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A Radical Reworlding: Discourses of Abolition and Neoliberal Resilience in the Covid-19 Pandemic

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ABSTRACT *This paper explores the limitations of neoliberal concepts of resilience and the possibilities of abolition in the discourses surrounding the Covid-19 pandemic in Canada. I locate Canada's state discussions at the outset of the pandemic in 2020 in the neoliberal model of resilience that is rooted in ideologies of individualism and carcerality, rather than the deconstruction of the interdependent systems that create them – despite the temporary questioning of the status quo in political discourse. To contrast the mobilization of neoliberal resilience, I introduce the Doctors for Defunding the Police collective and analyze how they mobilize a more radical praxis by approaching pandemic discourse through a framework of abolition and healing justice. Finally, I draw on Ndlovu-Gatsheni's (2023) analysis of the components of reworlding from the Global South, locating the praxis of Doctors for Defunding the Police in this tradition due to its rejection of neoliberal individualism, its embrace of alternative subjectivities, and its turn towards a politics of collective care. Ultimately, I argue that while the 2020 resilience discourse afforded an approach to the pandemic that did not fully abandon the population, it remained fundamentally tied to neoliberalism and racial capitalism, whereas the abolitionist response offered a more transformative praxis of reworlding through its commitment to deconstructing harmful systems and reviving a decolonial praxis of collectivity. To conclude, I examine how the contemporary politics of Covid-19 continue to embrace colonial and carceral realities, necessitating a continued abolitionist praxis of reworlding.*

KEYWORDS reworlding; resilience; abolition feminism; disability justice; decoloniality

Introduction: Defining Neoliberal Resilience, Abolition, and Reworlding

As the year of 2020 gave rise to a series of escalating crises – including the Covid-19 pandemic and increasing rates of police brutality – questions of adaptation and transformation gained increasing salience. One prominent

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question was whether the crises and their associated resistance movements would engender a broader reckoning with the current logics of oppression, or whether the world would return to the previous norm(s), continuing to operate according to the structures and logics that had introduced and exacerbated the crises. This article responds not only to the increased Covid-19 mortality rates for racialized people in Canada (Gupta & Aitken, 2022), but also the reckoning with systemic racism that resurged when Black American George Floyd was killed by a white police officer, Derek Chauvin, in Minneapolis on May 25, 2020. With the intersecting discourses of systemic racism in policing and health, authors such as Dionne Brand (2020) suggest that the pandemic laid bare the "endoskeleton of the world" (para. 1). Brand (2020) critiques the ways that "those in power keep invoking 'the normal'" (para. 2), as she identifies the ways that people in power aim to return to the everyday violence of misogyny, systemic racism, homophobia, transphobia, homelessness, surveillance, and racialized policing (para. 2). Ultimately, she situates two contrasting possibilities in motion: the pandemic as a return to normal, or the "pandemic . . . as reckoning" (para. 1). This article similarly explores these two possibilities through two competing discourses that became prominent during the Covid-19 pandemic in Canada: the adaptation-centered state discourse of neoliberal resilience, and the transformative counter-discourse of abolition.

Neoliberal Resilience

The relationship between adaptability and resilience is often conceived in terms of a system's ability to adapt to a shock, which, in neoliberal mobilisations, urges a return to the familiar neoliberal norm: the prioritization of markets and the advancement of the projects of racial capitalism and colonialism (MacKinnon & Driscoll Derickson, 2012). Neoliberal resilience often involves the government placing the onus on the individual to adapt to reduce state responsibility for systemic changes (MacKinnon & Driscoll Derickson, 2012). While resilience can, at times, also operate at cross purposes with, if not resistance to, neoliberal states – for example, through anti-capitalist resilience (MacKinnon & Driscoll Derickson, 2012) or decolonial resistance (Glynn & Cupples, 2022) – state-mobilized neoliberal resilience discourses, as described by Charles Amo-Agyemang (2021) and MacKinnon and Driscoll Derickson (2012), foreground the ability to adapt to crisis without deconstructing the systems that are causing harm. This neoliberal model of resilience "not only privileges established social structures, which are often shaped by unequal power relations and injustice, but also closes off wider questions of progressive social change" (MacKinnon & Driscoll Derickson, 2012, p. 254). Thus, theorists such as Glynn and Cupples (2022) position resilience as "a key component of neoliberal 'worlding' projects that . . . foreclose capacities to imagine the world otherwise" (p. 5). In neoliberal

versions of resilience, the world remains tied to the violent structures of the capitalist, colonial norm.

