## 1NC

### 1NC – OFF

#### 1] Interpretation - Reduce means permanent reduction – it’s distinct from “waive” or “suspend.”

**Reynolds 59** (Judge (In the Matter of Doris A. Montesani, Petitioner, v. Arthur Levitt, as Comptroller of the State of New York, et al., Respondents [NO NUMBER IN ORIGINAL] Supreme Court of New York, Appellate Division, Third Department 9 A.D.2d 51; 189 N.Y.S.2d 695; 1959 N.Y. App. Div. LEXIS 7391 August 13, 1959, lexis)

Section 83's counterpart with regard to nondisability pensioners, section 84, prescribes a reduction only if the pensioner should again take a public job. The disability pensioner is penalized if he takes any type of employment. The reason for the difference, of course, is that in one case the only reason pension benefits are available is because the pensioner is considered incapable of gainful employment, while in the other he has fully completed his "tour" and is considered as having earned his reward with almost no strings attached. It would be manifestly unfair to the ordinary retiree to accord the disability retiree the benefits of the System to which they both belong when the latter is otherwise capable of earning a living and had not fulfilled his service obligation. If it were to be held that withholdings under section 83 were payable whenever the pensioner died or stopped his other employment the whole purpose of the provision would be defeated, i.e., the System might just as well have continued payments during the other employment since it must later pay it anyway.  [\*\*\*13] The section says "reduced", does not say that monthly payments shall be temporarily suspended; it says that the pension itself shall be reduced. The plain dictionary meaning of the word is to diminish, lower or degrade. The word "reduce" seems adequately to indicate permanency.

#### It’s temporary – we read blue

**Meredith 21**. [(Sam Meredith is a Correspondent at CNBC in London, covering international politics, energy and business news) “Rich countries are refusing to waive the rights on Covid vaccines as global cases hit record levels,” CNBC, April 22, 2021. <https://www.cnbc.com/2021/04/22/covid-rich-countries-are-refusing-to-waive-ip-rights-on-vaccines.html>] TDI

LONDON — The U.S., Canada and U.K. are among some of the high-income countries actively **blocking a patent-waiver proposal** designed to **boost the global production of Covid-19 vaccines.** It comes as coronavirus cases worldwide surge to their highest level so far and the World Health Organization has repeatedly admonished a “**shocking imbalance” in the distribution of vaccines amid the pandemic.** Members of the World Trade Organization will meet virtually in Geneva, Switzerland on Thursday to hold informal talks on whether to temporarily waive intellectual property and patent rights on Covid vaccines and treatments. The landmark proposal, which was jointly submitted by India and South Africa in October, has been backed by more than 100 mostly developing countries. It aims to facilitate the manufacture of treatments locally and boost the global vaccination campaign. Six months on, the proposal continues to be **stonewalled by a small number of governments** — including the U.S., EU, U.K., Switzerland, Japan, Norway, Canada, Australia and Brazil. “In this Covid-19 pandemic, we are once again **faced with issues of scarcity**, which can be addressed through diversification of manufacturing and supply capacity and ensuring the **temporary waiver of relevant intellectual property**,” Dr. Maria Guevara, international medical secretary at Medecins Sans Frontieres, said in a statement on Wednesday. “It is about saving lives at the end, not protecting systems.” The **urgency and importance of waiving certain intellectual property rights amid the pandemic have been underscored** by the WHO, health experts, civil society groups, trade unions, former world leaders, international medical charities, Nobel laureates and human rights organizations. Why does it matter? The waiver, if adopted at the General Council, the WTO’s highest-level decision-making body, could **help countries around the world overcome legal barriers** preventing them from producing their own Covid vaccines and treatments. Advocates of the proposal have conceded the waiver is not a “silver bullet,” but argue that **removing barriers** toward the development, production and approval of vaccines is **vital in the fight to prevent, treat and contain the coronavirus.**

#### [Pre-empting the We Meet] – Plan Text in a Vacuum is a useless guideline since words are contextually defined based on function – the only basis for determining Topicality should be if the implementation of the Plan as per their 1AC solvency evidence follows the directional meaning of the Topic’s intent – anything else allows the 1AR to re-contextualize what the Plan says forcing the 1NC to predict infinite 1AR spin since they’re not tied to their evidence.

#### 3] Vote neg for limits and neg ground – re-instatement under any infinite number of conditions doubles aff ground – every plan becomes either temporary or permanent – you cherry-pick the best criteria and I must prep every aff while they avoid core topic discussions like reduction-based DAs which decks generics like Pharma Innovation and Bio-Tech.

#### 5] TVA solves – permanently reduce COVID patents.

#### 6] Paradigm Issues –

#### a] Topicality is Drop the Debater – it’s a fundamental baseline for debate-ability.

#### b] Use Competing Interps – 1] Topicality is a yes/no question, you can’t be reasonably topical and 2] Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation.

#### c] No RVI’s - 1] Forces the 1NC to go all-in on Theory which kills substance education, 2] Encourages Baiting since the 1AC will purposely be abusive, and 3] Illogical – you shouldn’t win for not being abusive.

Reject 1AR theory- A] 7-6 time skew means it’s endlessly aff biased B] I don’t have a 3nr which allows for endless extrapolation C] 1AR theory is skewed to the aff because they have a 2ar judge psychology warrant.

Infinite abuse claims are wrong- A] Spikes solve-you can just preempt paradigms in the 1AC B] Functional limits- 1nc is only 7 minutes long

### 1NC – OFF

#### Counterplan Text – Member states of the World Trade Organization ought to consult the World Health Organization on whether or not to [do the Plan]. The World Health Organization ought to publicly declare that their decision on [the Plan] will represent their future decisions on all intellectual property protections on medicines.

#### The Plan’s unilateral action by the WTO on medical IP undermines WHO legitimacy – forcing a perception of WHO action against Patents is key to re-assert it – they say yes.

Rimmer 4, Matthew. "The race to patent the SARS virus: the TRIPS agreement and access to essential medicines." Melbourne Journal of International Law 5.2 (2004): 335-374.

<https://law.unimelb.edu.au/__data/assets/pdf_file/0007/1681117/Rimmer.pdf> (BA (Hons), LLB (Hons) (Australian National University), PhD (New South Wales); Lecturer at ACIPA, the Faculty of Law, The Australian National University)//SidK + Elmer

The WHO has been instrumental in coordinating the international network of research on the SARS virus. It has emphasised the need for collaboration between the network participants. The WHO presented the containment of the SARS virus as ‘one of the biggest success stories in public health in recent years’.206 However, it **was less active in the debate over patent law** and public health epidemics. The 56th World Health Assembly considered the relationship between intellectual property, innovation and public health. It stressed that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination.207 However, there was much disagreement amongst the member states as to what measures would be appropriate. The WHO has made a number of **aspirational statements** about patent law and access to essential medicines. Arguably, though, the organisation could be a much more informed and vocal advocate. Initially, the WHO did not view the patent issues related to SARS as being within its field of activities. The agency **did not even seem aware of the patent proceedings**, leaving individual research institutions without guidance. Spokesman Dick Thompson said: ‘What we care about is [that] the international collaboration continues to function. Patents, they don’t really concern us’.208 The director of WHO’s Global Influenza project, Klaus Stöhr, expressed his opinion that the patent filings would not interfere with the international cooperation on the SARS research: ‘I don’t think this will undermine the collaborative spirit of the network of labs’.209 However, he believed that, after the international network of researchers had identified the coronavirus, it was necessary to rely upon companies to commercialise such research. Klaus Stöhr conceded: ‘At a certain point of time you have to give way for competitive pharmaceutical companies’.210 On a policy front, the WHO **remained deferential** to the WTO over the debate over patent law and access to essential medicines, observing: Owing to the inconclusive nature of the studies conducted to date, and because of the effect that potentially significant price increases could have on access to drugs in poor countries, WHO is currently monitoring and evaluating the effects of TRIPS on the prices of medicines. It is also monitoring the TRIPS impact on other important issues such as transfer of technology, levels of research and development for drugs for neglected diseases, and the evolution of generic drug markets.211 In such a statement, the WHO appears diffident, **unwilling to take on more than a spectator** role. Such a position is arguably too timid, given the gravity of national emergencies, such as the SARS virus. The organisation could take a much stronger stance on the impact of the **TRIPS** Agreement on public health concerns. The WHO has since enunciated a position statement on the patenting of the SARS virus. A number of high ranking officials from the organisation have commented on the need to ensure that international research into the SARS virus is not impeded by competition over patents. Arguably though, the **WHO should not be limited to a mere spectator role in such policy discussions. It needs to play an active advocacy role in the debate over patent law and access to essential medicines**. The WHO released a position statement on ‘Patent Applications for the SARS Virus and Genes’ on 29 May 2003.212 The organisation stressed that it had no per se objection to the patenting of the SARS virus: Some people have objected to the SARS patent applications on the ground that the virus and its genes should not be patentable because they are mere discoveries, not inventions. This distinction no longer prevents the granting of patents; the novel claim rests not with the virus itself but with its isolation, and likewise with the identification of the genetic sequence not its mere occurrence. Many patents have been issued on viruses and genetic sequences, though the appropriate policies to follow in such cases — particularly as genomic sequencing becomes more routine and less ‘inventive’ — remain matters of dispute.213 Furthermore, it recognised that public institutions could legitimately use patents as a defensive means to prevent undue commercial exploitation of the research: The “defensive” use of patents can be a legitimate part of researchers’ efforts to make their discoveries (and further discoveries derived therefrom) widely available to other researchers, in the best collaborative traditions of biomedical science.214 The WHO affirmed the need for further cooperation between research organisations in respect of the SARS virus: ‘For continued progress against SARS, it is essential that we nurture the spirit of the unprecedented, global collaboration that rapidly discovered the novel virus and sequenced its genome’.215 The WHO announced its intention to monitor the effects of patents (and patent applications) on the speed with which SARS diagnostic tests, treatments, and vaccines are developed and made available for use, and on the manner in which prices are set for these technologies. It observed: In the longer term, the manner in which SARS patent rights are pursued could have a profound effect on the willingness of researchers and public health officials to collaborate regarding future outbreaks of new infectious diseases. WHO will therefore examine whether the terms of reference for such collaborations need to be modified to ensure that the credit for any intellectual property developed is appropriately attributed, that revenues derived from licensing such property are devoted to suitable uses, and that legitimate rewards for innovative efforts do not impose undue burdens on efforts to make tests, therapies, and preventive measure available to all.216 It maintained that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination.219 The Assembly requested that the Director-General continue to support Member States in the exchange and transfer of technology and research findings, according high priority to access to antiretroviral drugs to combat HIV/AIDS and medicines to control tuberculosis, malaria and other major health problems, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer.220 The WHO also considered a report on the emergence of the SARS virus and the international response to the infectious disease.221 It was ‘deeply concerned that SARS ... poses a serious threat to global health security, the livelihood of populations, the functioning of health systems, and the stability and growth of economies’.222 The Committee on Infectious Diseases requested that the Director-General ‘mobilize global scientific research to improve understanding of the disease and to develop control tools such as diagnostic tests, drugs and vaccines that are accessible to and affordable by Member States’.223 The Director-General of the WHO, Dr Gro Harlem Brundtland, **told the World Health** Assembly that there was a need to build trust and forge solidarity in the face of public health epidemics: ‘**Ensuring that patent regimes stimulate research and do not hinder international scientific cooperation** is a critical challenge — whether the target is SARS or any other threat to human health’.224 Similarly, Dr Marie-Paule Kieny, Director of the WHO Initiative for Vaccine Research, said: If we are to develop a SARS vaccine more quickly than usual, we have to continue to work together on many fronts at once, on scientific research, intellectual property and patents issues, and accessibility. It is a very complicated process, involving an unprecedented level of international cooperation, which is changing the way we work.225 She emphasised that patents and intellectual property issues and their safeguards can help rather than hinder the rapid development of SARS vaccines and ensure that, once developed, they are available in both industrialised and developing countries.226 C Summary The WHO should play a much more active role in the policy debate over patent law and access to essential medicines. James Love, the director of the Consumer Project on Technology, run by Ralph Nader, is critical of the WHO statement on ‘Intellectual Property Rights, Innovation, and Public Health’.227 He maintains that the Assembly could have addressed ‘practical examples, like SARS’ and cites the report in The Washington Post that notes that a number of commercial companies are investing in SARS research.228 The non-government organisation Médecins Sans Frontières has been critical in the past of the passive role played by the WHO in the debate over access to essential medicines: ‘As the world’s leading health agency, and armed with the clear mandate of recent World Health Assembly resolutions, the WHO can and should **do much more’**.229 The WHO should become a vocal advocate for public health concerns at the WTO and its TRIPS Council — especially in relation to patent law and the SARS virus. It must staunchly defend the rights of member states to incorporate measures in their legislation that protect access to medicines — such as compulsory licensing, parallel imports, and measures to accelerate the introduction of generic pharmaceutical drugs. It needs to develop a clearer vision on global equity pricing for essential medicines. The race to patent the SARS virus seems to be an inefficient means of allocating resources. A number of public research organisations — including the BCCA, the CDC and HKU — were compelled to file patents in respect of the genetic coding of the SARS virus. Such measures were promoted as ‘defensive patenting’ — a means to ensure that public research and communication were not jeopardised by commercial parties seeking exclusive private control. However, there are important drawbacks to such a strategy. The filing of patents by public research organisations may be prohibitively expensive. It will also be difficult to resolve the competing claims between the various parties — especially given that they were involved in an international research network together. Seth Shulman argues that there is a need for international cooperation and communication in dealing with public health emergencies such as the SARS virus: The success of a global research network in identifying the pathogen is an example of the huge payoff that can result when researchers put aside visions of patents and glory for their individual laboratories and let their work behave more like, well, a virus. After all, the hallmark of an opportunistic virus like the one that causes SARS is its ability to spread quickly. Those mounting a response need to disseminate their information and innovation just as rapidly.230 There is a danger that such competition for patent rights may undermine trust and cooperation within the research network. Hopefully, however, such concerns could be resolved through patent pooling or joint ownership of patents. Furthermore, a number of commercial companies have filed patent applications in respect of research and development into the SARS virus. There will be a need for cooperation between the public and private sectors in developing genetic tests, vaccines, and pharmaceutical drugs that deal with the SARS virus. There is also a need to reform the patent system to deal with international collaborative research networks — such as that created to combat the SARS virus. Several proposals have been put forward. There has been a renewed debate over whether patents should be granted in respect of genes and gene sequences. Some commentators have maintained that the SARS virus should fall within the scope of patentable subject matter — to promote research and development in the field. However, a number of critics of genetic technology have argued that the SARS virus should not be patentable because it is a discovery of nature, and a commercialisation of life. There has been a discussion over the lack of harmonisation over the criteria of novelty and inventive step between patent regimes. As Peter Yu comments, ‘[w]hile [the] US system awards patents to those who are the first to invent, the European system awards patents to those who are the first to file an application’.231 There have been calls for the requirement of utility to be raised. There have also been concerns about prior art, secret use and public disclosure. Representative Lamar Smith of Texas has put forward the CREATE Act, which recognises the collaborative nature of research across multiple institutions. Such reforms are intended to ensure that the patent system is better adapted to deal with the global nature of scientific inquiry. The race to patent the SARS virus also raises important questions about international treaties dealing with access to essential medicines. The public health epidemic raises similar issues to other infectious diseases — such as AIDS, malaria, tuberculosis, influenza, and so forth. The WHO made a public statement about its position on the patenting of the SARS virus. It has stated that it will continue to monitor developments in this field. Arguably, there is a need for the WHO to play a larger role in the debate **over patent law and** access to essential medicines. **Not only could it mediate legal disputes** over patents in respect of essential medicines, it could be a vocal advocate in policy discussions. The WTO has also played an important role in the debate over patent law and access to essential medicines. A number of public interest measures could be utilised to secure access to patents relating to the SARS virus including compulsory licensing, parallel importation and research exceptions. The appearance of the SARS virus shows that there should be an open-ended interpretation of the scope of diseases covered by the Doha Declaration on the TRIPS Agreement and Public Health. Important lessons should be learned from the emergence of the SARS virus, and the threat posed to global health. As the World Health Report 2003 notes: SARS will not be the last new disease to take advantage of modern global conditions. In the last two decades of the 20th century, new diseases emerged at the rate of one per year, and this trend is certain to continue. Not all of these emerging infections will transmit easily from person to person as does SARS. Some will emerge, cause illness in humans and then disappear, perhaps to recur at some time in the future. Others will emerge, cause human illness and transmit for a few generations, become attenuated, and likewise disappear. And still others will emerge, become endemic, and remain important parts of our human infectious disease ecology.232 Already, in 2004, there have been worries that pharmaceutical drug companies and patent rights are impeding efforts to prevent an outbreak of bird flu — avian influenza.233 There is a need to ensure that the patent system is sufficiently flexible and adaptable to cope with the appearance of new infectious diseases.234

