
POLICY COMMENTARY

Whiteness, Scapegoating, and Scarcity: Medicalizing 'the US Opioid Crisis'

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This paper characterizes the successful civil lawsuits brought by sub-national units of government in the US against multinational pharmaceutical companies to recover the costs of public expenditures (goods and services) incurred as they attempt to manage the 'opioid crisis,' as a scapegoating strategy whose function is to deflect attention from the governance failures that allow corporate colonization of the public sphere and rescue the moribund privileges of whiteness enjoyed by the 'blue collar aristocracy' until neoliberal globalization rendered them obsolete. Recent drops in white life expectancy, which are associated with chronic diseases and non-medical opioid use, map onto high unemployment and under-employment rates in formerly prosperous communities, now fodder for populist political campaigns. Criminalizing the pharmaceutical companies and executives for peddling prescription medicines to inadequately trained (in the treatment of pain) physicians — some of whom prescribed opioids inappropriately to (majority white) patients/consumers, some of whom developed addictions, and/or poisoning following non-medical use or consumption with alcohol or illicit substances — medicalizes the white opioid crisis and identifies consumers as victims. This distinguishes them from the Americans of color whose 'drug use' has been criminalized, who have been disproportionately arrested, and sentenced to long periods of incarceration that entail the loss of civil and political rights, including the right to vote. White elites staked out the 'color line' before the Founding, perpetuating it through various scapegoating and 'shapeshifting' strategies to the present day. The lawsuits are only the most recent iteration of a morally bankrupt carceral state.

Keywords: opioids; scapegoating; pharmaceutical companies; whiteness; carceral; racism

'The past is never dead. It's not even past'¹

Introduction

Prior to coronavirus lockdown restrictions, US civil courts were awarding millions of dollars in compensatory damages to state, local, and tribal governments that successfully sued global pharmaceutical companies for allegedly perpetrating the latest 'opioid crisis' on their constituencies (McCollum 2019). I say 'latest' because there have been several in US history, all of which have gained varying degrees of media attention and moral panic, depending on the demographic affected (Schneider 2008). The demographic most lethally affected by the crisis attracting current mainstream attention and large civil damage awards is majority 'white,' and comprises what, at least until the turn of the 21st century, was known as the 'working' classes, now classified as 'low-income' (Song 2017). This paper argues that the opioid crisis litigation strategy and associated narrative of pharmaceutical venality, scapegoats the pharmaceutical industry for the consequences of globalization-induced governance failures that breach the Racial Contract for all but the governing and corporate elites (Mills 2014).²

¹ William Faulkner, *Requiem for a Nun*.

² 'The good news—and the bad news—for America is that the nation's own super-elite is rapidly adjusting to this more global perspective. The U.S.-based CEO of one of the world's largest hedge funds told me that his firm's investment committee often discusses the question of who wins and who loses in today's economy. In a recent internal debate, he said, one of his senior colleagues had

That Racial Contract perpetuated generations of white privilege in the US, even for the underclasses, and its inability to withstand globalization has resulted in the neglect and abandonment of communities that have outlived their usefulness in the brave new colorblind world that reifies profit over whiteness.

Scapegoating industry for the harmful use of prescription medicines (which along with alcohol and illicit 'drugs' are alleged to be the drivers of the overdose crisis), rather than holding the state, whose job it is to regulate those industries and protect the health of populations, accountable for the current opioid crisis, will not remedy the longstanding structural inequalities in the American body politic originally configured by ethnic cleansing, racial slavery, and *herrenvolk* democracy (Van den Berghe 1978).³

This paper argues that the crisis of whiteness at the heart of the contemporary 'opioid crisis' narrative is relatively new because, until recently, whiteness was a classless, normative, and hegemonic status in the US that conferred impunity for crimes of individual, collective, and structural racism. Always framed as a scarce resource, which by definition excludes those who lack it, its beneficiaries maintained the hereditary privilege it conferred by scapegoating those denied it. This strategy loses its viability when what *was* the white American working ('under') class finds itself on the same underprivileged side of the tracks as communities of color that have always been exploited and abandoned by governing elites. It is one thing for racially marginalized and criminalized populations in the US to suffer from lack of recognition of their essential human dignity and rights to the social and economic determinants of health, and quite another for the post-industrial white working class to experience the consequences of damaged status and a crisis of recognition (Fleming 2014).

