfare model that Foucault worked with to a formulation of biopolitics flourishing through and beside human populations (economic life growing without human life). In this regard we can say along with the right to maim, Israel is also exercising a sovereign 'right to repair', one that reaps profit through a speculative withholding and distribution of rehabilitation that is tactical, conditional and controlled through Israel's security doctrine and beholden to the strategic logic of slow elimination.

V. Prehensive Biopolitics

There are interesting disavowals by Israel of the Gazan civilian death toll that may expose the logic that undergirds the right to maim. Take, for instance, Benjamin Netanyahu's transposition of the make die vector from Israel onto Hamas, in this oft-quoted statement from the summer of 2014:

> … all civilian casualties are unintended by us but actually intended by Hamas. They want to pile up as many civilian dead as they can, because somebody said they use, I mean it's gruesome, they use telegenically dead Palestinians for their cause. They want the dead, the more the better. (Netanyahu, 2014)

Here, there is a tentative answer to the question, why not just 'make die'. The act of 'make die' is transferred to Hamas as a wish to 'let die'. The anxiety generated by the term 'collateral damage'—'the more dead the better'—is transformed into a favorable rather than damning equation. The statement, I suggest, serves as more than a ludicrous projection; rather, it might actually reveal an investment in 'will not let die' that extends as a justification for the right to maim, and for a speculative rehabilitative approach that modulates when to let die, when to maim, and when to 'will not let die'. Allen Feldman alludes to one reason why 'make die' and even 'let die' cannot usefully serve the mandate of the post-genocidal Israeli state:

> … the alleged manufacture of telegenic death by the Palestinians implies their subjugated knowledge of genocidal truth that both attracts and threatens Netanyahu—for in a Euro-American public sphere acculturated to the Holocaust, Palestinians become more attractive and rhetorically persuasive when dead than when alive, when televisually spiritualized rather than when protesting or resisting or simply enduring intractable prison-house materialities. Netanyahu attacks telegenic death because he fears the population bomb of Palestinian dead and wounded, wherein they become symbolic Jews. (Feldman, 2014)

Given the prohibition and value of 'dead Palestinians' that Feldman maps in his analysis, then, it is worth examining the repeated claim that Gaza will be uninhabitable by year 2020. The first question we might want to ask is, by what calculus is Gaza currently inhabitable? And then: With what metrics is this prognosis computed, through which prehensive algorithms, via what naturalized logic does the agent of destruction that creates and sustains Gaza as uninhabitable completely drop from syntactical reference, as if the asphixatory control that Salamanca details reflects (but in actuality, authorizes) the organic order of things? How is this inevitability procured? The prehensive authorizes a set of predictive facts-on-the-ground in terms of the language of risk and probability that extends itself to a predicted 'apocalypse'; in other words, the representation of Gaza as a 'natural' disaster likely to happen. The prehensive, as an addition to reactive and pre-emptive forms of securitization, is about making the present look exactly the way it needs to in order to guarantee a very specific and singular outcome in the future. A remark by Michael Oren, Israel's former ambassador to the U.S., unwittingly unravels this grammatical elision by positing the inverse: 'Life in Gaza is miserable now, but if Israel is permitted to prevail [i.e. destroy Hamas], circumstances can improve markedly' (Oren 2014).

2020 functioned as a perverse apocalyptic timeline that is all-too familiar to us now, largely through the predictive algorithms mapping for us the demise of the planet due to climate change. The prehensive is narratively produced as if this thing is happening to us, when indeed, we made it happen. (And in fact, from Netanyahu's vantage: We wanted it to happen.) Through prehensive time, it is not only that the terms of futurity are already dictated in the present, but the terms of the present are dictated through the containment of the terms of the future, in an effort to keep the present in line with one version of the future that is desired. In feeding the fixed future into the present, data feeds forward in a retroactive manner that disallows us out of the present. That is to say, we cannot get out of the present because tethered to the desired future. These prehensive futurities are thoroughly resonant now: by such and such year, Caucasians will be the minority in California. X number of species will be extinct by year such and such. What this prehensive control over the present in order to create a certain future might suggest is that the 'solution' to the 'Israeli/Arab conflict' may well, for Israel, be neither one-state nor two-

state, rather the present status quo. In other words, a terrifying implication is that Israel already has its solution: settler colonialism.

There is another twist to these temporalities: the multiplicity of competing prehensive narratives that challenge the hermeneutic seal. 2020 is also predicted to be when Palestinians will outnumber the Jewish Israeli population. Palestinians in Israel and the Occupied Territories will outnumber Jews by 7.2 million to 6.9 million (PCBS 2013; Deutsche Presse-Agenteur 2012). Palestinians inside Israel's 1948 borders are reproducing 33 percent faster than Israeli Jews (Chamie 2014). If indeed Israel needs Gaza's gas resources by 2017 (Ahmed 2014a, 2014b), if indeed by 2020 Gaza will be uninhabitable (UNRWA 2012), these timeframes reveal as much about the contractions and acceleration of pace demanded within the parameters of slow death as they do about life span.