Abolition and Reworlding

However, while neoliberal discourses of resilience often foreclose alternative worlds by maintaining extant structures, abolition works towards more transformative changes. In defining abolition feminism, Bierria et al. (2022) write, "abolitionist politics aim to realize a . . . vision to end all of the social and economic conditions that produce, and are enabled by, state systems of violent control, such as racial capitalism, sexual violence, and genocide" (p. 2), characterizing it as a "feminist, queer process of burning down, shaking off, and building up" (p. 2). In health discourses, the abolitionist praxis of healing justice includes a collection of care systems – introduced by "queer and trans people of colour and in particular Black and brown femmes, centering working-class, poor, disabled and Southern/rural healers" (Piepzna-Samarasinha, 2016, para. 1) – that address intergenerational traumas, resist carceral and capitalist solutions, and work towards collective health (Page & Woodland, 2023). Like Brand (2020), healing justice practitioners Page and Woodland (2023) situate the pandemic as a "reckoning," one that "forced us to confront" the systems of state abandonment, incarceration, imperialism, capitalist extraction, gender-based violence, and ableism that structure contemporary life (p. 2). In the tradition of abolition, they call for us to "compost, regenerate, and reimagine ourselves beyond the original wounds of slavery, colonization, genocide, and displacement from our land, cultural memory, and traditions" (p. 4). Healing justice, and the broader praxis of abolition, reanimate lineages of feminist, queer, and decolonial resistance to offer a collective liberation from the death-making politics of the contemporary norm. I position abolition – and its interconnected praxis of healing justice – in conversation with Ndlovu-Gatsheni (2023) as an example of what he terms reworlding from the Global South: "re-creating/remaking/reconstituting after centuries of de-constitution/dismemberment and destitution of the other worlds and other lives of those who were subjected to genocide, enslavement, colonialism, imperialism, capitalism and heteropatriarchal sexism" (p. 2249). In this tradition of reworlding, the praxis of abolition challenges colonial epistemologies and establishes an alternative world that challenges imperial, capitalist worlding – in other words, "'making a world after empire'" (Ndlovu-Gatsheni, 2023, p. 2247) and rejecting the ways that neoliberal resilience forecloses a more resistant imaginary.

In this paper, I counter the limiting concept of resilience with the transformative energies of abolition in the context of Canadian discourses surrounding the Covid-19 pandemic. This paper draws on two striking examples: Canada's 2020 Speech from the Throne – an address presented by Governor General Julie Payette to open the 43rd session of Parliament – to

exemplify neoliberal resilience discourse, and the "Policing is a Public Health Crisis" statement by the Doctors for Defunding Police collective – as well as the letters they co-signed – as an example of abolition discourse. I argue that the while resilience discourse allowed for an approach to the pandemic that promised successful adaptation, if not recovery, even the apparently progressive state agenda remained fundamentally tied to neoliberalism and racial capitalism. In contrast, I argue, the abolitionist collective offered a transformative response – and presented a praxis of reworlding – through its deconstruction of harmful systems and its reclaiming of decolonial networks of collective care.

"A Stronger and More Resilient Canada": Neoliberalism and Resilient Adaptation

In Canada, one of the most prominent examples of adaptation-centered resilience discourse was the 2020 Speech from the Throne, titled "A Stronger and More Resilient Canada." Despite being presented by then-Governor General Julie Payette, Speeches from the Throne are traditionally written by the office of the Prime Minister (Zimonjic, 2019) – in this case, Prime Minister Justin Trudeau, who at times has been lauded for being "progressive" for his liberal policies (Black, 2021, para. 3). Titled "A Stronger and More Resilient Canada," the speech outlines four pillars of the government's agenda for the following year: "Protecting Canadians from Covid-19" (Canada Governor General, 2020, p. 6), "Helping Canadians through the pandemic" (p. 10), "Building back better: a resiliency agenda for the middle class" (p. 16), and "The Canada we're fighting for" (p. 25). Discursively, this speech exists within what Pelling et al. (2015) identify as a space of questioning between adaptation and transformation – where disasters "open political space for alternative narratives and organisation to emerge," which may eventually lead to more radical change (p. 115). The speech outlines the ways that the pandemic has exacerbated socioeconomic disparities, noting the disproportionate effects of the pandemic on people with disabilities, precarious workers, women, and racialized communities, amongst others (Canada Governor General, 2020, pp. 17, 4). The "Opening" section of the speech not only acknowledges that the pandemic has "laid bare fundamental gaps in our society," but also vows to address these gaps through government action (p. 4). While direct healthcare is managed primarily by individual provinces, the federal government still holds responsibility for supporting the healthcare system and the interlocking spheres that influence it – thus, the speech introduces several pandemic initiatives from the federal level, including increasing economic resources for those that do not qualify for unemployment insurance (p. 12); addressing the disproportionate impact of the pandemic on women in Canada (p. 13); and improving employment and benefits for people with disabilities (p. 7). It also addresses the Canada Emergency Response Benefit (CERB), which provided

financial support to Canadians in 2020 and helped keep "the income gap between white and racialized workers from growing even wider" (Eschner, 2024, para. 2). The initiatives and statements in this plan demonstrate the ways that the crisis of the pandemic allowed the elevation of "alternative narratives" (Pelling et al., 2015, p. 115). While limited in implementation, the speech's initiatives and statements bring into mainstream consciousness several previously marginalized discourses related to social inequity: the lack of protections for precarious work, the need for universal income, the inadequacy of employment insurance, and the invisible, gendered labour of care work.