#### WHO Cred key to Global Right to Health – medicine access is critical.

* Note the Bottom Paragraph is at the bottom of the PDF – I put a paragraph break to indicate it as such – no words are missing.

Bluestone 3, Ken. "Strengthening WHO's position should be a priority for the new Director-General." The Lancet 361.9351 (2003): 2. (Senior Policy Adviser, Voluntary Service Overseas (VSO))//Elmer

To meet these challenges, WHO must strengthen its resolve to maintain its **independence and lead its member states**, **even at the risk of causing controversy**. A meaningful example is the role that WHO can have in **ensuring access to medicines** for the world’s poorest people. WHO is the only global institution that has the **remit to drive this agenda forward**, yet has failed to do so convincingly. The new Director-General must support and reinvigorate the advocacy efforts of the organisation and provide a proper counterbalance to the interests of the pharmaceutical industry and wealthy member states. As the new Director-General takes office, they will face the dual challenge of **seeing that** the broadest possible public health interpretation of the World Trade Organization’s Doha Agreement on Trade Related Aspects on Intellectual Property Rights (TRIPS) **is not lost, and** of seizing an opportunity to bring about an international framework for sustainable and predictable tiered pricing of medicines. Without the active intervention of a public health advocate at the level of WHO, there is a risk that both of these initiatives **could founder.** Some people in positions of power still do not have high expectations of WHO or its new Director-General. But for the world’s poorest people, the overwhelming majority of whom live in developing countries, this person’s legacy could literally make the difference between life and death. Ken Bluestone Senior Policy Adviser, Voluntary Service Overseas (VSO)

New leader should re-establish WHO’s credibility The credibility of WHO’s advocacy of the right to health for all has been eroded in recent years. A large reason is WHO’s **failure to challenge the pharmaceutical** industry on access to medicines for people with HIV/AIDS and other diseases. WHO’s collaboration with the industry in the “Accelerated Access” programme on antiretroviral medicines sounds good. In fact, the programme has served as a cover for the organisation’s frequent acceptance of industry arguments for restricting treatment access. To re-establish WHO’s credibility, the new Director-General must lead the organisation to stand consistently with those most deprived of health services. Kenneth Roth, Executive Director, Human Rights Watch.

#### Right to Health solves Nationalist Populism.

Friedman 17 Eric Friedman March 2017 “New WHO Leader Will Need Human Rights to Counter Nationalistic Populism” <https://www.hhrjournal.org/2017/03/new-who-leader-will-need-human-rights-to-counter-populism/> (JD, Project Leader of the Platform for a Framework Convention on Global Health at the O’Neill Institute for National and Global Health Law at the Georgetown University Law Center in Washington, DC)//Elmer

The need for WHO leadership on human rights—and for global leadership on health and human rights beyond WHO—has always been present, yet has become ever more pressing. A reactionary, nationalist populism has been gaining momentum, particularly in the United States and parts of Europe, and some of its most disturbing features, such as xenophobia and disregard for international law and institutions, are surfacing elsewhere. Persisting health challenges—such as immense national and **global health inequities**, with universal health coverage and the Sustainable Development Goals offering some hope of lessening them—and growing threats such as outbreaks of infectious disease, worsening antimicrobial resistance, and climate change demand the type of leadership that the right to health entails. In this immensely challenging environment, WHO needs to become a 21st century institution that has the gravitas and credibility to carve a path through these obstacles towards global health justice. The next WHO Director-General, to be elected in May, must lead the organization there. The right to health can light the way ahead, with reforms to, and driven by, WHO. These reforms must develop an internal governance that is far more welcoming of civil society, with WHO member states significantly increasing contributions so work on the social determinants of health can expand, and with enhanced transparency and accountability. Furthermore, reforms are needed so that WHO leads on global health equity and human rights, including through national health equity strategies and, above all, the Framework Convention on Global Health (FCGH). The FCGH could help bring the right to health to the next level by capturing core aspects of the right to health, such as: 1) participation and accountability, setting clear standards for people’s participation in health policy-making at all levels, and establishing multi-layered health accountability frameworks with standards to which all nations would be held; 2) equity, including by catalyzing national health equity strategies—which must be developed through broad participation, itself a potentially empowering process—and advancing data disaggregation and more equitable financing; 3) financial resources, with global norms on national and international health financing responsibilities; and 4) respecting and promoting the right to health in all policies, from setting standards on health impact assessments—including participatory processes in developing them, human rights standards, an equity focus, and follow-up processes—to firmly ensuring the primacy of the right to health in other legal regimes that may undermine. From an earlier WHO treaty, the Framework Convention on Tobacco Control, we know the power of international law to significantly advance health, with the transformative power of legally binding global health norms. As a treaty, the FCGH would increase political accountability and accountability through the courts, while helping protect health other treaty-based international regimes, such as trade. It would also be a bold assertion of global solidarity for global justice, as so urgently needed, “demonstrating that the community of **nations are indeed stronger together**.” One candidate for the WHO Director-General election, David Nabarro, has recognized the value and civil society support that FCGH has already received, and the need to further explore the treaty (mentioned at 1:46:38 mark). A good first step would be establishing a WHO working group on the FCGH, with broad participation, particularly from states, civil society, and representatives of communities most affected by health inequities, along with relevant international agencies. We see signs of **resistance of the dangerous nationalist populism**, from protests that persist and judicial checks on one of the administration’s vilest acts (an immigration and refugee travel ban, with its effects falling heaviest on Muslims) in the United States to the rejection of the far-right candidate in the elections in the Netherland. Such resistance can prevent some of the worst impacts on the right to health, from discrimination against migrants to cuts to programs vital for health. Meanwhile, let’s construct an edifice for the future of health and human rights, even as we stand against its destruction. WHO, right to health, and FCGH leadership ought to be a core part of that endeavor.

#### Populism is an existential threat.

de Waal 16 Alex de Waal 12-5-2016 “Garrison America and the Threat of Global War” <http://bostonreview.net/war-security-politics-global-justice/alex-de-waal-garrison-america-and-threat-global-war> (Executive Director of the World Peace Foundation at the Fletcher School at Tufts University)//Elmer

Polanyi recounts how economic and financial crisis led to global calamity. Something similar could happen today. In fact we are already in a steady unpicking of the liberal peace that glowed at the turn of the millennium. Since approximately 2008, the historic decline in the number and lethality of wars appears to have been reversed. Today’s wars are not like World War I, with formal declarations of war, clear war zones, rules of engagement, and definite endings. But they are wars nonetheless. What does a world in global, generalized war look like? We have an unwinnable “war on terror” that is metastasizing with every escalation, and which has blurred the boundaries between war and everything else. We have deep states—built on a new oligarchy of generals, spies, and private-sector suppliers—that are strangling liberalism. We have emboldened middle powers (such as Saudi Arabia) and revanchist powers (such as Russia) rearming and taking unilateral military action across borders (Ukraine and Syria). We have massive profiteering from conflicts by the arms industry, as well as through the corruption and organized crime that follow in their wake (Afghanistan). We have impoverishment and starvation through economic warfare, the worst case being Yemen. We have “peacekeeping” forces fighting wars (Somalia). We have regional rivals threatening one another, some with nuclear weapons (India and Pakistan) and others with possibilities of acquiring them (Saudi Arabia and Iran). Above all, today’s generalized war is a conflict of destabilization, with big powers intervening in the domestic politics of others, buying influence in their security establishments, bribing their way to big commercial contracts and thereby corroding respect for government, and manipulating public opinion through the media. Washington, D.C., and Moscow each does this in its own way. Put the pieces together and a global political market of rival plutocracies comes into view. Add virulent reactionary populism to the mix and it resembles a war on democracy. What more might we see? Economic liberalism is a creed of optimism and abundance; reactionary protectionism feeds on pessimistic scarcity. If we see punitive trade wars and national leaders taking preemptive action to secure strategic resources within the walls of their garrison states, then old-fashioned territorial disputes along with accelerated state-commercial grabbing of land and minerals are in prospect. We could see mobilization against immigrants and minorities as a way of enflaming and rewarding a constituency that can police borders, enforce the new political rightness, and even become electoral vigilantes. Liberal multilateralism is a system of seeking common wins through peaceful negotiation; case-by-case power dealing is a zero-sum calculus. We may see regional arms races, nuclear proliferation, and opportunistic power coalitions to exploit the weak. In such a global political marketplace, we would see middle-ranking and junior states rewarded for the toughness of their bargaining, and foreign policy and security strategy delegated to the CEOs of oil companies, defense contractors, bankers, and real estate magnates. The United Nations system appeals to leaders to live up to the highest standards. The fact that they so often conceal their transgressions is the tribute that vice pays to virtue. A cabal of plutocratic populists would revel in the opposite: applauding one another’s readiness to tear up cosmopolitan liberalism and pursue a latter-day mercantilist naked self-interest. Garrison America could opportunistically collude with similarly constituted political-military business regimes in Russia, China, Turkey, and elsewhere for a new realpolitik global concert, redolent of the early nineteenth-century era of the Congress of Vienna, bringing a façade of stability for as long as they collude—and war when they fall out. And there is a danger that, in response to a terrorist outrage or an international political crisis, President Trump will do something stupid, just as Europe’s leaders so unthinkingly strolled into World War I. The multilateral security system is in poor health and may not be able to cope. Underpinning this is a simple truth: the plutocratic populist order is a future that does not work. If illustration were needed of the logic of hiding under the blanket rather than facing difficult realities, look no further than Trump’s readiness to deny climate change. We have been here before, more or less, and from history we can gather important lessons about what we must do now. The importance of defending civility with democratic deliberation, respecting human rights and values, and maintaining a commitment to public goods and the global commons—including the future of the planet—remain evergreen. We need to find our way to a new 1945—and the global political settlement for a tamed and humane capitalism—without having to suffer the catastrophic traumas of trying everything else first.