But is 2020 only a human timeline? If temporality itself is already suffused with the biopolitical, to claim unfettered access to futurity is already predicated upon the genocide or slow death of others. The invocation of 2020 marks the limit of thinking biopolitical time in human terms, gesturing towards temporalities that are wielded in non-reproductive terms, since human reproduction no longer singularly drives the engine of biopolitics. Gaza is not only living human time, and 'population time', but also versions of inhuman time. Mel Chen's (2012) work on toxicity alerts us to the question of the half-life of depleted uranium, which is something like 4.5 million years, and other elements deposited through weaponry and infrastructural warfare. Prehensive time thus also signals a weaponized epigenetics where the outcome is not so much about winning or losing, nor a solution, but about needing body parts (not even whole bodies) for research and experimentation. As Reza Negarestani so magnificently and presciently shows us, the limits of the non-human/in-human frame are already displayed through their precise deployment within capitalism, revealing the necessity of theorizing an inhumanist biopolitics; the non-human, posthuman, and inhuman are thoroughly amenable to the circuits of capitalism that inform biopolitical power (Negarestani 2011). Maiming is thus also necessary for exploiting the project of verticalization which Eyal Weizman details. For Weizman, verticalization happens through the production of expanded Israeli military space through third dimensional renderings of air, ground, and underground entities that provides increasing legitimation for Israeli rule through the colonization of space and time (Weizman 2012). Steven Salaita writes in *Israel's Dead Soul*, interiority is accorded to the Jewish Israeli subject through the production of depth—of history, of archeology, of presence (Salaita 2011). Through the practice of maiming, stunting, and debilitation, Palestinians are further literalized and lateralized as surface, as bodies without souls, as sheer biology, thus ironically rendered non-human, part of creating surface economies of control, and captured in non-human temporal calculations.

VI. No Future

> Palestinian children in Gaza are on what the Israeli military leadership has called a starvation diet. You have almost 80 percent of Palestinian children living on less than $1 a day. They're at levels of what we would call poverty and extreme poverty, with extensive food insecurity. That's just another way of saying that most Palestinian children in Gaza go to bed hungry every day, so their caloric intake has been significantly reduced since the siege began within the last seven years. In addition to the reduced number of calories they take in, the kind of nutrients they're getting is also decreased, so what we see is this medical phenomenon called stunting, which results in lower birth weights for Palestinian children. Their average birth weight is going down. Their height and weight are below what you would consider basic international norm values for children that age. (Dr. Jess Ghannam quoted in Said & Zahriyeh 2014).

And finally, we turn to the question of generational time. 'Palestinian children in Gaza are exposed to more violence in their lifetime than any other people, any other children, anywhere in the world' (Ghannam quoted in Said & Zahriyeh 2014). Given that Israel in particular and Jewish populations in general have thoroughly hijacked the discourse of trauma through exceptionalizing Holocaust victimization, Palestinian trauma is overshadowed, classified into impossibility through 'an assemblage of laws, policies, narratives, symbols, and practices that re-named trauma and suffering of the dispossessed with colonial terminology'. This terminology demeans Palestinians as 'present-absentees', 'security threats', and 'demographic threats' (Shalhoub-Kevorkian 2014b). Numerous studies have documented the on-going effects on children of the state of siege involving arrests, assaults, home invasions, witnessing of deaths, and the loss of familial and community infrastructure.[vi] The psychological impact on children has been deemed a form of 'continuous PTSD' while the Israeli policy of the calorie regulation or the 'starvation diet' has led to what medical practitioners call 'stunting'. Exposure to white phosphorus in Cast Lead and ground contamination from radioactive materials in Israeli bombs have led to increases in birth defects. In a recent article, Nadera Shalhoub-Kevorkian demonstrates that 'children are now one of the main targets of the Israeli state' in large part because they are produced as 'always already terrorists' and rendered non-human (Shalhoub-Kevorkian, 2014a). Efforts from human rights organizations to place the IOF (IDF) on a United Nations list of serious violators of human rights due to killing more than 500 children and injuring at least 3300 last summer have been fraught and apparently stalled due to political pressure from the Israeli state (Sherwood 2015).

Once again, this is not a recent development. Prior research suggests that children became a prime target during the second year of the first Intifada. Reports from UNRWA and the Jerusalem-based Palestine Human Rights Information Center (PHRIC) document that over 41,000 children sixteen years or younger had been treated for

gunshot wounds, injuries from beatings and exposure to CS and CN gases between 1987 and 1992 (Graff 1993, p. 47). In 1992 the Gaza Community Mental Health Program (GCMHP) reported that '89% of a random sample of 1564 children between the ages of eight and fifteen had experienced raids by Israeli soldiers; 45% subjected to beatings' (Graff 1993, p. 47). During the middle of the first Intifada, UNRWA reported a decline in the number of child fatalities due to Israeli gunfire and a sharp increase in the number of injuries (Graff 1993, p. 50). Studies from the second Intifada start demonstrating the somatization of trauma and other mental health issues amongst the young (Thabet & Vostanis 2005; Thabet & Vostanis 2011; Thabet et al. 2013). In this sense, Samir Qouta and Iyad El Sarraj have observed that '… Palestinian children have become laboratories for study of the relationship between trauma and violence, conflict, and children's well-being during war' (Qouta and El Sarrai 2004, p. 11).