However, the speech is still imbued with capitalist logics – an indication of the pull towards adaptation over transformation, and a harbinger of the later return to familiar versions of neoliberal politics. One foundation of the pandemic plan is to "build back better to create a stronger, more resilient Canada" (Canada Governor General, 2020, p. 5), later more aptly titled "Building Back Better: A Resiliency Agenda for the Middle Class" (p. 16). This pillar aims to "create a resiliency agenda for the middle class and people working hard to join it" (p. 16) – gesturing towards and reinforcing the neoliberal ideology of "pulling yourself up by the bootstraps," which further marginalizes communities by reserving support for those who meet a narrow standard of labour. The prioritisation of the middle class in the resiliency agenda emblematizes what Humbert and Joseph (2019) foreground in their own interrogation of neoliberal resilience: that "the commodification of resilient subjects requires that to be resilient is to contribute" (p. 220), particularly in ways the state recognizes as valuable. This part of the recovery plan claims that "effectively dealing with the health crisis is the best thing we can do for the economy" (Canada Governor General, 2020, p. 5) – a statement that reifies the economy as central in approaches to public health. This description re-orients understandings of the crisis to present preservation of the current economic system as necessary to the overall wellbeing of the population, demonstrating the ways that capitalism "imprint[s] its developmental logic on associated social relations, institutions and spaces" (MacKinnon & Driscoll Derickson, 2012, p. 254). The underlying logic of the statement is that the economy, and those who contribute to it, are the highest priority – a logic that marginalizes and further jeopardizes communities who have been made vulnerable by that very economic system.

These glimpses at the underlying logic of neoliberal resilience become further evident in Canada's domestic policy in 2024, where many pandemic initiatives implemented by the national and provincial governments – the types of state expansions that were possible in the time of crisis and foregrounded in the Speech from the Throne – have been removed, including CERB (Eschner, 2024); the Ontario moratorium on evictions (The Canadian Press, 2021); and the temporary sick pay program for Ontario, titled the "Ontario Covid-19 Worker Income Protection Benefit" (D'Mello, 2022). Several initiatives also faced critique for being inadequate: the 2021 budget for its lack of systemic, intersectional changes for women in the wake of the pandemic (Klingbaum,

2021; Scott, 2021); the Canada Emergency Wage Subsidy for allowing large corporations to avoid taxes (Cochrane, 2023); the three emergency sick days in Ontario for being a poor substitute for permanent, federally-mandated paid sick leave for all workers (D'Mello, 2022); and CERB for excluding – and thus further endangering – migrant workers, undocumented people, and workers in other essential industries, where racialized communities are already overrepresented and subjected to precarity (Eschner, 2024; Hjalmarson, 2020). The temporary changes to discourse and policy are examples of both the potential of generative changes in crises – which allowed these strategies to enter the political nexus when they would have otherwise been unthinkable – and the ultimately restrictive pull of neoliberal resilience discourse, which reverts to the original unequal systems of power following the perceived end to the crisis. This complex relationship to neoliberalism illustrates MacKinnon and Driscoll Derickson's (2012) argument that while "resilience can generate a politics that prefigures alternative social relations," it ultimately is not "the best way to animate such a politics" (p. 254). The shock of the moment allows for a temporary disruption and the questioning of social structures, but when tied to the urge to preserve neoliberal structures, resilience discourse lacks the long-term capacity to deconstruct oppressive systems.

On an international scale, the prevailing capitalist logic of neoliberal resilience discourse is also prominent in the brief mention of global vaccine distribution. While the statement offers concern for international vaccine access, it centers "supporting developing countries on their economic recoveries and resilience" (Canada Governor General, 2020, p. 30). This discussion of promoting pandemic resilience in "developing" countries – without specific acknowledgements of the sociopolitical and socioeconomic issues that cause international health disparities – parallels the broader paradigm of disaster resilience: where countries in the Global North encourage resilience in the Global South, which is constructed as "vulnerable" without recognition of the global structures that cause disproportionate effects of global disasters (Amo-Agyemang, 2021). This foreshadows Canada's later approach to global vaccine distribution, which aligns with colonial narratives of neoliberal resilience in the Global South: a focus on countries fostering their own individual resilience, without challenging the imperial relations that cause precarity. Despite recognizing its role within a globally interconnected health system in this speech, Canada later faced criticism for its own vaccine nationalism: "contribut[ing] to an inequitable global scarcity" by acquiring more doses of the vaccine than necessary, causing other countries to face "massive avoidable health and economic losses" (Brisbois et al., 2024, p. 2). While Canada did eventually join the COVAX initiative for global vaccine equity, it was criticized for taking vaccines from the program as a high-income country (Coletta & Rauhala, 2021) and for "amplifying charity models of access to essential medicines and supplies, under-delivering, and 'dumping' unwanted or near-expired vaccines" (Brisbois et al., 2024, p. 3). Canada also faced backlash for not explicitly championing the TRIPS proposal to waive

intellectual property barriers for the vaccine. Overall, in reviewing Canada's vaccine nationalism, Brisbois et al. (2024) found that these actions "overwhelmingly promote[d] economic growth as a solution to specific inequities and to the overall challenge of ensuring societal well-being," operating as part of the "focus on economic growth, 'innovation,' and the trade infrastructure deemed essential to them" (p. 11). Here, the references to neoliberal resilience in the Speech from the Throne – despite being part of what seems to be a discursive shift towards global equity – offer a direct link to the later resurgence of imperialist, neoliberal resilience practices that impede the wellbeing of the Global South and impose solutions and logics from the Global North. Ultimately, the speech's emphasis on the economic growth of the Canadian state represents the harmful logics of neoliberal resilience: a prioritization of Canada's economy in both domestic and international policy, to the detriment of precarious communities.