### 1NC – OFF

#### Covid exposed new vulnerabilities and motivation for bioterror BUT technical challenges still outweigh.

Koblentz and Kiesel 7/14 [Gregory D. Koblentz (Deputy Director of the Biodefense Graduate Program and Assistant Professor of Government and Politics in the Department of Public and International Affairs at George Mason University) and Stevie Kiesel (Biodefense PhD Student, Schar School of Policy and Government, George Mason University). “The COVID-19 Pandemic: Catalyst or Complication for Bioterrorism?”. Studies in Conflict & Terrorism. Published online 14 Jul 2021. Accessed 7/22/21. <https://www.tandfonline.com/doi/abs/10.1080/1057610X.2021.1944023?journalCode=uter20> //Xu recut Adam]

Since COVID-19 was declared a pandemic in March 2020, there has been no major bioterrorist incident that challenges or validates the core beliefs of the optimists, pessimists, or pragmatists. Extremists with violent apocalyptic or accelerationist ideologies—chiefly jihadists and far-right extremists—have sought to capitalize on the pandemic, but they still rely on conventional weapons. Based on available open-source information, terrorist interest in weaponizing SARS-CoV-2 seems limited. While some individuals and groups who subscribe to violent apocalyptic or accelerationist ideologies have shown some interest in crudely spreading the virus, most terrorists have sought to exploit the conditions the pandemic created rather than the virus itself. An increase in the risk of bioterrorism cannot be completely discounted as the equipment, knowledge, and expertise to work with high-risk pathogens is increasingly available and there are a small number of groups with the ideologies and objectives consistent with the use of biological weapons. Still, important technical barriers to acquiring and using a biological weapon capable of causing mass casualties, even far below the effects of a pandemic pathogen, will remain even after the pandemic is contained. While COVID-19 graphically demonstrated the vulnerability of modern societies to infectious diseases, the lessons learned from this experience, if properly implemented, should significantly improve the capability of governments around the world to detect and respond to future pandemics as well as deliberate disease outbreaks. Counterterrorism and biodefense efforts should not be dictated by the latest “‘risk of the month’ policies crafted in the wake of visible or highly publicized events.”117 Instead, strategies for reducing the likelihood and consequences of bioterrorism in the wake of the COVID-19 pandemic should be based on a realistic appraisal of the risk and investments should be optimized to strengthen preparedness against the full spectrum of biological threats.

#### IP protections are the only limit on proliferating dual-use biotech – losing patents puts financial pressure on companies to outsource R&D, which skyrockets bioterror acquisition.

Finlay 10 [Brian Finlay (President and Chief Executive Officer of the Stimson Center, M.A. from the Norman Patterson School of International Affairs at Carleton University, a graduate diploma from the School of Advanced International Studies, the Johns Hopkins University and an honors B.A. from Western University in Canada). “The Bioterror Pipeline: Big Pharma, Patent Expirations, and New Challenges to Global Security”. The Fletcher Forum of World Affairs. Vol. 34, No. 2 (Summer 2010), pp. 51-64. <https://www.jstor.org/stable/45289504?seq=1#metadata_info_tab_contents> //Xu]

Until recently, these investment risks were frequently mitigated by income generated from past drug development successes. In most markets, that income was guaranteed by strict patent protections that closed the window to outside competition for a set period of time. More recently, however, the uncertainty of R&D investments has been complicated not only by the global economic downturn, but more importantly by looming patent expirations that will open many of big pharma's patent-protected drugs to generic competition. Between 2007 and 2012, more than three dozen drugs will lose patent protection, removing an estimated $67 billion from big pharma's annual sales.33 With existing drug development pipelines unable to fill the gaps, biopharmaceutical companies are under intense pressure not only to cut costs - which would provide only temporary relief to the bottom line - but also to rapidly replenish their development pipelines. Some industry analysts have described this "perfect storm" as an "existential" moment for big pharma.34 Many pharmaceutical companies have approached this challenge by accelerating and widening the outsourcing and off-shoring of both R&D and manufacturing, and by aggressively buying promising assets from small biotech companies through acquisitions and strategic alliances. Interestingly, these partnerships are less frequently linked with American or even Western-owned and-operated companies than in the past. Many pharmaceutical giants like Indiana-based Eli Lilly are turning to alliances with firms in Asia and elsewhere around the world, outsourcing key technical operations. Instead of functioning as fully integrated firms, big pharma companies have found value in networked relationships with independent small to large firms, universities, and non-profit biotechnology laboratories around the globe.35 The net result has accelerated technology proliferation - for both beneficial and nefarious uses - far beyond the traditional hubs for biotech innovation. Pharma's increasingly desperate search to seed and ultimately acquire innovative new biotechnologies means that foreign (non- Western) markets are pulling ahead in biotech innovation. Indeed, the quantity of biotech companies outside the United States has grown remarkably in recent years: in Israel, the number grew from 30 in 1990 to about 160 in 2000; in Brazil, from 76 in 1993 to 354 in 2001; and remarkably, in South Korea, from one in 2000 to 23 in 2003. 36 More generally, the Asia-Pacific region has emerged as one of the world s fastest-growing biotechnology hubs, with the growth of publicly traded companies handily outpacing growth in the United States and Europe over recent years.37 As fruitful partnerships lead big pharma to increasingly generate resources, technologies, and knowledge, these capacities spin off new competitor firms in a self-executing multiplier effect. With the number of facilities and highly trained individuals increasing, the likelihood of a serious biological accident or nefarious incident will similarly rise, which will be particularly risky when dual-use technologies are introduced into insufficiently regulated markets. CONCLUSIONs In statements, U.S. officials continue to cite several countries believed to have or to be pursuing a biological weapons capability.38 But globalization exports the challenge of bioproliferation far beyond these geographic boundaries and transcends multiple societal layers well beyond government actors. As a result, it is increasingly clear that states no longer have a monopoly on dual-use biological R&D. Recent evidence suggests a growing threat of terrorist acquisition of biological weapons. As technological advancement in the life sciences is progressively pushed into countries of the Global South, some of which are also potential hotbeds for terrorist activity, the nexus of science and terrorism becomes especially acute.While far from perfect, the current system of stringent controls levied by Western governments over the biopharmaceutical sector has proven remarkably effective, especially given the diffusion of technologies and the ease of their redirection for hostile purposes. As the biotech revolution continues to widen, however, advanced industrialized governments are increasingly playing catch-up with changing technological realities. As these technologies proliferate, security analysts have become uneasy with the lack of controls in many states. The dearth of legal controls, the lack of rigor in their enforcement, and the growth in private-actor involvement in dual-use activities has sobering implications for global security.

#### COVID resulted in mass on-shoring of R&D – only price incentives can convince them to stay.

Mullin 20 Rick Mullin 4-27-2020 "COVID-19 is reshaping the pharmaceutical supply chain" <https://cen.acs.org/business/outsourcing/COVID-19-reshaping-pharmaceutical-supply/98/i16> (BA English Literature, Drew University, 1980. Business journalist covering engergy, chemicals, pharmaceuticals, and information technology for various publications including Chemical Week since 1983)//Elmer

“We do not pretend to have a unique explanation to the potential shortage of medicine,” Perfetti says. “But every day we are facing consequences of unavailability of starting materials from not only China but the Eastern part of the world.” This issue was brought in sharp focus with the closure of plants—and even entire industrial parks—in China’s 2017 environmental crackdown, he says. Industry executives acknowledge the irony that the very companies that spent the past 20 years outsourcing the supply of chemicals and APIs to China are now asking for support to bring it back. But they dismiss the criticism, responding that capitalist industries have to compete globally on price. Their request for support, they say, aims to establish a more level, competitive playing field. “We have to deal with the reality that pricing plays an important role in the availability of drugs, primarily if they are generic,” the BPTF’s DiLoreto says. “We have to find a way to provide additional incentives for manufacturing to come back to the US. Whatever those financial incentives are, the government will have to start taking it seriously.”

#### Bioterrorism causes Extinction – overcomes any conventional defense.

Walsh 19, Bryan. End Times: A Brief Guide to the End of the World. Hachette Books, 2019. (Future Correspondent for Axios, Editor of the Science and Technology Publication OneZero, Former Senior and International Editor at Time Magazine, BA from Princeton University)//Elmer

I’ve lived through disease outbreaks, and in the previous chapter I showed just how unprepared we are to face a widespread pandemic of flu or another new pathogen like SARS. But a deliberate outbreak caused by an engineered pathogen would be far worse. We would face the same agonizing decisions that must be made during a natural pandemic: whether to ban travel from affected regions, how to keep overburdened hospitals working as the rolls of the sick grew, how to accelerate the development and distribution of vaccines and drugs. To that dire list add the terror that would spread once it became clear that the death and disease in our midst was not the random work of nature, but a deliberate act of malice. We’re scared of disease outbreaks and we’re scared of terrorism—put them together and you have a formula for chaos. As deadly and as disruptive as a conventional bioterror incident would be, an attack that employed existing pathogens could only spread so far, limited by the same laws of evolution that circumscribe natural disease outbreaks. But a virus engineered in a lab to break those laws could spread faster and kill quicker than anything that would emerge out of nature. It can be designed to evade medical countermeasures, frustrating doctors’ attempts to diagnose cases and treat patients. If health officials manage to stamp out the outbreak, it could be reintroduced into the public **again and again.** It could, with the right mix of genetic traits, even wipe us off the planet, making engineered viruses a genuine existential threat. And such an attack may not even be that difficult to carry out. Thanks to advances in biotechnology that have rapidly reduced the skill level and funding needed to perform gene editing and engineering, what might have once required the work of an army of virologists employed by a nation-state could soon be done by a handful of talented and trained individuals. Or maybe just one. When Melinda Gates was asked at the South by Southwest conference in 2018 to identify what she saw as the biggest threat facing the world over the next decade, she didn’t hesitate: “A bioterrorism event. Definitely.”2 She’s far from alone. In 2016, President Obama’s director of national intelligence James Clapper identified CRISPR as a “weapon of mass destruction,” a category usually reserved for known nightmares like nuclear bombs and chemical weapons. A 2018 report from the National Academies of Sciences concluded that biotechnology had rewritten what was possible in creating new weapons, while also increasing the range of people capable of carrying out such attacks.3 That’s a fatal combination, one that plausibly threatens the future of humanity like nothing else. “The existential threat that would be most available for someone, if they felt like doing something, would be a bioweapon,” said Eric Klien, founder of the Lifeboat Foundation, a nonprofit dedicated to helping humanity survive existential risks. “It would not be hard for a small group of people, maybe even just two or three people, to kill a hundred million people using a bioweapon. There are probably a million people currently on the planet who would have the technical knowledge to pull this off. It’s actually surprising that it hasn’t happened yet.”

### 1NC – OFF

#### Genocidal settlement is a structure, not an event meaning ontological logic of elimination is an everyday manifestation that defines settler identity.

**Rifkin 14**, Mark. Settler common sense: Queerness and everyday colonialism in the American renaissance. U of Minnesota Press, 2014. (Associate Professor of English & WGS at UNC-Greensboro)//Elmer

If nineteenth-century American literary studies tends to focus on the ways Indians enter the narrative frame and the kinds of meanings and associa- tions they bear, recent attempts to theorize settler colonialism have sought to shift attention from its effects on Indigenous subjects to its implications for nonnative political attachments, forms of inhabitance, and modes of being, illuminating and tracking the pervasive operation of settlement as a system. In Settler Colonialism and the Transformation of Anthropology, Patrick Wolfe argues, “Settler colonies were (are) premised on the elimination of native societies. The split tensing reflects a determinate feature of settler colonization. The colonizers come to stay—invasion is a structure not an event” (2).6 He suggests that a “logic of elimination” drives settler governance and sociality, describing “the settler-colonial will” as “a historical force that ultimately derives from the primal drive to expansion that is generally glossed as capitalism” (167), and in “Settler Colonialism and the Elimination of the Native,” he observes that “elimination is an organizing principle of settler-colonial society rather than a one-off (and superceded) occurrence” (388). Rather than being superseded after an initial moment/ period of conquest, colonization persists since “the logic of elimination marks a return whereby the native repressed continues to structure settler- colonial society” (390). In Aileen Moreton-Robinson’s work, whiteness func- tions as the central way of understanding the domination and displacement of Indigenous peoples by nonnatives.7 In “Writing Off Indigenous Sover- eignty,” she argues, “As a regime of power, patriarchal white sovereignty operates ideologically, materially and discursively to reproduce and main- tain its investment in the nation as a white possession” (88), and in “Writ- ing Off Treaties,” she suggests, “At an ontological level the structure of subjective possession occurs through the imposition of one’s will-to-be on the thing which is perceived to lack will, thus it is open to being possessed,” such that “possession . . . forms part of the ontological structure of white subjectivity” (83–84). For Jodi Byrd, the deployment of Indianness as a mobile figure works as the principal mode of U.S. settler colonialism. She observes that “colonization and racialization . . . have often been conflated,” in ways that “tend to be sited along the axis of inclusion/exclusion” and that “misdirect and cloud attention from the underlying structures of settler colonialism” (xxiii, xvii). She argues that settlement works through the translation of indigeneity as Indianness, casting place-based political collec- tivities as (racialized) populations subject to U.S. jurisdiction and manage- ment: “the Indian is left nowhere and everywhere within the ontological premises through which U.S. empire orients, imagines, and critiques itself ”; “ideas of Indians and Indianness have served as the ontological ground through which U.S. settler colonialism enacts itself ” (xix).

#### That results in land exploitation and ecocide – specifically manifests in knowledge institutions making forefronting Settler Colonialism a prior question.