Targeting youth, not for death but for 'stunting', for physical, psychological, and cognitive injuries, is another aspect of this biopolitical tactic that seeks to render impotent any future resistance, future capacity to sustain Palestinian life on its own terms, thereby debilitating generational time. It is especially cognitive and psychological injuries that have long range, traumatic effects that potentially debilitate any resistant capacities of future generations. It is worth stating an obvious but perhaps unremarked upon qualification here: this is a biopolitical fantasy, that resistance can be located, stripped, and emptied. 'Resistance itself' becomes a target of computational metrics: How to measure, calculate, and capture resistance? But not only is biopolitical control a fundamentally productive assemblage; the ontological irreducibility of 'resistance itself' is elusive at best.

Samera Esmeir, writing of Israel's 'experimental wars' in Gaza, claims that 'Gaza has become the literal testing ground for Israel's various experiments … as an occupying power, Israel transformed Gaza into such a laboratory by imposing on it different forms of confinements culminating in the siege imposed and maintained since 2006' (Esmeir 2014). In the quest for complete air, space and ground control, a thoroughly saturated economy of spatial and temporal control, what are the terms of Gaza-as-laboratory? Is Gaza an experimental lab for the production, maintenance, and profitability of biopolitical debilitation, an experiment in mining the infinite potentialities of the schisms between death, and debility, and the potentiating of non-human time? And yet, labs and even many jails have better living conditions than the Palestinians in the Gaza Strip. Gaza emblematizes the profitability of a speculative rehabilitative economy where debilitated bodies are more valuable than dead ones, because they keep bodies in capital circulation, not as weakened, docile laborers, but as parts that can undergo arbitrary experimentation with forms of life and their variegated temporalities. Maiming is a requirement for this economy, whereby settler colonialism is naturalized through a focus on the status and regulation of occupation.

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I offer this analysis in the spirit of what Jord/ana Rosenberg has hailed an 'anti-Zionist hermeneutic',[vii] one that insists on speaking the truth of debilitation as another form of biopolitical governmentality (Rosenberg 2014). It is an anti-Zionist hermeneutic that seeks not to exceptionalize Palestine, nor to render it visible through containment in a comparative frame, but instead to understand intensifications of biopolitical modes of control that are continuous and resonant with historical modes and indeed, across contemporary geopolitical spaces. Palestine in this sense provides an epistemological blueprint, one that opens up the connective tissue between regions, regimes of power, sites of knowledge production, historical excavations, and solidarity struggles for liberation. Such a hermeneutic recognizes the current shifting conditions in the U.S. academy—historically relatively foreclosed, as the writings of Edward Said remind us—for the possibility of genuine debate about what he called *The Question of Palestine*. The goal of this paper, however, is not to affirm an instrumentalist use of such a blueprint, nor to mobilize Palestine in order to foreground a corrective to Eurocentric theorizations of biopolitics. The ultimate purpose of this analysis is to labor in the service of a Free Palestine.

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Notes

i Foucault continues in *Society Must be Defended*: 'What does the right of life and death actually mean? Obviously not that the sovereign can grant life in the same way that he can inflict death. The right of life and death is always exercised in an unbalanced way: the balance is always tipped in favor of death. Sovereign power's effect on life is exercised only when the sovereign can kill. The very essence of the right of life and death is actually the right to kill: it is the moment when the sovereign can kill that he exercises his right over life' (Foucault 2003, p. 240).

ii This analysis of the role of maiming of course also begs the visage of the opening passages of Foucault's Discipline and Punish. Foucault traces 'the disappearance of torture as a public spectacle': the transition of the spectacle of the punishment of torture, and specifically of severing limbs, from the purview of the public to the routinization of punishment in the prison. Torture thus remains a transgressive ritual but no longer a spectacle. In both the spectacle of maiming and its domestication in the prison, maiming is a disciplinary mode of punishment. But through its endemic and intrinsic incorporation into the 'largest open-air prison' in the world (as Gaza is so often referred to), the banality of maiming becomes a form of torture that is crucial to how control functions. It is returned to the public sphere but still removed from its specularization, and thus normalized as a facet of life rather than an act of torture. In Gaza torture is not disappeared into the private, nor is there a return to the spectacle of torture. Rather more insidiously, torture is regularized as integral to settler colonialism (Foucault 1977, p. 7).

iii Thank you to an anonymous reader and also to Max Hantel for clarifying this point for me.

iv A further reference: 'It would be safe to assume that most Palestinian children sixteen years or younger have either been hit by Israeli gunfire, beaten up by Israeli troops or colonists, or asphyxiated, burned, or nauseated by US-manufactured, highly concentrated CS or CN gases. The statistics and projections of child injuries from IDF gunfire and beating show that Palestinian children were massively targeted by the IDF, and that the scope of those assaults went far beyond what might have been required to contain demonstrations and cope with stone-throwing' (Graff 1993, p. 53).

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