Section I introduces the concepts of scapegoating and the *paraclete* in general, while Section II discusses the American tradition of scapegoating non-white persons as a strategy to establish and preserve the lethal myth of white privilege. The latest iteration of the strategy, scapegoating big pharma for the so-called 'American' opioid crisis is a sleight of hand to obscure what is actually a series of regional phenomena (Deaton 2017), which the mainstream media nationalizes to rescue and protect (reified) whiteness as property more broadly (Harris 1993). Section III takes a look at why the rescue mission had to be launched in the first place via the theory of status recognition and damaged identities developed by German philosopher Axel Honneth; Section IV situates the current US opioid crisis in the global 'War on Drugs,' and Section V discusses private sphere colonization of the body politic. The paper concludes with speculation on how the *paraclete* (the advocate) might end the pathological cycle of US scapegoating once and for all, particularly in the context of the current COVID-19 pandemic (which has exposed the lethal heat map of American health inequities) and the raging US movement for racial justice in the wake of the murder of George Floyd in Minneapolis.

I. Scapegoating theory and practice

Scapegoating, which boils down to individual or collective refusal to take responsibility for acts or omissions that cause harm to others, has been around since the Old Testament book of Leviticus recommended it as a cleansing ritual for communities whose sins could be displaced onto ceremonially selected goats.⁴ Scapegoating fueled much of the rhetoric of Nazi Germany and indeed anti-Semitic violence throughout history (Burke 1939; Gibson 2007). The blame shifting mechanism absolves those who are either negligent, complicit, or outright perpetrators, of wrongdoing – without requiring repentance and a change of heart (*metanoia*). Put differently, scapegoating strategies (at least temporarily) buy their perpetrators what German theologian Dietrich Bonhoeffer called 'cheap grace' (Bonhoeffer 2012).

argued that the hollowing-out of the American middle class didn't really matter. "His point was that if the transformation of the world economy lifts four people in China and India out of poverty and into the middle class, and meanwhile means one American drops out of the middle class, that's not such a bad trade," the CEO recalled' (Freeland 2011).

³ 'A *Herrenvolk* democracy is a political order that is "democratic for the master race but tyrannical for subordinate groups" (p.18 van den Berghe). There is equality, but only within the dominant racial group. Most importantly, the sociopolitical equality enjoyed within the dominant racial group is *premised upon* rather than in contradiction with the inequality that sustains the order as a whole.' <https://justincmueller.com/2016/05/16/concepts-of-note-what-is-herrenvolk-democracy/>.

⁴ Leviticus 16:18 to 16:22: 'And he shall go out unto the altar that [is] before the LORD, and make an atonement for it; and shall take of the blood of the bullock, and of the blood of the goat, and put [it] upon the horns of the altar round about. And he shall sprinkle of the blood upon it with his finger seven times, and cleanse it, and hallow it from the uncleanness of the children of Israel. And when he hath made an end of reconciling the holy [place], and the tabernacle of the congregation, and the altar, he shall bring the live goat: And Aaron shall lay both his hands upon the head of the live goat, and confess over him all the iniquities of the children of Israel, and all their transgressions in all their sins, putting them upon the head of the goat, and shall send [him] away by the hand of a fit man into the wilderness. And the goat shall bear upon him all their iniquities unto a land not inhabited: and he shall let go the goat in the wilderness.'