**Paperson 17** la paperson or K. Wayne Yang, June 2017, “A Third University is Possible” (an associate professor of ethnic studies at the University of California, San Diego)//Elmer

Land is the prime concern of settler colonialism, contexts in which the colonizer comes to a “new” place not only to seize and exploit but to stay, making that “new” place his permanent home. Settler colonialism thus complicates the center–periphery model that was classically used to describe colonialism, wherein an imperial center, the “metropole,” dominates distant colonies, the “periphery.” Typically, one thinks of European colonization of Africa, India, the Caribbean, the Pacific Islands, in terms of external colonialism, also called exploitation colonialism, where land and human beings are recast as natural resources for primitive accumulation: coltan, petroleum, diamonds, water, salt, seeds, genetic material, chattel. Theories named as “settler colonial studies” had a resurgence beginning around 2006.[2] However, the analysis of settler colonialism is actually not new, only often ignored within Western critiques of empire.[3] The critical literatures of the colonized have long positioned the violence of settlement as a prime feature in colonial life as well as in global arrangements of power. We can see this in Franz Fanon’s foundational critiques of colonialism. Whereas Fanon’s work is often generalized for its diagnoses of anti/colonial violence and the racialized psychoses of colonization upon colonized and colonizer, Fanon is also talking about settlement as the particular feature of French colonization in Algeria. For Fanon, the violence of French colonization in Algeria arises from settlement as a spatial immediacy of empire: the geospatial collapse of metropole and colony into the same time and place. On the “selfsame land” are spatialized white immunity and racialized violation, non-Native desires for freedom, Black life, and Indigenous relations.[4] Settler colonialism is too often thought of as “what happened” to Indigenous people. This kind of thinking confines the experiences of Indigenous people, their critiques of settler colonialism, their decolonial imaginations, to an unwarranted historicizing parochialism, as if settler colonialism were a past event that “happened to” Native peoples and not generalizable to non-Natives. Actually, settler colonialism is something that “happened for” settlers. Indeed, it is happening for them/us right now. Wa Thiong’o’s question of how instead of why directs us to think of land tenancy laws, debt, and the privatization of land as settler colonial technologies that enable the “eventful” history of plunder and disappearance. Property law is a settler colonial technology. The weapons that enforce it, the knowledge institutions that legitimize it, the financial institutions that operationalize it, are also technologies. Like all technologies, they evolve and spread. Recasting land as property means severing Indigenous peoples from land. This separation, what Hortense Spillers describes as “the loss of Indigenous name/land**”** for Africans-turned-chattel, recasts Black Indigenous people as black bodies for biopolitical disposal: who will be moved where, who will be murdered how, who will be machinery for what, and who will be made property for whom.[5] In the alienation of land from life, alienable rights are produced: the right to own (property), the right to law (protection through legitimated violence), the right to govern (supremacist sovereignty), the right to have rights (humanity). In a word, what is produced is whiteness. Moreover, it is not just human beings who are refigured in the schism. Land and nonhumans become alienable properties, a move that first alienates land from its own sovereign life. Thus we can speak of the various technologies required to create and maintain these separations, these alienations: Black from Indigenous, human from nonhuman, land from life.[6] “How?” is a question you ask if you are concerned with the mechanisms, not just the motives, of colonization. Instead of settler colonialism as an ideology, or as a history, you might consider settler colonialism as a set of technologies —a frame that could help you to forecast colonial next operations and to plot decolonial directions. This chapter proceeds with the following insights. (1) The settler–native– slave triad does not describe identities. The triad—an analytic mainstay of settler colonial studies—digs a pitfall of identity that not only chills collaborations but also implies that the racial will be the solution. (2) Technologies are trafficked. Technologies generate patterns of social relations to land. Technologies mutate, and so do these relationships. Colonial technologies travel. In tracing technologies’ past and future trajectories, we can connect how settler colonial and antiblack technologies circulate in transnational arenas. (3) Land—not just people—is the biopolitical target.[7] The examples are many: fracking, biopiracy, damming of rivers and flooding of valleys, the carcasses of pigs that die from the feed additive ractopamine and are allowable for harvest by the U.S. Food and Drug Administration. The subjugation of land and nonhuman life to deathlike states in order to support “human” life is a “biopolitics” well beyond the Foucauldian conception of biopolitical as governmentality or the neoliberal disciplining of modern, bourgeois, “human” subject. (4) (Y)our task is to theorize in the break, that is, to refuse the master narrative that technology is loyal to the master, that (y)our theory has a Eurocentric origin. Black studies, Indigenous studies, and Othered studies have already made their breaks with Foucault (over biopolitics), with Deleuze and Guatarri (over assemblages and machines), and with Marx (over life and primitive accumulation). (5) Even when they are dangerous, understanding technologies provides us some pathways for decolonizing work. We can identify projects of collaboration on decolonial technologies. Colonizing mechanisms are evolving into new forms, and they might be subverted toward decolonizing operations. The Settler–Native–Slave Triad Does Not Describe Identities One of the main interventions of settler colonial studies has been to insist that the patterning of social relations is shaped by colonialism’s thirst for land and thus is shaped to fit modes of empire. Because colonialism is a perverted affair, our relationships are also warped into complicitous arrangements of violation, trespass, and collusion with its mechanisms. For Fanon, the psychosis of colonialism arises from the patterning of violence into the binary relationship between the immune humanity of the white settler and the impugned humanity of the native. For Fanon, the supremacist “right” to create settler space that is immune from violence, and the “right” to abuse the body of the Native to maintain white immunity, this is the spatial and fleshy immediacy of settler colonialism. Furthermore, the “humanity” of the settler is constructed upon his agency over the land and nature. As Maldonado- Torres explains, “I think, therefore I am” is actually an articulation of “I conquer, therefore I am,” a sense of identity posited upon the harnessing of nature and its “natural” people.[8] This creates a host of post+colonial problems that have come to define modernity. Because the humanity of the settler is predicated on his ability to “write the world,” to make history upon and over the natural world, the colonized is instructed to make her claim to humanity by similarly acting on the world or, more precisely, acting in his. Indeed, for Fanon, it is the perverse ontology of settler becomings—becoming landowner or becoming property, becoming killable or becoming a killer—and the mutual implication of tortured and torturer that mark the psychosis of colonialism. This problem of modernity and colonial psychosis is echoed in Jack Forbes’s writings: Columbus was a wétiko. He was mentally ill or insane, the carrier of a terribly contagious psychological disease, the wétiko psychosis. . . . The wétiko psychosis, and the problems it creates, have inspired many resistance movements and efforts at reform or revolution. Unfortunately, most of these efforts have failed because they have never diagnosed the wétiko.[9] Under Western modernity, becoming “free” means becoming a colonizer, and because of this, “the central contradiction of modernity is freedom.”[10] Critiques of settler colonialism, therefore, do not offer just another “type” of colonialism to add to the literature but a mode of analysis that has repercussions for any diagnosis of coloniality and for understanding the modern conditions of freedom. By modern conditions of freedom, I mean that Western freedom is a product of colonial modernity, and I mean that such freedom comes with conditions, with strings attached, most manifest as terms of unfreedom for nonhumans. As Cindi Mayweather says, “your freedom’s in a bind.”[11]

#### Expansion of medical access is a form of settler colonial biomedical onslaught – humanitarian promotions of health proliferate genocidal assimilation.

**Klausen 13,** Jimmy Casas. "Reservations on hospitality: contact and vulnerability in Kant and indigenous action." Hospitality and World Politics. Palgrave Macmillan, London, 2013. 197-221. (Associate Professor in the Instituto de Relações Internacionais at the Pontifícia Universidade Católica do Rio de Janeiro)//Elmer

On the other hand and by contrast, the governmental reach of public health initiatives that would effect the improvement of isolated indigenous populations’ health accords with Kantian philanthropy – with all the risks of violated freedom and smothered life that entails. Public health advocates would repair the disadvantaged morbidity profile of isolated indigenous groups through a policy of initiating contact supported by the provision of modern biomedical health care services to ameliorate the epidemiological effects of contact. State-initiated contact without attendant health care has proved disastrous. Into the 1970s, FUNAI attempted to make friendly contact with isolated Indians. By relying on hired expert indigenous trackers, government contact expeditions located isolated groups and – demonstrating their interest in seeking commerce – enticed the latter with gifts of machetes and blankets. One FUNAI expedition to contact the Matis in 1978 resulted in high morbidity from pneumonia and other infectious diseases and killed one of every two Matis. 60 To correct such devastating policies, anthropologists Magdalena Hurtado, Kim Hill, Hillard Kaplan and Jane Lancaster have elaborated the following argument: Many anthropologists and indigenous-rights activists believe that uncontacted Indians should be left alone. These people are well-meaning, but they are wrong because they base their position on three incorrect assumptions. First, they assume that the Indians have chosen to remain isolated . . . . Those who oppose contact also assume that the Indians will inevitably be decimated by virgin-soil epidemics . . . . Finally, opponents of contact assume that isolated native groups will survive if not contacted. 61 However, even correcting for the fatal infelicities of past policy-driven, state-initiated contacts such as FUNAI’s, the preponderantly disadvantaged morbidity profile of such virgin-soil populations cannot be reduced by greater hospitality in the form of redoubled and more expert interventionary contacts. Although public health efforts like those advocated by Hurtado et al. might reduce mortality, highly disease-vulnerable persons will still sicken and will do so through means that would pretend to foster life by actively disregarding how the people subject to these external machinations might determine their own needs and value their own health. Isolated indigenes’ biological lives would be simultaneously fostered and risked, while their free personhood would count as nothing morally–culturally. In short, there are serious political costs to be weighed in such an intervention. Because of – and not in spite of – their philanthropy, public health interventions of the type that Hurtado et al. advocate extend the reach of governmentality much more intrusively than land rights policies. Besides deciding on behalf of peoples in regard to the interpretation of their acts of self-quarantine, the advocated public health policies surgically insert apparatuses of biomedicine directly into the contacted peoples’ living being. Such policies thereby displace indigenous norms of health and native cultural strategies of living on with the norms and overall strategy embedded in the culture of scientific and clinical biomedicine. Though the pretence is that such acts demonstrate the hospitality of the wider national or global society, such health policy interventions cannot simply make a presentation for possible society; rather, qua philanthropy they initiate contact, which, because of the high degree of vulnerability of those contacted, must needs lead to the proliferation of contacts. It is not a hospitable policy of fostering life that Hurtado et al. support, not merely possible commerce but an obsessive philanthropy of biomedical life support and literally unavoidable onslaught of commerce, possibly forevermore. Most startlingly, such public health interventions presume as universal a standard of life that could certainly vary while retaining meaning and value. The anthropologist Tess Lea describes this universalising interventionary compulsion in withering words: When you are a helping bureau-professional, the compulsion to do something to fix the problems of target populations – those deemed as suffering from unequal and preventable conditions – exceeds all other impulses . . . . ‘They’ need our greater commitment. The idea that life might be lived differently with value and meaning or that ‘need’ might be conceived differently from the way in which we calculate it through our interventionary lens, becomes impossible to imagine. 62 Hurtado et al. assume that health professionals and policy makers must hospitably confer biomedically acquired immunity on heretofore isolated and now contacted virgin soil populations. Fostering indigenous lives by imposing an alien conception of immunity, they would inhospitably destroy alternate strategies of living on. Seeing through their interventionary lens, Hurtado et al. themselves become arbiters of successful and unsuccessful forms of life: they presume that self-quarantine cannot itself serve as an effective cultural strategy to immunise living bodies. Thus, ironically perhaps, these anthropologists choose biology above culture by seeing each from a standpoint authorised by the culture of biomedicine. From their interventionary lens and against Canguilhem’s admonition above, self-quarantine appears to be a failed strategy for living on because the immunity it would confer is imperfect or incomplete. Likewise, condoning self-isolation is imperfect or incomplete hospitality as against their more perfect interventionary hospitality in the name of life. Authorising themselves to make these judgements, they enact an altogether different collapse of morality into nature than the Kantian collapse I reconstruct above. Whereas Kant’s collapse of minimalism into abstentionism and moral duty into nature’s constraints opens hospitality and therefore strategies for living on, this other collapse binds moralising conceptions of ‘health’ to the biomedically conceived body. Yet if, according to Canguilhem, for humans especially, ‘health is precisely a certain latitude, a certain play in the norms of life and behavior’, 63 then it seems that the ‘health’ that supposedly hospitable, though strictly philanthropic, ‘life’-fostering interventionary contact would impose on the exuberance of self-quarantining indigenous peoples is a sickness unto that other perpetual peace Kant mentions: death.

#### Biomedicine itself is invested in colonial exploitation through testing done on indigenous communities to biopiracy and stealing indigenous knowledge.