Given that capitalism operates in tandem with racial oppression – with the two systems characterized by Cedric J. Robinson (2020) as racial capitalism (p. 2) – the government's return to a neoliberal politics also suggests a return to racial inequality. The Speech from the Throne works in congruence with carceral logics, evident in two critical facets: the investment in reforming the criminal justice system and the refusal to address the increase in racialized policing during the pandemic. The belief in carceral reform emerges in response to the Canadian protests for racial justice in the summer of 2020, motivated in part by global resurgence in anti-racist politics prompted by George Floyd's murder by police. In Canada, activists called further attention to the practices of racial profiling, the disproportionate rates of Black and Indigenous incarceration, and local cases of police brutality. Protests also included demands for defunding the police, expressed in rallies in Calgary, Halifax, Fredericton, Toronto, Montreal, and London on August 29, 2020 (Lopez-Martinez, 2020, para. 2). To address these movements, the Speech from the Throne acknowledges the systemic racism in policing and the fact that "Black Canadians and Indigenous Peoples are overrepresented in the criminal justice system" (Canada Governor General, 2020, p. 28). However, the speech pledges further investments in reform: planning to improve "civilian oversight of our law enforcement agencies"; "modernize training for police and law enforcement"; implement "RCMP reforms"; and "accelerate work to co-develop a legislative framework for First Nations policing" (p. 28). The speech's plans and overarching promise – that "the Government will take steps to ensure that the strong hand of criminal justice is used where it is needed to keep people safe" (p. 28) – reaffirm a carceral notion of safety that centers punishment and control, rejecting the transformative justice that abolition calls for. This attempt to reform the criminal justice system operates in tandem with lack of acknowledgement of how the pandemic heightened racialized policing in Canada. As the Canadian Civil Liberties Association (2020) identified, pandemic measures leaned into repressive carceral solutions – for example, by giving "police and by-law officers new powers to card – a practice that has

been used disproportionately against racialized persons and other minorities" (p. 19). However, this issue remains unacknowledged in the Speech from the Throne, an exclusion that demonstrates the limits to liberal approaches to the intersections of policing and health. Once again, the plan for "A Stronger and More Resilient Canada" stands short of a transformative politic, limited by the carceral logics of the neoliberal state.

Doctors for Defunding Police: Exploring Abolitionist Solidarities

Where neoliberal resilience urges a form of adaptation that returns to and strengthens harmful structures, abolition calls for the dismantling of these systems. In the face of the pandemic and racist violence, abolitionists emphasize the impossibility and undesirability of "return[ing] to 'normal'" or resiliently adapting to these crises (Davoudi, 2012, p. 302). Instead, they aim to build other worlds – to "dismantle heteropatriarchal, white supremacist carceral systems and invent new forms of being and being with each other" (Bierria et al., 2022, p. 3). Drawing on Black, feminist, and queer lineages of resistance, abolitionists foreground a politics of interdependence, working together in intersectional networks of solidarity to share resources, practices, and knowledges (Davis et al., 2022). Critically, they recuperate traditions of care in response to crises and trauma, while also calling attention to the systemic sources of these traumas (Davis et al., 2022). In *Healing Justice Lineages,* Page and Woodland (2023) refer to this concept as healing justice, an abolitionist praxis led by "women, Queer, Trans, and disabled folks of color," particularly Black and Indigenous communities (p. 2). Healing justice recognizes the interrelatedness of health and various institutions of marginalization – including systemic racism, homophobia, transphobia, patriarchy, criminalization, and the broader prison industrial complex (Page & Woodland, 2023). This praxis takes up the abolitionist call for anti-colonial, anti-carceral, and anti-ableist ways of being, recognizing the ways capitalism and racism reinforce ableism; cause health disparities; and permeate approaches to public health crises. As Leah Lakshmi Piepzna-Samarasinha (2018) notes, "the histories of white supremacy and ableism are inextricably entwined, both forged in the crucible of colonial conquest and capitalist domination" (p. 14), necessitating abolition as an anti-capitalist and decolonial approach to disability, trauma, health, and healing.

One group that embodies this praxis of intersectional, abolitionist resistance is the Doctors for Defunding Police collective: a group of Toronto-based doctors – Naheed Dosani, Andrew Boozary, Semir Bulle, Suzanne Shoush, Ritika Goel, Michaela Beder, Bahar Orang, Saadia Sediqzadah, and Nanky Rai (Doctors for Defunding Police, n.d.) – who penned an open letter titled "Policing is a Public Health Crisis" (Doctors for Defunding Police, 2020). The letter, signed by over 600 healthcare workers, addresses the interconnections between public health and policing. It calls attention to the recent deaths of

Black and Indigenous people in Toronto at the hands of law enforcement, including Regis Korchinski-Paquet, a Black, Indigenous, and Ukrainian woman who died after an encounter with police in May 2020 at her home (Aguilar & Fox, 2020). In response to these patterns of police brutality, and "in solidarity with calls from Black and Indigenous communities" (Doctors for Defunding Police, 2020, para. 1), the letter argues that the police force "has threatened public safety, especially for Black and Indigenous people" and must be defunded (para. 9). The statement traces the ways that the health care system reinforces carcerality, arguing that Canada's "healthcare system is complicit in systemic anti-Black and anti-Indigenous racism and often works in concert with police services, especially as it relates to mental health crisis" (Doctors for Defunding Police, 2020, para. 1). The Doctors for Defunding Police letter exhibits the coalitional, abolitionist politics that is at the core of healing justice: the belief that health is inherently compromised by systems of policing, and that healing strategies must function in tandem with anti-carceral resistance.