An inherently unstable practice with global credentials, scapegoating the *pharmakos*, the vulnerable outsider, through ritual brutalization in order to allay social and political tensions has long been an effective staple of American politics (Szasz 2003; Girard 1986). Rothschild et al. argue that ‘scapegoating can serve two meaningfully distinct motives: (a) maintaining perceived personal moral value by minimizing feelings of guilt over one’s responsibility for a negative outcome and (b) maintaining perceived personal control by obtaining a clear explanation for a seemingly inexplicable negative outcome that is otherwise difficult to explain or control’ (Rothschild 2012). Public sector lawsuits that scapegoat the private sector (big pharma) for the opioid crisis through multi-million dollar civil lawsuits meet both criteria. In the political economy of American whiteness, situating persons who misuse pharmaceutical opioids and overdose, as ‘victims’ rather than criminals, distinguishes the current crisis from the heroin and crack epidemics that have ravaged *and criminalized* communities of color since the early 20th century, legitimizing the War on Drugs and the carceral state (Dollar 2019). Destigmatizing opioid use in white communities by utilizing civil damage awards from big pharma to underwrite treatment programs, while criminalizing drug use in communities of color, salvages the identity of whiteness as property and extends the moral impunity that identity still enjoys for the crimes of ethnic cleansing and slavery that constitute the underside of the triumphalist US national imaginary (Harris 1993; Anderson 2006).

This triumphalist imaginary is captured in the slogan ‘Make America Great Again’ most recently popularized by President Donald Trump, and earlier by Presidents Reagan and Clinton, was itself a construction of scapegoating, whose function was to consolidate the privileges of white identity and power inscribed in the Racial Contract (Mills 2014). Yet in Langston Hughes immortal words, ‘America was never America for me.’ It has only been ‘great’ in selected narratives that ignore at whose expense its wealth has been, and continues to be, created. That illusion of greatness could be maintained as long as those with suboptimal health and social outcomes were predominantly *non-white* and could serve as convenient scapegoats. The story has taken a new twist now that neoliberal ideology has nullified the Contract, resulting in high unemployment, declining life expectancy and negative health outcomes in the majority white communities left behind by globalization (Wilkinson 2009) (Wilkinson 2005). This exposed white fragility calls for a rescue mission (public sector opioid lawsuits brought in civil courts) albeit with a new scapegoating script (DiAngleo 2018).

Scapegoating in this instance, as in others, must be called out and interrupted because not only is it an intrinsically unethical strategy of retaining power at the expense of vulnerable others, but because it perpetuates socio-political mutations that damage the body politic. Both Szasz and Girard argue passionately that only when the *paraclete*, the advocate, exposes the hidden scapegoat mechanism for what it is, mythically legitimated violence of the powerful toward the vulnerable, will society evolve sufficiently to meet the high stakes challenges of the modern world. In the case of the latest American opioid crisis, scapegoating is necessary to perpetuate the mythically legitimated violence of white privilege that upholds the institutional racism underlying suboptimal public health outcomes, poverty, incarceration, and felony disenfranchisement of communities of color (Pettus 2013). This particular iteration of scapegoating has an Alice Through the Looking Glass twist, since the ‘victims’ are powerful pharmaceutical companies and the *paracletes* are the community advocates who expose white privilege: the investigative reporters and researchers who excavate the socio-economic roots of the crisis, disaggregating the often misleading statistics around ‘opioid deaths’ and overdoses, and who work for deep structural reform of the socio-economic and political determinants of health that wreak havoc in vulnerable communities. Those *paracletes* include patient advocacy groups, faith-based organizations, and penal reform associations, among many others.

II. American Scapegoating and the New Poverty of Whiteness

American scapegoating took root during the colonial period, when the land and labor/blood and treasure of vulnerable ‘outsiders’ (as opposed to white ‘insiders’) were used to construct durable power for colonial elites and design a ‘Herrenvolk democracy’ (Berghe 1978). The privileges inhering in white identity are, by definition, scarce resources that readily lend themselves to zero sum games and thereby to scapegoating. Until recently, American *whiteness* conferred mythical power, even on ‘poor’ whites, and legitimated both official and personal violence toward those who did not enjoy the privileged status. Neoliberal globalization, however, whose pursuit of profits is color-blind, has devalued the currency of whiteness and stranded working and middle-class communities *without* that protective status in post-industrial (now pandemic afflicted) America. By unceremoniously erasing the historical primacy of white identity in communities that have outlived their economic usefulness, globalization has disaggregated the property of ‘privilege’ from that of whiteness, automatically *under* privileging those (already *under class*) communities and creating a vacuum that cries out for a new scapegoat, whose punishment will consolidate the shattered identities that

have rendered them so vulnerable to substance use disorders. Persons of color can't serve as scapegoats in this instance, as they can't be blamed for manufacturing and distributing the pharmaceutical substances (opioids) blamed for overdose death rates, which are threatening the very survival of the white *politeia*.