**Lift Mode 17** 3-10-2017 "Pharmaceutical Colonialism” <https://medium.com/@liftmode/pharmaceutical-colonialism-3-ways-that-western-medicine-takes-from-indigenous-communities-3a9339b4f24f> (We at Liftmode.com are a team of professionals from a variety of backgrounds, dedicated to the mission of providing the highest quality and highest purity nutritional health supplements on the market. We look specifically for the latest and most promising research in the fields of cognition enhancement, neuroscience and alternative health supplements, and develop commercial strategies to bring these technologies to the marketplace.)//Elmer

Does modern medicine take from rural communities? At first, this seems outrageous. However, on closer inspection, we find three main methods of poaching: stealing indigenous knowledge, ‘biopiracy’, and the sale of pharmaceuticals at exorbitant prices. Another example includes using developing countries and rural populations as test subjects in unethical clinical trials — for example on AIDS patients in South Africa.[1] This article examines three methods that Western medicine takes from rural communities. We also examine the emerging new forms of medicine and how many people are beginning to appreciate the medical knowledge of different cultures around the world. Traditional knowledge and culture is threatened by the expansive natural of the pharmaceutical industry 1. Pharmaceutical colonialism: Stealing Indigenous Knowledge First and foremost, what has been taken from indigenous communities for the last roughly 600 years is traditional knowledge about medicinal plants. It is interesting that the major advancements in Western medicine coincide very closely to escalating global colonialism by Western countries. It’s difficult to estimate the exact percentage of modern drugs that were originally based on traditional plant sources, because of the complex evolution of Western laboratory-made medicine. However, this percentage is known to be very high. In fact, a 2006 paper by Dr. A Gurib-Fakim states: “Natural products and their derivatives represent more than 50% of all the drugs in clinical use in the world. Higher plants contribute no less than 25% of the total.”[2] The extent to which traditional knowledge permeates through Western medicine is too broad to explain fully in a small article like this. We’d need to write an entire book to cover the full content! So, we will just take a look at one example below. How the West takes Indigenous knowledge: Anti-Malaria Drugs Mosquitoes are, by far, the world’s most dangerous animals, spreading a number of diseases including Dengue fever, Zika virus, and malaria. According to the World Health Organization, nearly half of the world’s population is at risk of malaria. In 2015, over 210 million people became infected with malaria, and a staggering 429 000 people died from the blood parasite.[3] To combat the infectious disease, scientists have developed two major classes of anti-malarial drugs. These are both based on indigenous knowledge of plant medicine: Mosquitos kill more people than any other animal every year 1. Quinine Quinine is extracted from the bark of the cinchona tree, native to South America. Contrary to propaganda by the Spanish inquisitors, which is still used in modern medicine today, Westerners did not ‘discover’ the cinchona tree. Indigenous Peruvian cultures had been using the bark of the cinchona tree for hundreds, possibly thousands, of years before the arrival of the colonial forces from the North. They crushed it up and mixed it with water to ‘relieve shivering’ — a major sign of the feverish symptoms of malaria.[4] Unlike traditional Chinese knowledge, which has survived until modern times, the ancient knowledge of South America cultures was almost completely destroyed by colonial forces. This makes tracing the historical use of the cinchona tree more difficult.[5] After the inquisition of most traditional cultures in South America, the cinchona bark was brought back to Western Europe and was hailed as one of the most exciting discoveries of modern medicine. The success of cinchona bark in Europe created a massive industry, initially run by the Spanish, but which was later overtaken by French and English industrialists.[6] It’s important to know that the ‘traditional’ use of cinchona bark in 18th century Europe was in exactly the same method as its original use in indigenous societies: crushing up the barking and mixing it with water. The chemical compound quinine was first extracted from cinchona bark in 1820 by two Frenchmen: Pierre Joseph Pelletier and Joseph Caventou. This allowed purified quinine to replace traditional cinchona extracts.[7] Interestingly, Western scientists have since discovered that cinchona bark actually contains several active components, which function in a synergistic relationship to kill the malaria parasite.[8] In modern times, a number of quinine-based drugs have been developed, with varying success. The issue becomes complex here because, while these drugs were developed by Western scientists using modern technological laboratories, if it hadn’t been for the original indigenous knowledge, these compounds could not have been developed at all. The quinine derivatives include Chloroquine, Pyrimethamine, and Mefloquine. Chloroquine was used as a spray along with DDT in the WHO’s malaria eradication plan (the efficacy and usefulness of this are still under debate: numerous countries that were sprayed with these chemicals soon developed strains of malaria that were resistant to the drugs).[9] 60411828 - workers are fogging for dengue control. mosquito borne diseases of zika virus. Quinine-based drugs were used in sprays to combat malaria around the world 2. Artemisinin Artemisinin is an active compound found in traditional Chinese medicine called Qinghao Su (sweet wormwood). This traditional Chinese medicine has been used to treat fevers for over a thousand years. It is currently still extracted from plant sources, the majority of which are grown in China, Vietnam and East Africa. Once the full-grown plants are harvested, the chemical is extracted, leaving the pure artemisinin at a highly variable market price of between $120 — $1200 per kilogram.[10] It’s interesting that the artemisinin-based drug combinations (ACTs) are the most expensive anti-malarial treatments available. This is despite the fact that it is one of the few malarial medications that are still mostly plant-based. However, Western pharmaceutical companies are now developing synthetic forms of artemisinin. The new forms of artemsinin are genetically engineered and have intellectual property rights attached, potentially bringing in big revenues for the companies involved. The proponents of the synthetic form of artemisinin claim that the synthetic form will be able to be sold for cheaper than the natural form. However, the average import price of natural artemsisin to India over the last ten years was around $370 per kilo — a fair amount cheaper than the price that the pharmaceutical companies are pushing for.[11] Artemisinin farming sustains the livelihoods of an estimated 100’000 farmers. With synthetic derivatives being developed this puts the livelihoods of the farmers and their families at risk of poverty (estimated to be around 3–5 times the number of people as the farmers themselves).[12] The ironic and disturbing thing about the whole situation is that the artemisinin farmers themselves are the ones who are most at risk of contracting malaria. In effect, they stand to not only have their incomes stripped by Western pharmaceutical companies but also to become physically dependent on the products of those very companies. [13] 16118463 - portrait of a burmese woman with thanaka powdered face working in farm Farmers livelihoods are threatened by the use of synthetic chemicals 2. ‘Biopiracy’ — stealing natural resources and plants The idea that modern medicine might be a form of colonialism seems at first to be quite outrageous! However, on closer inspection, it’s quite clear that a few nations continue to play the role of ‘missionary’, helping to save people in the ‘developing world’.[14] In some cases, though, the role of the ‘missionary’ becomes a little less clear. The second way that Western medicine takes from indigenous communities is something called ‘Biopiracy’. This is similar to the method we described above, however, in this case, what is taken is not knowledge but the actual plants and resources themselves. In biopiracy actions, plants and natural resources are stolen entirely from indigenous communities and are then used to develop drugs and medicines in the West. The indigenous communities benefit nothing from the theft of their resources. Medicines developed from stolen materials are often sold back to the very people from whom the original plant-sources were stolen — at exorbitant prices. Examples of medications that face biopiracy charges include: A drug for diabetes developed in the UK from a Libyan plant, Artemisia judaica A medicine for immunosuppression developed by GlaxoSmithKline which is derived from a chemical found in termite hills in Gambia An HIV treatment taken from bacteria found in central Uganda Antibiotic drugs developed from amoebas found in Mauritius and Venezuela Anti-diarrhea vaccines developed from Egyptian bacteria [15] According to Beth Burrows, president of Washington-based Edmond’s Institute: “Times have changed. It is no longer acceptable for the great white explorer to trawl across Africa or South America taking what they want for their own commercial benefit. It is no more than a new form of colonial pillaging. As there are internationally recognized rights for oil, so there should be for indigenous plants and knowledge.”[16] In an ideal world, knowledge and resources would be shared equitably. Both the indigenous cultures and the modern world would benefit from the sharing of knowledge and medicinal plants, which could leave the world a much better place. However, this is not the case in today’s world. More and more, we see evidence of pharmaceutical companies using rural communities as customers and guinea-pigs for medicine that was originally sourced from local knowledge.[17] Traditional medicine is pushed off the market and indigenous knowledge is ‘dumbed down’ through development programs. This forces the majority of the world to have to work through cartel-like pharmaceutical corporations who extract unbelievably large sums of money from people, which we’ll look at below.[18] 21736635 - shanty house in bangkok water canals along the river bank, thailand Those who benefit the least from pharmaceutical colonialism are the ones who need healthcare the most

#### Vote negative to endorse a cartography of refusal

**Day 15** Iyko, Associate Professor of English. Chair, Critical Social Thought. “Being or Nothingness: Indigeneity, Antiblackness, and Settler Colonial Critique.” Source: Critical Ethnic Studies, Vol. 1, No. 2 (Fall 2015), pp. 102-121 //Elmer

And so the potential relations that Wilderson sets up through a critique of sovereignty are at best irrelevant or at worse false in Sexton’s absolute claim that slavery stands alone as the “threshold of the political world.”45 I suggest that this wavering relation/nonrelation of antiblackness and Indigeneity exhibited in Wilderson’s and Sexton’s work reveal the problem in any totalizing approach to the heterogeneous constitution of racial difference in settler colonies. Beyond this inconsistency, the liberal multiculturalist agenda that Wilderson and Sexton project into Indigenous sovereignty willfully evacuates any Indigenous refusal of a colonial politics of recognition. Among other broad strokes, Sexton states, “as a rule, Native Studies reproduces the dominant liberal political narrative of emancipation and enfranchisement.”46 This provides a basis for Wilderson’s assertion that Indigenous sovereignty engages in a liberal politics of state legitimation through recognition because “treaties are forms of articulation” that buttress “the interlocutory life of America as a coherent (albeit genocidal) idea.”47 But such a depoliticized liberal project is frankly incompatible with Indigenous activism and scholarship that emerges from Native studies in North America. The main argument in Glen Sean Coulthard’s book Red Skin, White Masks is to categorically reject “the liberal recognition-based approach to Indigenous selfdetermination.”48 This is not a politics of legitimizing Indigenous nations through state recognition but rather one of refusal, a refusal to be recognized and thus interpellated by the settler colonial nation-state. Drawing on Fanon, Coulthard describes the “necessity on the part of the oppressed to ‘turn away’ from their other-oriented master-dependency, and to instead struggle for freedom on their own terms and in accordance with their own values.”49 It is also difficult to reconcile the depoliticized narrative of “resurgence and recovery” that Wilderson and Sexton attribute to Indigenous sovereignty in the face of Idle No More, the anticapitalist Indigenous sovereignty movement in Canada whose national railway and highway blockades have seriously destabilized the expropriation of natural resources for the global market. These are examples that Coulthard describes as “direct action” rather tjhan negotiation—in other words, antagonism, not conflict resolution: The [blockades] are a crucial act of negation insofar as they seek to impede or block the flow of resources currently being transported to international markets from oil and gas fields, refineries, lumber mills, mining operations, and hydroelectric facilities located on the dispossessed lands of Indigenous nations. These modes of direct action . . . seek to have a negative impact on the economic infrastructure that is core to the colonial accumulation of capital in settler-political economies like Canada’s.50 These tactics are part of what Audra Simpson calls a “cartography of refusal” that “negates the authority of the other’s gaze.”51 It is impossible to frame the blockade movement, which has become the greatest threat to Canada’s resource agenda,52 as a struggle for “enfranchisement.” Idle No More is not in “conflict” with the Canadian nation-state; it is in a struggle against the very premise of settler colonial capitalism that requires the elimination of Indigenous peoples. As Coulthard states unambiguously, “For Indigenous nations to live, capitalism must die.”

### 1NC – OFF

#### Climate Patents and Innovation high now and solving Warming but patent waivers set a dangerous precedent for appropriations - the mere threat is sufficient is enough to kill investment.

Brand 5-26, Melissa. “Trips Ip Waiver Could Establish Dangerous Precedent for Climate Change and Other Biotech Sectors.” IPWatchdog.com | Patents & Patent Law, 26 May 2021, www.ipwatchdog.com/2021/05/26/trips-ip-waiver-establish-dangerous-precedent-climate-change-biotech-sectors/id=133964/. //sid