In alignment with an abolitionist praxis – and in rejection of the carceral logics that permeate discourses of neoliberal resilience – the Doctors for Defunding Police also condemn the increase in police powers during the pandemic. In a second statement supported by the Doctors for Defunding Police Coalition, titled "Statement Against the Expansion of Pandemic Policing" (2021), the collective joins over 60 social justice and health-oriented groups in Toronto to oppose the surveillance measures that the Ontario government implemented during the pandemic. The signatories – including but not limited to Black Creek Community Farm; Black Health Alliance, the Criminalization and Punishment Education Project; Disability Justice Network of Ontario, the No Pride in Policing Coalition, and the Shelter and Housing Justice Network – argue that "policing-led approaches to addressing this pandemic are dangerous and ineffective" ("Statement Against the Expansion of Pandemic Policing," 2021, para. 2). Within their demands, they call for the government to defund the police (para. 6), "remove the increased presence of police in Black and racialized neighbourhoods" (para. 7) and remove the "by-law enforcement 'snitch lines' that encourage people to police each other" (para. 8). By rejecting carceral surveillance as a solution for public health needs, the Doctors for Defunding Police and other signatories offer a foundationally transformative vision of abolition, echoing Bierria et al.'s (2022) characterization of abolition as a politics that "aim[s] to realize a . . . vision to end all of the social and economic conditions that produce, and are enabled by, state systems of violent control, such as racial capitalism, sexual violence, and genocide" (p. 8). The coalition recognizes that expanding policing is another source of trauma for marginalized communities, antithetical to public health.

Both the "Policing is a Public Health Crisis" letter and the "Statement Against the Expansion of Pandemic Policing" also demand that money be reallocated from the police budget to social supports – thus resisting racial capitalism. In the "Statement Against the Expansion of Pandemic Policing"

(2021) the coalition of signatories pair their call for defunding the police with a call to "redirect those funds to communities to support immediate public health efforts, and build long-term community safety and care" (para. 6). They argue for the implementation of other economic resources, including paid time off for vaccinations (para. 4), funds for people whose workplaces are shut down for a lack of Covid-19 safety precautions (para. 10), and "ten, paid, permanent, employer-provided sick days" that increase during public health emergencies (para. 3) – contrasting with the three temporary sick days provided by the Ontario government. The "Policing is a Public Health Crisis" letter similarly emphasizes the ways that government budgets prioritize policing over public health supports. In the anti-capitalist tradition of healing justice, the Doctors for Defunding Police (2020) maintain that "without a reallocation of resources we cannot build healthy, prosperous and well communities, and we will remain in current cycles" (para. 3). In both documents, the Doctors for Defunding Police and other signatories recognize that racial capitalism diverts funds towards the prison industrial complex while leaving other critical institutions – such as healthcare – underfunded. They argue that the amount of financial support directed towards policing "over other upstream interventions and supports is only compounding the inequities across neighbourhoods in our city" (Doctors for Defunding Police, 2020, para. 3), calling instead for increased funding to health services, including emergency services and "non-police response teams" that can provide transformative healing practices (paras. 7-8). By supporting the defunding of police and re-allocation of funds to health care and social services, these signatories recognize that racial capitalism directly influences the lack of structural supports for healthcare, providing an intersectional critique of the neoliberal, carceral reformism that the Speech for the Throne features.

Along with the critique of racial capitalism and carcerality, these abolition discourses also highlight several other systems that co-construct the inequities that the pandemic exposed and intensified. In the "Statement Against the Expansion of Pandemic Policing," the signatories denote several populations that are disproportionately affected: Black and racialized people; precarious and essential workers; migrants, people who are incarcerated, people who are undocumented, and people experiencing homelessness. They argue that these groups have suffered from lack of workplace protections, inequitable access to vaccines, and unsafe housing (2021, paras. 3-4). To combat these inequities, the signatories propose several actions: temporary workplace closures during outbreaks; increased ventilation, distancing, and PPE, particularly in industries with Black and racialized workers; more equitable rollouts of vaccinations; and housing options that allow for Covid-19 measures. These alternative suggestions for fostering public health encapsulate Page and Woodland's (2023) positioning of healing justice as a project for "building long-term infrastructure for collective care and safety for our people outside of carceral strategies" (p. 7). The signatories, along with Page and Woodland, identify the broader failings of public infrastructure in the areas of housing, immigration,

and labour, recognizing that justice in these overlapping realms is also healing justice. These statements drew on a combination of networks of care already established by the signatories, who were each working in interrelated sectors to create safe and healthy communities. "Keeping Six – Hamilton Harm Reduction Action League," for example, organized networks of volunteers for outreach, offering food and other resources and collecting donations throughout the pandemic (Keeping Six Hamilton, 2020). Similarly, "CareMongering," another signatory, consisted of a broad network of over 200,000 volunteers organizing together to "ensure all community members could access basic necessities, services, and resources during the pandemic" (Kipp & Hawkins, n.d.). The forms of mutual aid from CareMongering, Keeping Six, and the other signatories emulate the concept of healing justice as a "basic form of survival" through care networks, originating from a long history of queer, disabled, racialized people supporting each other in the colonial and neoliberal systems that threatened their safety (Piepzna-Samarasinha, 2022, p. 10). In this tradition of abolition, each of these forms of mutual aid shifted, reformed, and imagined alternatives to care for the most vulnerable while also challenging the structures that lead to their precarity.