The policy response to what is called 'the US opioid crisis,' ritually demonizes 'opioids' and punishes the global pharmaceutical industry for fraudulently peddling them to vulnerable communities in order to reinforce the value of decaying white identities that have historically patrolled the boundaries of slavery and the racialized carceral state (Lassiter 2015). This incidence of scapegoating conveniently distracts the public gaze from the body politic long fractured by structural racism, compromised by neoliberal globalization, and abandoned by elected 'public' servants whose privately subsidized astroturf is greener than their constituencies' grassroots. Analyzing the current US opioid crisis in terms of theoretical categories of identity, recognition, and the metaphor of the body politic, calls out the iterative scapegoating strategy that has historically propped up the fragile identity of whiteness reproduced through racialized incarceration and lethal structural inequalities (DiAngelo 2018).⁵ The payoff of scapegoating the pharmaceutical industry for the current 'white' opioid crisis constituted by victims rather than criminals (Netherland 2017), is ongoing historical impunity for the systematic violations of civil, political, and socio-economic rights of the *original* scapegoats, oppression of whom has always served to reinforce white privilege, even among the poorest and most exploited.

Americans most affected by the current opioid crisis now qualify as the latest addition to the marginalized populations whose jobs have been outsourced, whose schools, churches and communities have been eviscerated, whose jail and incarceration rates are increasing, life expectancies dropping, and whose pain is readily exploited by merchants of mind-altering substances.

'As the county unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%) and the opioid overdose ED visit rate per 100,000 increases by 0.95 (7.0%). Macroeconomic shocks also increase the overall drug death rate, but this increase is driven by rising opioid deaths. Our findings hold when performing a state-level analysis, rather than county-level; are primarily driven by adverse events among whites; and are stable across time periods' (Khazan 2017).

For males across racial-ethnic groups, greater overall and relative unemployment rates were generally associated with greater overdose mortality in both the short and long terms [e.g., for white males, increasing the overall percentage of unemployed adults by 5% points in 2000, 2009, and 2015 is associated with an increase of 3.2 overdose deaths (95% confidence interval [CI] = -2.8, 14) in 2015, and increasing the ratio by 0.5 in 2000, 2009, and 2015 is associated with an increase of 9.1 overdose deaths (95% CI = 1.6, 24)] (Rudolph 2020).

Once resilient communities, these epicenters of the opioid epidemic are now sites of depleted social and financial capital, perfect receptors for psychotropic substances designed to relieve pain and produce (at least temporary) euphoria. It is much easier for the local units of government in these affected sites to blame the global pharmaceutical industry for having fraudulently and aggressively marketed 'addictive' medicines that have resulted in a local 'public nuisance,'⁶ than to confront the fact that national governing elites long since abandoned them for the globalized private sector. The imperative of bringing civil suits reflects the fact that 'because the Constitution balkanized both political power and the American electorate, the totality of the federal government is accountable to no one' (Behan 2004).

III. Status Recognition and Damaged Identities

Damaged identities are vulnerable to the false promises of pharmacological solutions amongst many other fast-food 'fixes' available in post-modern consumer society, all of which are associated with poverty, sub-standard education, and chronic health conditions (Fleming 2004; Marmot 2006; Dasgupta 2018. Although

⁵ While their rate of imprisonment has decreased the most in recent years, black Americans remain far more likely than their Hispanic and white counterparts to be in prison. The black imprisonment rate at the end of 2018 was nearly twice the rate among Hispanics (797 per 100,000) and more than five times the rate among whites (268 per 100,000). Pew Research May 2020 <https://www.pewresearch.org/fact-tank/2020/05/06/black-imprisonment-rate-in-the-u-s-has-fallen-by-a-third-since-2006/>.