The biotech industry is making remarkable advancestowards climate change solutions, and it is precisely for this reason that it can expect to be in the crosshairs of potential IP waiver discussions. President Biden is correct to refer to climate change as an existential crisis. Yet it does not take too much effort to connect the dots between President Biden’s focus on climate change and his Administration’s recent commitment to waive global IP rights for Covid vaccines (TRIPS IP Waiver). “This is a global health crisis, and the extraordinary circumstances of the COVID-19 pandemic call for extraordinary measures.” If an IP waiver is purportedly necessary to solve the COVID-19 global health crisis (and of course [we dispute this notion](https://www.ipwatchdog.com/2021/04/19/waiving-ip-rights-during-times-of-covid-a-false-good-idea/id=132399/)), can we really feel confident that this or some future Administration will not apply the same logic to the climate crisis? And, without the confidence in the underlying IP for such solutions, what does this mean for U.S. innovation and economic growth? United States Trade Representative (USTR) [Katherine Tai](https://www.ipwatchdog.com/2021/05/05/tai-says-united-states-will-back-india-southafrica-proposal-waive-ip-rights-trips/id=133224/) was subject to questioning along this very line during a recent Senate Finance Committee hearing. And while Ambassador Tai did not affirmatively state that an IP waiver would be in the future for climate change technology, she surely did not assuage the concerns of interested parties. The United States has historically supported robust IP protection. This support is one reason the United States is the center of biotechnology innovation and leading the fight against COVID-19. However, a brief review of the domestic legislation arguably most relevant to this discussion shows just how far the international campaign against IP rights has eroded our normative position. The Clean Air Act, for example, contains a provision allowing for the mandatory licensing of patents covering certain devices for reducing air pollution. Importantly, however, the patent owner is accorded due process and the statute lays out a detailed process regulating the manner in which any such license can be issued, including findings of necessity and that no reasonable alternative method to accomplish the legislated goal exists. Also of critical importance is that the statute requires compensation to the patent holder. Similarly, the Atomic Energy Act contemplates mandatory licensing of patents covering inventions of primary importance in producing or utilizing atomic energy. This statute, too, requires due process, findings of importance to the statutory goals and compensation to the rights holder. A TRIPS IP waiver would operate outside of these types of frameworks. There would be no due process, no particularized findings, no compensationand no recourse. Indeed, the fact that the World Trade Organization (WTO) already has a process under the TRIPS agreement to address public health crises, including the compulsory licensing provisions, with necessary guardrails and compensation, makes quite clear that the waiver would operate as a free for all. Forced Tech Transfer Could Be on The Table When being questioned about the scope of a potential TRIPS IP waiver, Ambassador Tai invoked the proverb “Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.” While this answer suggests primarily that, in times of famine, the Administration would rather give away other people’s fishing rods than share its own plentiful supply of fish (here: actual COVID-19 vaccine stocks), it is apparent that in Ambassador Tai’s view waiving patent rights alone would not help lower- and middle-income countries produce their own vaccines. Rather, they would need to be taught how to make the vaccines and given the biotech industry’s manufacturing know-how, sensitive cell lines, and proprietary cell culture media in order to do so. In other words, Ambassador Tai acknowledged that the scope of the current TRIPS IP waiver discussions includes the concept of forced tech transfer. In the context of climate change, the idea would be that companies who develop successful methods for producing new seed technologies and sustainable biomass**,** reducing greenhouse gases in manufacturing and transportation, capturing and sequestering carbon in soil and products, and more, would be required to turn over their proprietaryknow-how to global competitors. While it is unclear how this concept would work in practice and under the constitutions of certain countries, the suggestion alone could be devastating to voluntary internationalcollaborations. Even if one could assume that the United States could not implement forced tech transfer on its own soil, what about the governments of our international development partners? It is not hard to understand that a U.S.-based company developing climate change technologies would be unenthusiastic about partnering with a company abroad knowing that the foreign country’s government is on track – with the assent of the U.S. government – to change its laws and seize proprietary materials and know-how that had been voluntarily transferred to the local company. Necessary Investment Could Diminish Developing climate change solutions is not an easy endeavor and bad policy positions threaten the likelihood that they will materialize. These products have long lead times from research and development to market introduction, owing not only to a high rate of failure but also rigorous regulatory oversight. Significant investment is required to sustain and drive these challenging and long-enduring endeavors. For example, synthetic biology companies critical to this area of innovation [raised over $1 billion in investment in the second quarter of 2019 alone](https://www.bio.org/sites/default/files/2021-04/Climate%20Report_FINAL.pdf). If investors cannot be confident that IP will be in place to protect important climate change technologies after their long road from bench to market, it is unlikely they will continue to investat the current and required levels**.**

#### Climate change destroys the world.

Specktor 19 [Brandon writes about the science of everyday life for Live Science, and previously for Reader's Digest magazine, where he served as an editor for five years] 6-4-2019, "Human Civilization Will Crumble by 2050 If We Don't Stop Climate Change Now, New Paper Claims," livescience, <https://www.livescience.com/65633-climate-change-dooms-humans-by-2050.html> Justin

The current climate crisis, they say, is larger and more complex than any humans have ever dealt with before. General climate models — like the one that the [United Nations' Panel on Climate Change](https://www.ipcc.ch/sr15/) (IPCC) used in 2018 to predict that a global temperature increase of 3.6 degrees Fahrenheit (2 degrees Celsius) could put hundreds of millions of people at risk — fail to account for the **sheer complexity of Earth's many interlinked geological processes**; as such, they fail to adequately predict the scale of the potential consequences. The truth, the authors wrote, is probably far worse than any models can fathom. How the world ends What might an accurate worst-case picture of the planet's climate-addled future actually look like, then? The authors provide one particularly grim scenario that begins with world governments "politely ignoring" the advice of scientists and the will of the public to decarbonize the economy (finding alternative energy sources), resulting in a global temperature increase 5.4 F (3 C) by the year 2050. At this point, the world's ice sheets vanish; brutal droughts kill many of the trees in the [Amazon rainforest](https://www.livescience.com/57266-amazon-river.html) (removing one of the world's largest carbon offsets); and the planet plunges into a feedback loop of ever-hotter, ever-deadlier conditions. "Thirty-five percent of the global land area, and **55 percent of the global population, are subject to more than 20 days a year of** [**lethal heat conditions**](https://www.livescience.com/55129-how-heat-waves-kill-so-quickly.html), beyond the threshold of human survivability," the authors hypothesized. Meanwhile, droughts, floods and wildfires regularly ravage the land. Nearly **one-third of the world's land surface turns to desert**. Entire **ecosystems collapse**, beginning with the **planet's coral reefs**, the **rainforest and the Arctic ice sheets.** The world's tropics are hit hardest by these new climate extremes, destroying the region's agriculture and turning more than 1 billion people into refugees. This mass movement of refugees — coupled with [shrinking coastlines](https://www.livescience.com/51990-sea-level-rise-unknowns.html) and severe drops in food and water availability — begin to **stress the fabric of the world's largest nations**, including the United States. Armed conflicts over resources, perhaps culminating in **nuclear war, are likely**. The result, according to the new paper, is "outright chaos" and perhaps "the end of human global civilization as we know it."

### 1NC – OFF

#### Member states of the World Trade Organization ought to:

#### - should establish a major prize for companies and institutions that collaborate to produce a successful [treatment for new infectious diseases] with all grant recipients obliged to donate to a common patent pool governed by a Patent Pool authority in accordance with the recommendations of the Goozner evidence.

#### - vest the office of the Vice President, or domestic equivalent, with the power to coordinate national biodefense response, establish a White House Biodefense Coordination Council, commit funding to support state, tribal, territorial, and local health departments, implement a national bio-surveillance program that incorporates animal data

- eliminate their nuclear weapons

#### Drug Prizes Plank solves the Aff and Patent Pooling Plank solves Access – an approach that utilizes IP is key.

Goozner 6, Merrill. "Innovation in biomedicine: can stem cell research lead the way to affordability?." PLoS medicine 3.5 (2006): e126. (Director of the Integrity in Science Project, Center for Science in the Public Interest)//Elmer

Jumping into the Pool **CIRM** and other stem cell funders **can become catalysts for cutting** **through** this **patent thicket.** They can **require** that **all grant recipients** **agree to donate the exclusive license** to any insights, materials, and technologies that they patent **to a common patent pool** supervised by a new, nonprofit organization set up for that purpose. A patent pool **serves as a one-stop shop where investigators can obtain no-cost or low-cost licenses for subsequent research**. Patent pools have been successfully used in other high-technology industries such as consumer electronics and software to facilitate the development of new technologies that either require common standards or rest on a common base of basic research. **Several patent law firms and close observers of medical research have suggested that patent pools can work in biomedicine** [9,10]. There is already some official interest in the patent pool approach, at least for early stage research. The CCST report to CIRM suggested mechanisms such as broad-use licenses could be used to facilitate the sharing of software, databases, and other research tools (see page 14 in [2]). The UK Stem Cell Initiative, a public–private partnership, included a call for a new UK Stem Cell Cooperative “to maximize the cross-fertilization between those involved in the subdisciplines of UK stem cell research” (see page 8 in [8]). But the stem cell patent pool needs to reach beyond the early stages of research if it is going to maximize the chances of this targeted research campaign eventually producing therapeutic results. As researchers move further down the development trail, the pool can serve as a clearinghouse for all researchers in the public or private sector to gain permissions for pursuing the next stage of their research at minimal transaction costs, including time. Moreover, the pool authority can act as an agent for resolving challenges that will inevitably arise as the research progresses, including enforcing ethical standards. For instance, the pool authority in cooperation with the FDA can set common standards for cell line preparations as research moves toward the critical clinical trial phase. And the pool should have the scale to leverage the cooperation of existing patent holders whose IP predates formation of the pool or whose future research will be funded by other governments, nonprofits, or private firms. The **pool can** also **influence accessibility** **to the fruits of downstream research**. **As a condition for obtaining a pool license**, **any researcher would** **have to contribute any IP** that results from using the pool license **back into the pool.** In the software world, this is known as open-source licensing, which was used successfully to develop the still-evolving Linux computer operating system and which is being pursued in agricultural biotechnology (R. Jefferson, personal communication; [11]). There is one major stumbling block for the use of an open-source patent pool to facilitate stem cell research. Unlike software or even agriculture biotechnology—where the end products are relatively low cost, and the costs of development are relatively evenly distributed throughout the development process—biomedical research costs escalate once a therapeutically useful product reaches clinical trials. Applied research can take five to ten years from the start of human safety experiments. While the costs of pharmaceutical research are less than the drug industry claims, the investment required can run into the tens or even hundreds of millions of dollars. As a result, this developmental research has almost always been funded by the private sector [12]. (There are, of course, many exceptions to this rule: the early HIV/AIDS medications, many cancer drugs, some vaccines, and the development of several rare-disease therapies have been entirely funded by government agencies.) The private sector's price for taking these late-stage risks is exclusive rights to the technology. Its reward, if successful, is the right to charge whatever the health-care marketplace will bear. A prize system, coupled with an open-source patent pool, is entirely consistent with the existing IP system. **Inventors** and their institutions **would retain the IP rights** to their inventions. Any **revenues generated** from the prize could be **shared** with the inventor **and reinvested** in research and education. Though the rights to the invention would be turned over to the pool, the technology-transfer officials at an institution would still have an incentive (their share of the prize) to aggressively pursue its use by downstream scientists in the public or private sectors if they feel their invention is not being properly utilized. Division of the prize could be based on mandatory arbitration among patent holders [14]. Or it could be based on the value of the research contracts that led to the underlying IP and were invested in clinical trials. Basing the prize on investment would weight its distribution toward the parties that conducted the final phases of research—usually private-sector firms—since the trials are generally the most expensive part of therapeutic development. Governments can finance the prizes using tax-exempt bonds since a prize will only be awarded for success. At that point, the bonds can be repaid by a surcharge on each use of the new therapy as it rapidly diffuses through the health-care system. Once the prize has been awarded for a successfully developed stem cell therapy, the pool authority can grant licenses to one or more generic manufacturing firms, which can then compete to sell the therapy to health-care providers and the public on a cost-plus basis [15]. Wouldn't the surcharge to finance the prize, when added to the cost-plus production by generic manufacturers, add up to the same high prices for medicines generated by the current system? Not at all. This “shared prize model,” calibrated to the true cost of research and development, eliminates the 30%–40% of pharmaceutical industry revenue generated by wasteful marketing costs. The prize provides no rewards for industry research and development that goes to develop medicines that duplicate the action of medicines already on the market. Financing the prize with tax-exempt bonds ensures that the surcharge will be based on the lowest-cost capital available. Conclusion By combining a patent pool, an open-source model of IP development, and a shared prize system for developing stem cell therapies, the California state stem cell program can point the way to a new medical innovation system for the 21st century. This model could be used by all advanced industrial economies grappling with how to pay for the rising cost of the new medical technologies sought by their ill and aging populations.

#### Coordination plank solves disease and bioterrorism

* MCM = medical countermeasure

Lieberman and Ridge 15 Joseph I. Lieberman, Chair & former US senator from Connecticut, and Thomas J. Ridge ‘15, Chair & Former United States Secretary of Homeland Security, “A National Blueprint for Biodefense: Leadership and Major Reform Needed to Optimize Efforts A Bipartisan Report of the Blue Ribbon Study Panel on Biodefense,” Blue Ribbon Study Panel on Biodefense, October 2015