This emphasis on dismantling harmful systems also exists on a global scale, as signatories from both statements called for Canada to support global vaccine equity. Several of the founders of the Doctors for Defunding Police collective, including Naheed Dosani, Michaela Beder, Suzanne Shoush, and Saadia Sediqzadah, joined the Canadian Public Health Association (2021) and a group of healthcare workers in signing an open letter to Prime Minister Trudeau titled "Open Letter to the Prime Minister on Global Vaccine Equity." The letter, penned by Ian Culbert, Executive Director of the Canadian Public Health Association, was signed by 674 collective and individual signatories, including Black Physicians of Canada, the Canadian Public Health Association, and Doctors Without Borders Canada. The signatories urge the government to "dedicate a greater degree of resources to supporting the equitable global supply of vaccines" (Canadian Public Health Association, 2021, para. 1) and to "suppl[y] surplus vaccine doses via COVAX through predictable and scheduled donations" (para. 6). Most importantly, the open letter encourages Canada to "announce support for a temporary waiver of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement" (para. 2), which they argue would allow greater access to vaccines globally (para. 8). This recognition of the need for Canada to commit to global health and operate interdependently with countries in the Global South demonstrates a rejection of vaccine nationalism and neoliberal networks of trade. In challenging Canada's inconclusive stance on the waiver and inadequate sharing of resources – two issues that were criticized by Brisbois et al. (2024) for being part of Canada's focus on growing its own national economy – the signatories work towards a structural shift in Canada's international policy, and a prioritization of global equity over capital.

Abolition as Reworlding

Ultimately, I argue that these transformative actions and the broader turn towards abolition represents a form of reworlding. Ndlovu-Gatsheni (2023) suggests that reworlding from the Global South consists of two "overlapping initiatives": the "struggles against the empire in service of the wretched of the earth" (p. 2246) and "'making a world after empire' (remaking it in such a way that it embraces the concerns of the people of the Global South)" (p. 2247). Within this tradition of reworlding, Ndlovu-Gatsheni (2023) includes the Black Lives Matter movement, the Haitian Revolution, and "the complex struggles, initiatives and revolutions as well as imaginations, dreams, ideologies, summits and conferences ranged against imperialism and gesturing towards freedom and self-determination spread across geospatial contexts" (p. 2247). Each of these resistant formations opposes the colonial project of worlding: the imposition of Eurocentric epistemologies, ideologies, and systems that oppress the Global South (Ndlovu-Gatsheni, 2023). In the tradition of reworlding, abolition accentuates the unlivable nature of present circumstances and demands a radical restructuring of society. In addressing the Covid-19 pandemic and the associated protests for racial justice, Page and Woodland (2023) suggest that "2020 was the beginning of an awakening . . . a global resistance to fascism, white supremacy, and all systems of domination" (p. 3) – pointing towards the upheaval that Ndlovu-Gatsheni identifies as central to reworlding projects. Abolition calls for a complete relational, epistemic, and ideological shift, including "radical presence, inventions of new (and recovery of submerged) knowledge systems, relationalities, social practices, and shared governance systems" (Bierria et al., 2022, p. 2). Like Ndlovu-Gatsheni (2023), abolition recognizes the need to create a new world, reaching laterally and intergenerationally to the ways of being and knowing that coloniality suppresses.

The subjectivity that the Doctors for Defunding Police presents is a form of decoloniality: resistance to the state investment in the individual, capital-based subjectivity of neoliberal resilience discourses. While the pandemic discourse in the 2020 Speech from the Throne is more community-focused than past responses to public health crises – thus allowing the speech's approach to appear socially progressive – it nevertheless remains tied to a neoliberal framing that situates individuals in relationship to the economy. The later retraction of social support by Trudeau's government reflects a return to the neoliberal individualism that preceded the pandemic, abandoning the politics of collective responsibility that became briefly possible in State politics. This trajectory reflects the relationship between neoliberalism, resilience, and individualism that Bracke (2016) explores, where she argues that society must recognize how resilient subjectivity "stems from a neoliberal social ontology that revolves around the individual" (p. 72). Drawing in part from Berlant's (2011) *Cruel Optimism*, Bracke (2016) further suggests that "neoliberalism as a hegemonic worldview is generally known to colonize imaginaries of

alternatives and other worlds possible" for individuals and collectives, and as a result, "resilience becomes a symptom of the loss of the capacity to imagine and do otherwise" (p. 65). Since resilience discourse works together with neoliberalism to colonize the imagination, it facilitates and upholds the "epistemologically colonised modern world" that Ndlovu-Gatsheni (2023) describes as part of the Eurocentric project of worlding (p. 2250). However, the Doctors for Defunding Police coalition and their associated signatories reject a neoliberal subjectivity, reaching instead towards the worlds that are foreclosed by worlding processes. They embody what Amo-Agyemang (2021) argues for: the "decolonial delinking and border thinking" (p. 22) that creates subjectivities that resist colonial, capitalist ideologies. By calling for a shift in economic priorities and the defunding of the police, the Doctors for Defunding Police refuse to understand the self in relation to the individual capacity to produce and, more broadly, the functions of racial capitalism.