⁶ See also 'The Cost of Capture: How the Pharmaceutical Industry Has Corrupted Policymakers and Harmed Patients' By Julie Margetta Morgan, Devin Duffy/Wednesday, 22 May 2019/Published In *Brief, Publications* <https://rooseveltinstitute.org/the-cost-of-capture/>. There is an enormous literature on the democratic deficit in the US. A central text is Dahl, R. A. (2003). *How democratic is the American Constitution?* Yale University Press; and Harvey, D. (2007). *A brief history of neoliberalism*. Oxford University Press, USA. For an excellent overview of the litigation strategy see Ausness, R. C. (2013). Role of Litigation in the Fight against Prescription Drug Abuse. *W. Va. L. Rev.*, 116, 1117.

the status recognition once prosperous working and middle-class communities damaged by the current opioid epidemic had previously enjoyed by virtue of their whiteness generated self-respect, that self-respect was always maintained at the expense, and moral recognition of non-white others. As political philosopher Axel Honneth has shown, 'recognition is the moral dimension of intersubjectivity, spelled out as interpersonal, legal, and social recognition. Without recognition, a person's psycho-physical integrity may be at risk, and in fact damaged' (Haker 2020). Just as persons show respect to others by relating toward them in ways that recognize their rights, which include rights to education, employment, healthcare, a decent place to live, etc., they show disrespect by damaging those rights. Persons who enjoy rights to employment, health and education are seen as morally responsible agents capable of participating in public deliberations known as discursive will-formation. Those who do not, are seen as morally *irresponsible* and incapable of responsible citizenship. 'The experience of being honored by the community for one's contribution through work leads to [...] self-esteem. People with high self-esteem will reciprocate a mutual acknowledgement of each other's contribution to the community. From this grow loyalty and solidarity' (Fleming 2014).

Conversely, the disrespect and *dishonor* attached to systematic deprivation of these social rights, harms subjects by injuring them 'with regard to the positive understanding of themselves that they have acquired intersubjectively' (Honneth 1995: 131). Cutting education, recreation, and healthcare budgets (social and economic rights) in communities with shrinking tax bases, deprives them of the resilience building prevention and remedial programs available to the more privileged (Venkataramani 2020). This renders them more vulnerable to the seduction of psychotropic substances that, at least temporarily, alter their perceptions.

Since the medicalization of the 21st century US opioid crisis has exposed an evolving relationship between depleted social capital and opioids in *white* communities,⁷ a relationship that had previously been associated only with communities of color, its metastasis reveals the longstanding contradictions and tensions in a fractured body politic where belonging and recognition have always been racialized. Scholars have identified polities characterized by depleted social capital –and therefore vulnerable and suffering from crises of recognition — as ground zeroes of the current (white) opioid epidemic. Those polities can no longer produce effective antibodies to resist the lure of limbic capitalism (Courtwright, 2019). The evidence of a dependent relationship between depleted social capital, lack of access to basic healthcare, and opioid crises is convincing and undermines the 'opioids as vectors' narrative that scapegoats industry and prescribers as offenders, rather than economic and political determinants of health and *disease*. If big pharma were really *the* problem, and the opioids *themselves* were the vectors of substance use disorder (SUD) and overdose,⁸ then SUDs and overdose crises would obtain wherever opioids are available, and the national crisis would be astronomical. It's not, though. As Dr. Lynn Webster says, 'If exposure alone were responsible for addiction, then the 50 million Americans who undergo an operation annually, or most Americans who undergo the nine procedures in a lifetime, would develop an addiction (Webster 2020).