The Challenge of Leadership Simply put, the Nation does not afford the biological threat the same level of attention as it does other threats: There is no centralized leader for biodefense. There is no comprehensive national strategic plan for biodefense. There is no all-inclusive dedicated budget for biodefense. The Nation lacks a single leader to control, prioritize, coordinate, and hold agencies accountable for working toward common national biodefense. This weakness precludes sufficient defense against biological threats. A leader must, therefore, take charge of our Nation’s response to biological crises, as well as day-to-day activities in the absence of such crises. Leadership of biodefense should be institutionalized at the White House with the Vice President. This office alone can be imbued with the authority of the President to coordinate agencies, budgets, and strategies across the government in a way that no other position can. The Need for Leadership to Achieve Coordination and Accountability Inter-governmental and multi-disciplinary efforts are needed to adequately defend the Nation against biological threats. Centralized, effective leadership is necessary to direct and harmonize these efforts, but because this is lacking, biodefense activities are insufficiently coordinated. This problem can largely be resolved through the leadership of the Vice President and the establishment of a White House Biodefense Coordination Council. The coordination problem is exacerbated by the lack of a comprehensive biodefense strategy and a unified approach to budgeting, both vital to any strategic interagency effort. Congressional oversight efforts are hampered by the lack of these important components, insufficient awareness of the threat, and inadequate oversight among committees. These challenges could be alleviated in part through regular and in-depth intelligence briefings for Members of Congress, and implementation of joint congressional oversight agendas. The **lack of coordination** at the highest levels impacts a variety of downstream areas of critical importance, including: **intelligence** activities; full consideration of the interrelationships among animal, environmental, and human health; coordination of MCM development; **attribution of bioterrorist acts**; and environmental decontamination and remediation. These critical areas demand better integration and clear prioritization, aligned with funding and investment, in order to inform stakeholders across the biodefense spectrum and enable them to execute a strategy once it is developed. The Need for Leadership to Elevate Collaboration U.S. biodefense is not, nor should it be, a solely federal function. The impact of biological events, while felt nationally, will be addressed locally. The federal government must aid in strengthening state, local, territorial, and tribal biodefense capabilities and increase the support and access provided to them far beyond current levels. Rapid and accurate identification of a pathogen moving through humans, animals, or the environment is absolutely necessary, yet significant advances in such identification remain elusive. The federal government must implement a nationally integrated biosurveillance capability, dramatically improve environmental biosurveillance, and substantially augment collection and incorporation of animal data into human biosurveillance systems. The Nation must also demonstrate support for emergency services through improved training, enhanced personal protection, and better intelligence sharing. We must commit reasonable viii and sustained levels of financial support to state, local, territorial, and tribal health departments. The federal government must also increase support to hospitals, through tighter management of Hospital Preparedness Program funds, development of Centers for Medicare and Medicaid Services incentives, and accreditation of select hospitals as biodefense specialty centers. Public-private partnerships are fundamental to any efforts toward development, distribution, and dispensing of MCM. We must produce a MCM response framework that is predicated on non-federal input, collaboration, and implementation, and that allows for pre-deployment of stockpiles. Finally, the federal government must lead efforts to secure vulnerable pathogen data. The Need for Leadership to Drive Innovation The innovative process of scientific discovery is inherently fraught with uncertainty. Yet biodefense efforts urgently call for a much greater focus on innovation than ever before – because biological threats are imminent, biological vulnerabilities have existed for too long, and the complexity of the threat requires equally complex solutions. Biodefense also requires sustained prioritization and funding to ensure that success realized thus far is maintained, and that opportunity and innovation are pursued. We must revolutionize the development of MCM for emerging infectious diseases, fully fund and incentivize the MCM enterprise, and remove **bureaucratic hurdles to MCM** innovation. We must develop a system for environmental detection that leverages the ingenuity of industry and meets the growing threat. We must overhaul the Select Agent Program to enable a secure system that simultaneously encourages participation by the scientific community. Finally, we must help lead the international community toward the establishment of a fully functional and agile global public health response apparatus. Conclusions We have reached a critical mass of biological crises. Myriad biological threats, vulnerabilities, and consequences have collectively and dramatically increased the risk to the Nation. They have also, we believe, garnered the attention of enough people who understand the threat is real, want to mobilize and take action, and can provide for effective national biodefense. Leadership moves America forward. A central and authoritative leader – who, by recommendation of this report, is the Vice President – can foster substantial progress in biodefense. Once installed as this leader, the Vice President (and the interagency team of experts who will work to realize the strategic vision of the Executive and Legislative Branches) can also foster substantial progress, much of it in the near term. This is especially true for coordinating federal activities, forging intersectoral partnerships, and revolutionizing the ways in which we approach this mission space. Dramatic improvements are within our reach if we follow a national blueprint for biodefense, establish leadership, and engage in major reform efforts that build on the good work that is already in place.

#### The Counterplan solves response, which is enough to prevent the terminal impact

Lieberman and Ridge 15 Joseph I. Lieberman, Chair & former US senator from Connecticut, and Thomas J. Ridge ‘15, Chair & Former United States Secretary of Homeland Security, “A National Blueprint for Biodefense: Leadership and Major Reform Needed to Optimize Efforts A Bipartisan Report of the Blue Ribbon Study Panel on Biodefense,” Blue Ribbon Study Panel on Biodefense, October 2015

CHAPTER 1: THE NEED FOR LEADERSHIP IN ACHIEVING COORDINATION Biodefense necessitates complex and sophisticated multi-disciplinary efforts, successful navigation of which requires coordination among government, academia, and industry. Centralized effective leadership is necessary to align these efforts. Because such leadership is lacking, federal biodefense activities are insufficiently coordinated. Authority and responsibilities are dispersed among many cabinet agencies, without the benefit of a single leader to provide directives and receive reports. Thus, while outcomes of individual department and agency efforts may or not be successful, no one is held fully accountable for the necessary outcomes of a mission-oriented and integrated biodefense enterprise. This problem is further complicated by the lack of a comprehensive biodefense strategy. A decade of profusion of policy directives indicates well-intentioned efforts to facilitate progress, yet the staggering number has resulted in a fragmented enterprise made less stable as Administrations pass from one to the next and priorities change. Additionally, a unified approach to budgeting is a vital part of any strategic interagency effort, and this is lacking as well. This undoubtedly means that spending is redundant in some areas and deficient in others. The lack of coordination manifests in a variety of areas of critical importance to biodefense: the gathering and dissemination of intelligence; consideration of animal health and one health approaches as central tenets of health security; prioritization of emerging threats; and investment in areas including MCM, bioterror attribution, and decontamination and remediation. Congressional oversight and legislation are critical for ensuring that the biodefense enterprise works. Congressional efforts have been hampered, however, by the lack of a comprehensive and cohesive biodefense strategic plan from the Executive Branch, as well as extensive crosscommittee jurisdiction that often dilutes congressional focus. This chapter addresses coordination and accountability in the following areas: I. The Imperative for Cogent Governance II. Improving Intelligence Community Efforts III. Recognizing and Institutionalizing the One Health Concept IV. Coordinating Medical Countermeasure Efforts V. Establishing an Attribution Apparatus VI. Taking Charge of Decontamination and Remediation I. THE IMPERATIVE FOR COGENT GOVERNANCE NEED FOR A COORDINATING BODY AT THE WHITE HOUSE To address cross-sectoral issues, organizations often form coalitions. Agencies within the federal government sometimes create coalitions of their own volition. However, competing priorities and demands more often dominate their day-to-day activities and drive them to operate independently. The White House has also established coalitions to achieve certain aims, but these efforts to obtain consensus have at times resulted in diluted strategies and plans that all stakeholders can agree on but which do little to move the needle.34 As many as a dozen departments and agencies participate in biodefense,35 a mission space with governmental and nongovernmental members and activities authorized, ordered, and guided by various statutes, presidential directives, and other policy documents. Some of these departments and agencies show substantial initiative and execute on big or important ideas in biodefense; others work in a supportive capacity; still others engage temporarily, sporadically, or with limited enthusiasm. More than fifty political appointees36 have been given some part of the biodefense mission, but largely act independently. Because of the scope of this scheme, these appointees often have little awareness of similar or potentially synergistic activities throughout the federal government, creating an inefficient and costly system that may not meet overarching mission objectives. A much more coordinated approach is called for that leverages the resources of the Nation that exist beyond those of the federal government. Recommendation 2 Establish a Biodefense Coordination Council at the White House, led by the Vice President. A coalition approach is needed to create cohesion among departments, agencies, states, localities, territories, tribes, and industry. Such an approach can help smooth the competing priorities and demands that drive organizations to operate independently. ACTION ITEMS: a. Require broad federal participation. The Vice President should direct all departments and agencies that address biodefense (in keeping with the National Biodefense Strategy of the United States of America per Recommendation 3) to hold a seat on the Biodefense Coordination Council. The designees should be at the Deputy Secretary level. b. Invite broad non-federal stakeholder participation. In addition to the primary designees, the Vice President should include a state governor, a mayor, a territorial governor/administrator, a tribal leader, and private sector leaders representing critical infrastructure sectors that are vital to the success and continuity of biodefense.37 c. Structure the Council for consensus and accountability. The Vice President should lead the primary designees and the members as a coalition that will prioritize needed activities, designate responsibilities, and ensure accountability. Each federal department and agency with a seat on the Council should be charged, through the National Biodefense Strategy, with deliverables that the Council will develop and periodically evaluate. A SINGLE, COMPREHENSIVE, AND HARMONIZED STRATEGY IS NEEDED The sheer number of federal documents that address biodefense indicates significant interest in the subject and intent to deal with it through statute and executive direction (Table 2). In addition to or as a result of the documents listed in Table 2, the Executive Branch has promulgated numerous other policy and planning documents, which only add to the spectrum of requirements. These include the National Strategy for Pandemic Influenza (2005) and its associated Implementation Plan (2006); the updated National Response Framework (2008), its Biological Incident Annex, and other associated annexes;38 the 2014 PHEMCE Strategy and Implementation Plan (2014); and the National Strategy for Countering Biological Threats (2009). Together, these provide a foundation for federal biodefense activities. But the large number of documents reflects a system that has become too fragmented to be enforced and implemented in a coherent, prioritized, and unitary fashion. Biodefense for the 21st Century (HSPD-10) was the most comprehensive strategic biodefense document at the time it was drafted. Defense of United States Agriculture and Food (HSPD-9), however, was issued independently and the two directives are distinct. HSPD-10 is now more than a decade old and numerous other related policy directives have been issued and important programs begun since then. The National Strategy for Countering Biological Threats, which by title sounds like a comprehensive document, is actually more focused on supporting a subset of mission areas outlined in HSPD-10, largely with respect to international efforts. Operating in the absence of a comprehensive biodefense strategy has made the need for comprehensive biodefense planning clear. Many additional planning documents often only address isolated elements of biodefense (e.g., post-exposure prophylaxis for certain bioterrorist agents) or individual diseases (e.g., pandemic influenza) and are not always incorporated into broader plans. Additionally, many of the plans developed over the past decade used models of naturally-occurring infectious diseases rather than weaponized pathogens.39 DHS, DOD, HHS, and USDA made assumptions about the time and resources needed to treat severely ill persons and animals exposed to biological agents, but have not reexamined these suppositions in light of recently declassified information from the U.S. biological weapons program. The lack of a comprehensive, cohesive, and regularly updated strategy has resulted in disorganization and confusion, particularly as Administrations change and the institutional knowledge associated with them is lost. Biodefense planning has become driven by agencies with requirements that may or may not meaningfully contribute to national biodefense. A single, comprehensive, and harmonized strategy to pull these myriad documents together is lacking.

### 1NC – AT: WTO

#### 1] The Impact begs the question of some other UQ – WTO only stops conflicts if those conflicts exist which you haven’t warranted

#### 2] WTO collapse solves extinction

Hilary 15 John Hilary 2015 “Want to know how to really tackle climate change? Pull the plug on the World Trade Organisation” <http://www.independent.co.uk/voices/want-to-know-how-to-really-tackle-climate-change-pull-the-plug-on-the-world-trade-organisation-a6774391.html> (Executive Director, War on Want)//Elmer

Yet this grandiose plan soon fell victim to its own ambition. The WTO’s first summit after the launch of the Doha Round collapsed in acrimonious failure. The next was marked by pitched battles in the streets of Hong Kong as riot police fought Asian farmers desperately trying to save their livelihoods from the WTO’s free trade agenda. The WTO slipped into a coma. Government ministers must decide this week whether to turn off its life support. The answer is surely yes. It was the WTO’s poisonous cocktail of trade expansion and market deregulation that led to the economic crisis of 2008. Years of export-led growth resulted in a crisis of overproduction that could only be sustained with mountains of debt. The parallel deregulation of financial services meant that this debt soon turned out to be toxic, and the world’s banking system went into freefall. Nor is the WTO fit for purpose on ecological grounds. If last week’s climate talks in Paris taught us anything, it is that we must rethink the model of ever-expanding production and consumption in order to avoid planetary meltdown. Global capitalism may need limitless expansion in order to survive, but the planet is already at the very limits of what it can take. The choice is ours. Worst of all, it is the WTO’s ideology of unrestricted trade and corporate domination that lies behind all the bilateral trade deals that are proliferating at the moment, including the infamous Transatlantic Trade and Investment Partnership (TTIP). We need a radically different model of regulated trade and controlled investment if we are to have any chance of breaking the cycle of economic and ecological crisis. For the planet to survive, the WTO must die.

#### 3] Begs the question of Covid Solvency – WTO passing a patent waiver and not having immediate results would be a massive embarrassment decking their cred

#### 4] WTO already collapsed.

**Maizland 21** [Lindsay Maizland, Edward Alden is Bernard L. Schwartz senior fellow at the Council on Fore­­­ign Relations (CFR), specializing in U.S. economic competitiveness, trade, and immigration policy. He is the author of the book Failure to Adjust: How Americans Got Left Behind in the Global Economy, which focuses on the federal government’s failure to respond effectively to competitive challenges on issues such as trade, currency, worker retraining, education, and infrastructure. 4-12-2021, accessed on 8-12-2021, Council on Foreign Relations, "Trump, China, and Steel Tariffs: The Day the WTO Died", <https://www.cfr.org/blog/trump-china-and-steel-tariffs-day-wto-died>] Adam

March 8, 2018: The day the World Trade Organization died. Twenty-three years and sixty-seven days after its launch on January 1 of 1995. RIP. U.S. President Donald Trump did not single-handedly kill the WTO yesterday by announcing he would impose tariffs on imported steel and aluminum. It had been dying a slow death for a long time. China in particular never accepted the norms of the WTO, and its spectacular economic success pursuing policies that too often defied the organization’s market-based principles did more than any other country to weaken the legitimacy of the system. The failed Doha Round negotiations, launched in 2001 and never successfully completed, showed that member nations had no capacity to find the compromises needed to update the WTO’s rules. Trump only gave it the final nudge over the cliff yesterday. But that should not reduce the shock and surprise that it was the United States—which championed the WTO’s creation—that is left holding the murder weapon. For the past quarter century, the United States has been both a leader and a model citizen of the WTO, almost always hewing closely to the rules even when that meant making politically difficult decisions at home to comply with adverse rulings. The White House announcement yesterday threw the rulebook out the window. The Trump administration is set to impose tariffs under a flimsy national security pretext that flouts if not the rules then at least the widely-shared norms of the WTO. It has further launched a free-for-all negotiating process in which its trading partners are now expected to come to the White House hat in hand begging for exemptions, a clear violation of the understanding that trade will be conducted under internationally agreed rules, not ad hoc negotiations.