Through this resistance, healing justice as an abolitionist praxis allows for a different subjectivity to (re-)emerge: the self in caring relation to the other. While resilience works alongside neoliberalism as a "cultural project bent on reshaping the structure of social relationships and subjectivities" (Bracke, 2016, p. 62), abolitionist praxes advocate for de-hierarchized relationships that prioritize care and healing in place of the imperial and neoliberal concepts of violence, policing, and separation (Rojas & Naber, 2022). This relational shift extends into the construction of mutual systems of resource-sharing; options for nonviolent conflict resolution; and mutual accountability beyond carceral punishment (Bierria et al., 2022; Rojas & Naber, 2022). Moreover, while resilience focuses on the individual ability to accomplish without aid, abolition suggests that one *must* work in community to thrive, as a liberated society "will be based on a collective commitment to guaranteeing the survival and care of all peoples" (Rojas & Naber, 2022, p. 11). Interdependence is similarly central in healing and disability justice, with Piepzna-Samarasinha (2022) arguing that "all people have needs, that none of us can get through the world solely on our own, and that having needs [is] not weak or bad or shameful" (p. 76). The repositioning of needs as natural and universal counters the moralizing function of resilient individualism and acknowledges the power in forming care networks. This emphasis on caretaking also embodies decolonial love, which cares for "the criminalized, the marginalized, and the disappeared," (Piepzna-Samarasinha, 2022, p. 76), who are often left behind in narratives of resilient individuality.

This collectivist, abolitionist subjectivity is particularly present in the statements signed by the Doctors for Defunding Police. The very formation of these collectives themselves indicates a broader oppositional consciousness amongst the petitioners, as they mobilize a shared vision for the world to challenge the state. In the "Statement Against the Expansion of Pandemic Policing," the assembly of the signatories – the Doctors for Defunding Police, a community farm, doctors, students, harm reduction centers, parents, and health care workers, amongst others – offer radical solidarities across spheres

of life that are often positioned as discrete. In the "Policing is a Public Health Crisis" statement, the Doctors for Defunding Police position themselves explicitly within a coalitionary dynamic, "stand[ing] in solidarity with calls from Black and Indigenous communities to address systemic anti-Black and anti-Indigenous racism, defunding the police, and reallocating funds" (Doctors for Defunding Police, 2020, para. 1). In rejecting the state facilitation of social separation, they epitomise a critical foundation of abolitionist politics: cognizance of the role of individualism as a tool of social control. Since "colonialism, racial capitalism, and heteropatriarchy rely on systems of policing, prisons, war, and detention to debilitate and incapacitate the masses by separating, individualizing, and killing" (Rojas & Naber, 2022, p. 51), the signatories' embrace of collectivism – particularly as an act of political protest – rejects the demobilization that the individualism of racial capitalism facilitates. They also resist this social division by explicitly calling for care, with the Doctors for Defunding Police (2020) statement asserting that people in crisis need "care, not confrontation with an armed officer," and that "care should take the form of de-escalation, crisis counseling, and connection to resources" rather than police presence (para. 2). Similarly, the "Statement Against the Expansion of Pandemic Policing" focuses on community needs, fighting to defund the police and instead "support immediate public health efforts, and build long-term community safety and care" (2021, para. 6). This focus on community safety emulates the core politics of the Black Radical Tradition: "the continuing development of a collective consciousness informed by the historical struggles for liberation and motivated by the shared sense of obligation to preserve the collective being" (Robinson, 2020, p. 171). The signatories operate in coalition to protect the collective, actualizing their vision of a caring society.

The foundation of collective care that grounds abolition is a vital element of recovering knowledges and practices from the Global South: a return to the resistant assemblages that have long underpinned revolutionary struggles against imperialism. Both reworlding and abolition projects identify and mobilize the collective consciousness that emerges throughout the Black diaspora, calling on the Black radical tradition and its praxis of "collective resistance" (Robinson, 2020, p. 168). This tradition comprises a multiplicity of frameworks of resistance and care throughout history: systems of resource distribution during the Montgomery Bus Boycott; the marronage of the Haitian Revolution; the mutual aid programs organized by the Black Panther Party; and the networks of collective safety in the Underground Railroad (Davis et al., 2022). Just as Ndlovu-Gatsheni (2023) invokes these histories by positioning decoloniality as the "common agenda and dreams of re-membering the dismembered peoples, re-existence and self-determination cutting across generations, space and time" (p. 2247), Page and Woodland (2023) frame healing justice as "an incantation, a response to new patterns of movement and resistance; a call-and-response to our ancestors who survived colonization, slavery, and attempted genocide, healed, and transmitted a radical legacy for

collective care and safety" (p. 1). By tapping into this foundation of collective care to resist colonial and capitalist networks of power, the people who undertake this praxis reclaim traditions of collective care from both the physical Global South and the "anti-Imperial" South that Ndlovu-Gatsheni (2023) draws on: "an epistemological, non-geographical South, composed of many epistemological souths having in common the fact that they are all knowledges born in struggles against capitalism, colonialism, and patriarchy" (p. 2251).