IV. The US Opioid Crisis and the Global War on Drugs

The convenient dominant narrative of *an* opioid crisis or epidemic, rather than several crises operating along intersecting axes of race, region, and class, is typical of the historical War on Drugs tendency to reify and demonize psychoactive *substances* in order to justify traditional supply control policies that strengthen militarized police tactics and criminal justice bureaucracies. In this instance, fetishism and reification are rewarded by high damage awards from civil lawsuits brought by the largely white US municipalities who portray their residents with opioid use disorder as 'victims' needing treatment rather than criminals who should be incarcerated as 'offenders' (Arrocha 2012). American law enforcement has historically distinguished between 'recreational' drug use of the privileged classes (no matter what their color) and that of the 'dangerous classes' (Gordon 1994). Whiteness has always been a privileged identity in the War on Drugs, and remains so, as the scapegoating response to the latest opioid crisis reveals, by channeling subsidies to the private sector 'recovery' industry. This racket is now posited as the institutional solution for the largely white populations with substance use disorder who cannot be subjected to the historically punitive carceral authority reserved for Americans 'of color.' 'Whites are also conscious of their

⁷ By 'medicalization' in this chapter, I mean use of a bio-psycho-social treatment approach for substance use disorder using pharmaceutical products such as methadone, buprenorphine, and other medication-assisted treatment modalities rather than 'criminalization,' which prioritizes a criminalization approach, using law enforcement, the criminal justice system, and incarceration, supervision, drug courts, etc.

⁸ 'Addiction,' 'substance use disorder' and addiction, 'dependence syndrome' are used interchangeably throughout the article, with 'addiction' usually in scarce quotes as it is a scientifically discredited term, unless used in the phrase 'person with an addiction.' That said, the word is used frequently in mainstream discourse. There is a large literature on destigmatizing language, some of which is available here <https://hospicecare.com/policy-and-ethics/ethical-issues/language-matters/>.

shrinking numerical dominance in the U.S. population, which calls on them to defend their economic and political privilege in new ways. This privilege includes legal or decriminalized opioid use and maintenance treatments for opioid addiction' (Alcoff 2005).

The hope, of course, is that the 'recovery' industry can help reverse the first ever drop in (white) life expectancy, which is also due to an increase in chronic disease in that demographic (Dyer 2019).⁹ By perpetuating the narrative of addiction as a 'brain disease' and the myth that over-supply of the 'addictive substances' (including junk 'food'), caused this drop in life expectancy — and by scapegoating the pharmaceutical industry for their response to increased *demand*, which can be met by both licit (pharma) and illicit distributors (cartels) — the opioid crisis narrative effectively de-stigmatizes drug use in the white communities it has ravaged (Hansen 2017).¹⁰ Even the narrative name of choice — 'the opioid crisis' — by flagging pharmaceutical *substances* as the problem, diverts the public gaze away from the authorizing (governance) structures that indirectly precipitated this latest wave of non-medical opioid use in the suburbs rather than the 'ghettos,' the stigmatized space of non-white drug use, where damaged identities and vulnerability have *always* been the order of the day.

V. The Colonized Body Politic

This state of affairs reveals the extent to which the US public sphere, characterized by powerful corporate interests and weak elected politicians, has been colonized by the private sphere. In a colonized body politic bereft of regulatory oversight, it unsurprising that local American units of government are opting to seek damages through the judicial process, the civil courts, rather than through the electoral process. Health systems that provide universal coverage rooted in ethics of solidarity, and that have ringfenced the political process from inappropriate corporate influence, are more likely to hold their elected representatives accountable through the electoral process than through the courts.¹¹ As Charles Reznikoff, MD, assistant professor of medicine at the University of Minnesota in Minneapolis, said 'I actually don't blame the pharmaceutical companies; I blame our healthcare system, which left an opening for industry, and they took the opening' (Medpage Today 2020). Even this misses the mark though, since it is the government, ostensibly constituted by the citizenry, which regulates the healthcare system. Scapegoating the healthcare system just passes the buck again and implies that health system reform will solve the fundamental American identity crisis, which is actually based on centuries of impunity for racial violence, system-wide double standards, and intergenerational trauma.