### 1NC – AT: Developing Economies

#### India Scenario -

#### 1] Non-Unique - India COVID improving.

The Economist 5-24 5-24-2021 "India's COVID-19 crisis is beginning to ease" <https://archive.is/rpQ63#selection-579.0-582.0> //Elmer

Yet even India’s faulty government numbers now give **reason for hope**. The parts of the country where counting is fairly reliable show a clear trend. The virus’s vicious **second wave** is **rolling back almost as fast as it rolled in**. In early May, India was recording some 400,000 new cases a day. This has now fallen below 250,000. The number of **daily** **new cases** **in Mumbai**, the country’s commercial capital and one of the first places to see a surge, is now **about one-seventh of its peak**. In **Delhi**, the hard-hit capital, the proportion of covid **tests** proving **positive** in April reached a frightening 36%. This has now tumbled **below 3%.** The corresponding national “positivity rate”, heavily weighted towards cities where more tests are performed, has fallen from 24% to under 12%. In the main cities at least, the **desperate fight to get** **oxygen** to gasping patients **has** been **won**. Daily demand for liquid medical oxygen (LMO), which reached some 9,000 metric tons—three times the demand during India’s first peak in September—has now begun to drop, says a government task-force. Jokers point to another indicator of improving fortunes. Leaders whose visibility faded notably as the tragedy mounted have suddenly grown less camera-shy. “You know cases are going down because...Modi has reappeared,” joked one tweet, referring to the prime minister, Narendra Modi, who very publicly appeared to choke with emotion during a televised Zoom call with doctors in his parliamentary constituency.

#### 2] Decreases likelihood of War.

Gul 20 Ayaz Gul 4-28-2020 "Kashmiri Leader: COVID-19 Lowers Chances of Pakistan-India War" <https://www.voanews.com/south-central-asia/kashmiri-leader-covid-19-lowers-chances-pakistan-india-war> (VOA reporter)//Elmer

ISLAMABAD - **Pakistan and India** are **locked in** almost **daily military clashes** across their Kashmir frontier, **but** the **president of** the **Pakistani-ruled part** of the disputed territory **says** the **coronavirus** pandemic **has** for now **diminished chances, if any**, **of** the **tensions escalating into a full-blown war**. Islamabad and New Delhi routinely accuse each other of firing the first shot that started the clashes in violation of a 2003 mutual truce across what is referred to as the Kashmir Line of Control (LoC). Critics say the increased violence in recent years, however, already has rendered the truce ineffective. The clashes have caused dozens of casualties on both sides, mostly civilians living in villages close to the LoC. “I **don’t foresee a war** in the near future,” said President Masood Khan of Azad (independent) Jammu and Kashmir (AJK), the official name Pakistan uses for the part of the divided region it administers. India controls the remaining two-thirds of the largely Muslim Himalayan region, claimed by both of the nuclear-armed rival nations. “Right now, the **world** is **preoccupied with** the **COVID**-19 **pandemic**, and nobody seriously expects India and Pakistan to go to war. And we do not know what the world would look like once this pandemic is over,” Khan told VOA in an interview at his camp office in the Pakistani capital.

#### 3] Pakistan instability were unrelated to COVID – we’ll insert the card

1AC Somos 20. [Christy Somos is a CTVNews.ca Writer) “COVID-19 has escalated armed conflict in India, Pakistan, Iraq, Libya and the Philippines, study finds,” CTV News, December 17, 2020. <https://www.ctvnews.ca/world/covid-19-has-escalated-armed-conflict-in-india-pakistan-iraq-libya-and-the-philippines-study-finds-1.5236738>] TDI

INDIA India saw a rise in armed conflict during the study period, with violent clashes in the Kashmir region between Kashmiri separatists facing off against the Indian military, as well as conflicts between Pakistan and India. “So what mostly drove the increase in conflict intensity…were basically due to two factors,” Ide said. “The first being that there is some evidence that Pakistan sponsors or supports these insurgents in Kashmir, to encourage them to increase their attacks [on Indian forces] because they perceived them to be weak and struggling with the pandemic.” The second factor, Ide explained, was that while Indian government enacted a “pretty comprehensive lockdown in Kashmir, and sealing it way from international media attention…launched more intense counter-insurgency efforts and…crack[ed] down on any pro-Pakistani sympathy expressions.” IRAQ Iraq had an increase in armed conflict, but Ide noted that the overall intensity did not change that much – a “very slight upward trend” in scale that was not linear. What did increase were attacks by ISIS in April, May, and June. “The Iraqi government was really in trouble,” he said. “They had enormous economic loss, they had to go head-to-head and use troops and funds to combat the pandemic – the international coalition supporting the government partially withdrew troops or stopped their activities.” “The Iraqi government was really in a position of weakness.” Ide said the Islamic State exploited the pandemic and the thin resources at hand to the government to expand territorial control, conquer new areas and to stage more attacks. LIBYA The civil war in Libya between the Government of National Accord’s (GNA) forces and the Libyan National Army escalated during the study period, after a ceasefire brokered in January was broken, Ide said. “As soon as international attention shifted to the pandemic…they really escalated the conflict, tried to make gains while hoping the other side is weakened because of the pandemic, hoping to score an easy military victory” Ide said. “It didn’t happen.” The UN Security Council noted in a May report that the pandemic was bolstering the 15-month conflict, citing the history of more than 850 broken ceasefire agreements and “a tide of civilian deaths” on top of a worsening outbreak. PAKISTAN **The ongoing conflict with India saw a rise in armed conflict in Pakistan** during the study period – **which were unrelated to the pandemic**, but also a rise in Taliban-affiliated groups and anti-government sentiments due to pandemic restrictions, Ide said. “There were a lot of anti-government grievances,” Ide said. “There were restrictions on religious gatherings, which religious groups did not like, and there were some negative **economic impacts which affected the local people**.” Ide said those two factors could have been exploited by the Taliban in a quest to recruit more followers. Later in the study period, a swath Pakistani government officials were struck with COVID-19, **leaving the country with a leadership crisis**, which saw an increase of attacks by Taliban groups in May.

#### 4] No escalation – their evidence only says “nuclear” in the context of a previous “ominous hint” for a convention for another conflict which disproves escalation risk AND “continue escalating” is nonsense w/o a brink scenario – we’ll insert another re-cutting.

Roblin 21. [(Sébastien Roblin holds a master’s degree in Conflict Resolution from Georgetown University and served as a university instructor for the Peace Corps in China, "If the Next India-Pakistan War Goes Nuclear, It Will Destroy the World," The National Interest, March 26, 2021. <https://nationalinterest.org/blog/reboot/if-next-india-pakistan-war-goes-nuclear-it-will-destroy-world-181134>] TDI

Here's What You Need to Remember: India and Pakistan account for over one-fifth world’s population, and therefore a significant share of economic activity. Should their major cities become irradiated ruins with their populations decimated, a tremendous disruption would surely result. Between February 26 and 27 in 2019, Indian and Pakistani warplanes launched strikes on each other’s territory and engaged in aerial combat for the first time since 1971. Pakistan **ominously** hinted **it was convening its N**ational **C**ommand **A**uthority, **the institution which can authorize a nuclear strike**. The two states, which have retained an adversarial relationship since their founding in 1947, between them deploy nuclear warheads that can be delivered by land, air and sea. However, those weapons are inferior in number and yield to the thousands of nuclear weapons possessed by Russia and the United States, which include megaton-class weapons that can wipe out a metropolis in a single blast. Some commenters have callously suggested that means a “limited regional nuclear war” would remain an Indian and Pakistani problem. People find it difficult to assess the risk of rare but catastrophic events; after all, a full-scale nuclear war has never occurred before, though it has come close to happening. Such assessments are not only shockingly callous but shortsighted. In fact, several studies have modeled the global impact of a “limited” ten-day nuclear war in which India and Pakistan each exchange fifty 15-kiloton nuclear bombs equivalent in yield to the Little Boy uranium bomb dropped on Hiroshima. Their findings concluded that spillover would in no way be “limited,” directly impacting people across the globe that would struggle to locate Kashmir on a map. And those results are merely a conservative baseline, as India and Pakistan are estimated to possess over 260 warheads. Some likely have yields exceeding 15-kilotons, which is relatively small compared to modern strategic warheads. Casualties Recurring terrorist attacks by Pakistan-sponsored militant groups over the status of India’s Muslim-majority Jammu and Kashmir state have repeatedly led to threats of a conventional military retaliation by New Delhi. Pakistan, in turn, maintains it may use nuclear weapons as a first-strike weapon to counter-balance India’s superior conventional forces. Triggers could involve the destruction of a large part of Pakistan’s military or penetration by Indian forces deep into Pakistani territory. Islamabad also claims it might authorize a strike in event of a damaging Indian blockade or political destabilization instigated by India. India’s official policy is that it will never be first to strike with nuclear weapons—but that once any nukes are used against it, New Dehli will unleash an all-out retaliation. The Little Boy bomb alone killed around 100,000 Japanese—between 30 to 40 percent of Hiroshima’s population—and destroyed 69 percent of the buildings in the city. But Pakistan and India host some of the most populous and densely populated cities on the planet, with population densities of Calcutta, Karachi and Mumbai at or exceeding 65,000 people per square mile. Thus, even low-yield bombs could cause tremendous casualties. A 2014 study estimates that the immediate effects of the bombs—the fireball, over-pressure wave, radiation burns etc.—would kill twenty million people. An earlier study estimated a hundred 15-kiloton nuclear detonations could kill twenty-six million in India and eighteen million in Pakistan—and concluded that escalating to using 100-kiloton warheads, which have greater blast radius and overpressure waves that can shatter hardened structures, would multiply death tolls four-fold. Moreover, these projected body counts omit the secondary effects of nuclear blasts. Many survivors of the initial explosion would suffer slow, lingering deaths due to radiation exposure. The collapse of healthcare, transport, sanitation, water and economic infrastructure would also claim many more lives. A nuclear blast could also trigger a deadly firestorm. For instance, a firestorm caused by the U.S. napalm bombing of Tokyo in March 1945 killed more people than the Fat Man bomb killed in Nagasaki. Refugee Outflows The civil war in Syria caused over 5.6 million refugees to flee abroad out of a population of 22 million prior to the conflict. Despite relative stability and prosperity of the European nations to which refugees fled, this outflow triggered political backlashes that have rocked virtually every major Western government. Now consider likely population movements in event of a nuclear war between India-Pakistan, which together total over 1.5 billion people. Nuclear bombings—or their even their mere potential—would likely cause many city-dwellers to flee to the countryside to lower their odds of being caught in a nuclear strike. Wealthier citizens, numbering in tens of millions, would use their resources to flee abroad. Should bombs beginning dropping, poorer citizens many begin pouring over land borders such as those with Afghanistan and Iran for Pakistan, and Nepal and Bangladesh for India. These poor states would struggle to supports tens of millions of refugees. China also borders India and Pakistan—but historically Beijing has not welcomed refugees. Some citizens may undertake risky voyages at sea on overloaded boats, setting their sights on South East Asia and the Arabian Peninsula. Thousands would surely drown. Many regional governments would turn them back, as they have refugees of conflicts in Vietnam, Cambodia and Myanmar in the past. Fallout Radioactive fallout would also be disseminated across the globe. The fallout from the Chernobyl explosion, for example, wounds its way westward from Ukraine into Western Europe, exposing 650,000 persons and contaminating 77,000 square miles. The long-term health effects of the exposure could last decades. India and Pakistan’s neighbors would be especially exposed, and most lack healthcare and infrastructure to deal with such a crisis. Nuclear Winter Studies in 2008 and 2014 found that of one hundred bombs that were fifteen-kilotons were used, it would blast five million tons of fine, sooty particles into the stratosphere, where they would spread across the globe, warping global weather patterns for the next twenty-five years. The particles would block out light from the sun, causing surface temperatures to decrease an average of 2.7 degrees Fahrenheit across the globe, or 4.5 degrees in North American and Europe. Growing seasons would be shortened by ten to forty days, and certain crops such as Canadian wheat would simply become unviable. Global agricultural yields would fall, leading to rising prices and famine. The particles may also deplete between 30 to 50 percent of the ozone layer, allowing more of the sun’s radiation to penetrate the atmosphere, causing increased sunburns and rates of cancer and killing off sensitive plant-life and marine plankton, with the spillover effect of decimating fishing yields. To be clear, these are outcomes for a “light” nuclear winter scenario, not a full slugging match between the Russian and U.S. arsenals. Global Recession Any one of the factors above would likely suffice to cause a global economic recession. All of them combined would guarantee one. India and Pakistan account for over one-fifth world’s population, and therefore a significant share of economic activity. Should their major cities become irradiated ruins with their populations decimated, a tremendous disruption would surely result. A massive decrease in consumption and production would obviously instigate a long-lasting recessionary cycle, with attendant deprivations and political destabilization slamming developed and less-developed countries alike. Taken together, these outcomes mean even a “limited” India-Pakistan nuclear war would significantly affect every person on the globe, be they a school teacher in Nebraska, a factory-worker in Shaanxi province or a fisherman in Mombasa. Unfortunately, the recent escalation between India and Pakistan is no fluke, but part of a long-simmering pattern likely to continue escalating unless New Delhi and Islamabad work together to change the nature of their relationship.