Several collective members also call for a re-ordering of the contemporary relations between the Global North and the Global South, thus gesturing towards Ndlovu-Gatsheni's (2023) positioning of reworlding as an anti-imperialist praxis. His framework of reworlding critiques the "'imperial/colonial/bourgeois-inspired internationalism,' which forms the spine of the coloniser's model of the world" (p. 2250). He notes that reworlding from the Global South challenges this world order, consisting of "multiple projects" that "rang[e] from world peace to disarmament, self-determination, development and diplomacy" (p. 2251). In describing one example of reworlding, BRICS (Brazil, Russia, India, China, South Africa), Ndlovu-Gatsheni (2023) characterizes the initiative as "carrying forward the agenda of contesting the hegemony of Europe and North America on one hand and advancing the interests of the Global South on the other" (p. 2259). While on a smaller scale, the signatories of the Open Letter to the Prime Minister on Global Vaccine Equity - including the four previously-mentioned Doctors for Defunding Police members – provide a global politics that aligns with the foundations of reworlding projects that Ndlovu-Gatsheni (2023) identified. By critiquing the Canadian government and urging the Prime Minister to support the TRIPS waiver – proposed by India and South Africa as a project to prioritize global health over intellectual property laws – the signatories demonstrate transnational solidarity with decolonial initiatives from the Global South. As Zaman (2024) notes, Covid-19 demonstrated a need for the "decolonization of global health," which he characterizes as "a political movement originating from the Global South that actively opposes colonizing ideologies, exploitative 'development' practices, apartheid, and unequal access to public health services, including the assurance of life-saving pharmaceuticals" (pp. 3-4). With current policies facilitating "neo-colonialism" through inequitable vaccine distribution (Zaman, 2024, p. 10), the vaccine nationalism presented by Canada and other countries in the Global North is part of the hegemonic relationship to the Global South that maintains imperial power imbalances and health inequities. In supporting the waiver, the signatories of the open letter enact a politics of collective solidarity and initiate a counter-hegemonic, anti-imperialist, and decolonial project of reworlding.

Conclusion

Ultimately, abolition initiatives offer a transformative turn towards reworlding, centering collective care, the destruction of oppressive systems, and the reclaiming of decolonial networks of collective care. The resilience discourse in the Speech from the Throne contains some elements of a generative response by engaging with previously marginalized discourses; however, it invests in a neoliberal form of resilience that prioritizes protecting violent structures over engendering enduring societal transformation. While neoliberal resilience – in the context of Canadian state discourse in the Covid-19 pandemic – is too protective of racial capitalism to achieve a liberatory praxis, this does not preclude resilience discourses in other contexts from resisting hegemonic norms. Bracke (2016), for example, suggests that there could be an alternative resilience outside of neoliberalism that turns towards vulnerability and a "social ontology centered in relationality and interdependence" (p. 72). Glynn and Cupples (2022) argue that there is a type of decolonial resilience in Indigenous responses to the Fuego volcanic eruption in Guatemala (p. 542), and the special issue of *Resilience* from Humbert and Joseph (2019) presents types of resilience that demonstrate "complex identity relationships that cannot be reduced to a neoliberal story" (p. 220). However, for the scope of this paper, rather than examining the reworlding potentials of decolonial resilience discourses, I turn towards abolition discourses as a prominent example of anti-capitalist and decolonial reworlding in the wake of the pandemic – providing the deep commitment to reckoning, repairing, and reworlding that the state discourse lacks.

At present, the struggle for anti-carceral health equity continues. In North Carolina in early 2024, the State Senate passed a proposal that prohibited masks in public, which was later repealed and revised – now limited to those who are "'committing a crime'" (Cohen, 2024). Similar restrictions against wearing masks in public have been discussed in Chicago, New York City, and Los Angeles (Cohen, 2024, para. 4). These restrictions are closely tied to desires to restrict pro-Palestinian protests, with the North Carolina bill, titled "Unmasking Mobs and Criminals," being "prompted in part by student protesters at the University of North Carolina at Chapel Hill" (Pequeño, 2024). These restrictions demonstrate what the Doctors for Defunding Police indicated: that increases in policing correlate with decreases to public health, and that the prison industrial complex is structurally intertwined with ableism. The contemporary mask bans not only endanger disabled lives, but also contribute to the carceral state. These restrictive laws are one example of where the project of reworlding can, and must, continue at the intersections of policing and health. The Doctors for Defunding Police social media account continues to bring awareness to these pressing matters of national and global inequity, calling attention to the genocide in Palestine, the suppression of student protests, and the ongoing need to defund the police. While the collective released their initial statement in 2020, their vision for a liberated

world continues – both in their own activisms and in the other abolitionist formations that have continued to emerge. Together, these collectives remain key components of the work of reworlding: resisting the adaptive ecology of resilience, investing in the potential of systemic change, and imagining a different future.

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