The US 'opioid crisis' is a textbook case of how colonization of the public sphere — the designated space for political discourse, dispute and deliberation — like all colonization, benefits an elite of private/corporate actors, rather than the colonized themselves, who are progressively deprived of voice. The pharmaceutical industry has one of the largest lobbying organizations in the United States and has donated to the campaigns of 369 out of 435 members of Congress, securing widespread influence when it comes to legislation regarding opioid restrictions. This also sort of influence is also prevalent at the subnational and local levels (Douglas 2020). According to a 2017 investigation, the pharmaceutical industry influenced Congress to pass a law essentially removing the teeth from any Drug Enforcement Administration (DEA) enforcement. The 2016 law *prevented* the DEA from stopping companies under investigation from delivering their pills, thus allowing companies to continue their malfeasance without hindrance. Political action committees (PACs) donated a total of \$1.5 million to the campaigns of the 23 sponsors and cosponsors of the bill (Baber 2020).

Conversely, the public sphere, since antiquity, has been conceptualized as a communicative space where citizens who form the body politic identify, protect, and develop the common good, historically conceived of as including protection of the vulnerable. Citizens in healthy body politics co-create them through recognition and respect, via mechanisms of communicative rationality such as public speech and debate. These collective undertakings generate legitimate elections and political accountability. The endgame of this cyclical process (theoretically at least) is a sustainable polity characterized by, among other things, supported inclusion of all voices, particularly those of vulnerable populations. The US long ago forfeited the opportunity for a healthy, sustainable body politic when it failed to dismantle the structural racism built into the system

⁹ See also <https://www.politico.com/story/2018/11/29/suicide-overdose-life-expectancy-1025922> accessed 2/6/02; and Mehta, N., Abrams, L., Myrskylä, M.: U.S. Life Expectancy Stalls Due to Cardiovascular Disease, not Drug Deaths. *PNAS*. (2020), DOI: <https://doi.org/10.1073/pnas.1920391117>.

¹⁰ For a fine grained analysis of white privilege in the context of the current opioid epidemic see Bridges, K.M., 2019. Race, Pregnancy, and the Opioid Epidemic: White Privilege and the Criminalization of Opioid Use During Pregnancy. *Harv. L. Rev.*, 133, p.770.

¹¹ See for instance Chriss 2019 <https://www.painnewsnetwork.org/stories/2019/11/1/what-we-can-learn-from-germany-about-the-opioid-crisis> and Burch 2019 <https://www.thefix.com/how-germany-averted-opioid-crisis>.

by slavery, Jim Crow, and now the carceral state, which supervises so many disenfranchised communities of color (Pettus 2013).

Vulnerable communities, which now include the white communities left behind by globalization, are once again experiencing the long-term damage encoded in the Founding, which prioritized the instrumental rationality and profits of slavery over democratic inclusion and authentic equality of all citizens, including refugees and migrants. In this most recent iteration, the pharmaceutical industry exemplifies that capture by the private sphere of the value rationality of the public sphere, with pharmaceutical companies directly influencing the choices of elected officials, bureaucrats, and medical professionals. Investigative journalism has exposed the weak regulatory and political frameworks that fostered corporate culpability (Washington Post 2020).

Plato described the form of government that results from colonization of the public sphere over two thousand years ago in the *Republic*, as an oligarchy, rule of the few over the many. He considered it a 'bad' form of government, at it was oriented to the accumulation of private wealth at the expense of the public weal, or welfare. The impulse towards wealth maximization stifles the development of the political virtues, namely temperance, courage, friendship, truth telling, and generosity. Public discourse shifts as citizens are replaced by customers, consumers, and clients who have no incentive to prioritize the public good above their own. This creates a crisis of legitimacy for the state, which is now, to all intents and purposes, functions as a wealth consolidating branch of the private sector.

VI. Conclusion: Solidarity in Vulnerability

To sum up: the narrative of *the* US 'opioid crisis' is a convenient smokescreen, scapegoating the pharmaceutical industry, for what is actually a historically rooted US governance crisis that has metastasized into an identity crisis in the post-industrial, white polity. The mainstream *policy* response to that crisis is an individualizing therapeutic strategy that scapegoats a substance and the corporations that produce and market it, rather than developing an authentic democratic response that seeks sustainable solutions through inclusion of all affected communities. Blaming pharmaceutical companies for doing what comes naturally to them, making profits, distracts attention from the failures of corrupted and colonized republican governments that endanger the public welfare by abandoning the body politic to corporate interests.^{12,13}

Neither the opioids themselves, the medical profession, nor the pharmaceutical companies *caused* the crisis: those who profited took advantage of existing conditions, including vacuums of social capital – identifiable islands of vulnerability undermined by weak and fragmented health systems – *because they could*. Attributing culpability and criminality to individuals (physicians) and corporations (pharmaceutical companies), rather than to willfully negligent elected officials who abandoned the concept of the common good, perpetuates rather than alleviates the crisis. Theoretically at least, republican governments exist so electorates can remedy these sorts of deficits through the political system of electoral representation, not through the courts. Whether or not the polities with dangerously depleted immune systems, coping with poverty, substandard education, opioid dependence syndrome, and lethal overdoses, can muster the resources and political virtues needed to breathe new life into moribund processes, is an open question. The COVID-19 pandemic and the George Floyd movement are revealing systemic vulnerabilities and inequities that challenge the narratives of legitimate American governance. Legitimacy entails informed and inclusive participation, particularly of communities most affected by public health crises such as racism, incarceration, viral pandemics, and substance use disorder.

Building a political movement that transcends culturally constructed barriers of race, class, ethnicity and difference requires community *parcletes* (advocates and leaders) to step outside their historically conditioned comfort zones and constructed identities to call out the iterative scapegoating and skillfully confront multigenerational traumas of both perpetrators and victims. It requires resurrecting the identities of *citizen*

¹² For 'corruption' see Buchan, B., 2012. Changing contours of corruption in Western political thought, c. 1200–1700. *CORRUPTION*, p.73, and the classic Pocock, J.G.A., 2016. *The Machiavellian moment: Florentine political thought and the Atlantic republican tradition* (Vol. 93). Princeton University Press. For definition of republican, see <https://www.britannica.com/topic/republican-government>. The literature on 'republicanism' is enormous.

¹³ For a brief history of the concept of the body politic see <https://www.britannica.com/topic/body-politic>; for analysis of the concept in modernity, see Neocleous, M. (2001). The fate of the body politic. *Radical Philosophy*, (108), 29–38; for selected literature on the body politic as metaphor see Helmers, H. (2016). *Illness as Metaphor: The Sick Body Politic and Its Cures*; Musolf, A. (2010). *Metaphor, nation and the holocaust: The concept of the body politic*. Routledge; Waldby, C. (2003). *AIDS and the body politic: Biomedicine and sexual difference*. Routledge; Brock, R. (2000). *Sickness in the Body Politic. Death and disease in the ancient city*, 24–34.

and neighbor, long since displaced by the identities of consumer, client, and party line voter. The analysis presented in this paper begs the deeper question though: what resources can shattered communities, characterized by diminished social capital and a crisis of recognition, draw on to transform themselves into sustainable polities fit for 21st century purposes?

I would venture to hypothesize that sustainable polities could form around skillfully mediated confrontations/conversations with the original American sins of ethnic cleansing and slavery, encoded in the national DNA and replicated in post-modernity as institutional racism, 'colorblindness,' the carceral state, and all the various opioid epidemics. Such skillfully mediated confrontations could be followed by collective re-imaginings of the organizing principles of status and recognition as resources that are subject *not* to the social physics of scarcity and zero-sum games, but to solidarity in vulnerability. This solidarity would be anchored in community level social movements, led by those most affected, who could transform the socio-economic, political, environmental, and historical trauma that feeds the American opioid crises. Such a labor of transformation, which would replace the cheap grace of scapegoating, would be *costly*, in Bonhoeffer's formulation, but at least it would be generative, and give birth to a sustainable *politeia*. If the civil damages awards received by cities, states, town, and tribes could be utilized to this end, including for incarcerated persons and their families, perhaps they could break the lethal American habit of scapegoating once and for all.

Competing Interests

The author has no competing interests to declare.

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