### 1

#### The standard is act hedonistic util. Prefer –

#### 1 – Pleasure and pain *are* intrinsic value and disvalue – everything else *regresses* – robust neuroscience.

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**Pleasure** is not only one of the three primary reward functions but it also **defines reward.** As homeostasis explains the functions of only a limited number of rewards, the principal reason why particular stimuli, objects, events, situations, and activities are rewarding may be due to pleasure. This applies first of all to sex and to the primary homeostatic rewards of food and liquid and extends to money, taste, beauty, social encounters and nonmaterial, internally set, and intrinsic rewards. Pleasure, as the primary effect of rewards, drives the prime reward functions of learning, approach behavior, and decision making and provides the **basis for hedonic theories** of reward function. We are attracted by most rewards and exert intense efforts to obtain them, just because they are enjoyable [10].

Pleasure is a passive reaction that derives from the experience or prediction of reward and may lead to a long-lasting state of happiness. The word happiness is difficult to define. In fact, just obtaining physical pleasure may not be enough. One key to happiness involves a network of good friends. However, it is not obvious how the higher forms of satisfaction and pleasure are related to an ice cream cone, or to your team winning a sporting event. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure [14].

Pleasure as a hallmark of reward is sufficient for defining a reward, but it may not be necessary. A reward may generate positive learning and approach behavior simply because it contains substances that are essential for body function. When we are hungry, we may eat bad and unpleasant meals. A monkey who receives hundreds of small drops of water every morning in the laboratory is unlikely to feel a rush of pleasure every time it gets the 0.1 ml. Nevertheless, with these precautions in mind, we may define any stimulus, object, event, activity, or situation that has the potential to produce pleasure as a reward. In the context of reward deficiency or for disorders of addiction, homeostasis pursues pharmacological treatments: drugs to treat drug addiction, obesity, and other compulsive behaviors. The theory of allostasis suggests broader approaches - such as re-expanding the range of possible pleasures and providing opportunities to expend effort in their pursuit. [15]. It is noteworthy, the first animal studies eliciting approach behavior by electrical brain stimulation interpreted their findings as a discovery of the brain’s pleasure centers [16] which were later partly associated with midbrain dopamine neurons [17–19] despite the notorious difficulties of identifying emotions in animals.

Evolutionary theories of pleasure: The love connection BO:D

Charles Darwin and other biological scientists that have examined the biological evolution and its basic principles found various mechanisms that steer behavior and biological development. Besides their theory on natural selection, it was particularly the sexual selection process that gained significance in the latter context over the last century, especially when it comes to the question of what makes us “what we are,” i.e., human. However, the capacity to sexually select and evolve is not at all a human accomplishment alone or a sign of our uniqueness; yet, we humans, as it seems, are ingenious in fooling ourselves and others–when we are in love or desperately search for it.

It is well established that modern biological theory conjectures that **organisms are** the **result of evolutionary competition.** In fact, Richard Dawkins stresses gene survival and propagation as the basic mechanism of life [20]. Only genes that lead to the fittest phenotype will make it. It is noteworthy that the phenotype is selected based on behavior that maximizes gene propagation. To do so, the phenotype must survive and generate offspring, and be better at it than its competitors. Thus, the ultimate, distal function of rewards is to increase evolutionary fitness by ensuring the survival of the organism and reproduction. It is agreed that learning, approach, economic decisions, and positive emotions are the proximal functions through which phenotypes obtain other necessary nutrients for survival, mating, and care for offspring.

Behavioral reward functions have evolved to help individuals to survive and propagate their genes. Apparently, people need to live well and long enough to reproduce. Most would agree that homo-sapiens do so by ingesting the substances that make their bodies function properly. For this reason, foods and drinks are rewards. Additional rewards, including those used for economic exchanges, ensure sufficient palatable food and drink supply. Mating and gene propagation is supported by powerful sexual attraction. Additional properties, like body form, augment the chance to mate and nourish and defend offspring and are therefore also rewards. Care for offspring until they can reproduce themselves helps gene propagation and is rewarding; otherwise, many believe mating is useless. According to David E Comings, as any small edge will ultimately result in evolutionary advantage [21], additional reward mechanisms like novelty seeking and exploration widen the spectrum of available rewards and thus enhance the chance for survival, reproduction, and ultimate gene propagation. These functions may help us to obtain the benefits of distant rewards that are determined by our own interests and not immediately available in the environment. Thus the distal reward function in gene propagation and evolutionary fitness defines the proximal reward functions that we see in everyday behavior. That is why foods, drinks, mates, and offspring are rewarding.

There have been theories linking pleasure as a required component of health benefits salutogenesis, (salugenesis). In essence, under these terms, pleasure is described as a state or feeling of happiness and satisfaction resulting from an experience that one enjoys. Regarding pleasure, it is a double-edged sword, on the one hand, it promotes positive feelings (like mindfulness) and even better cognition, possibly through the release of dopamine [22]. But on the other hand, pleasure simultaneously encourages addiction and other negative behaviors, i.e., motivational toxicity. It is a complex neurobiological phenomenon, relying on reward circuitry or limbic activity. It is important to realize that through the “Brain Reward Cascade” (BRC) endorphin and endogenous morphinergic mechanisms may play a role [23]. While natural rewards are essential for survival and appetitive motivation leading to beneficial biological behaviors like eating, sex, and reproduction, crucial social interactions seem to further facilitate the positive effects exerted by pleasurable experiences. Indeed, experimentation with addictive drugs is capable of directly acting on reward pathways and causing deterioration of these systems promoting hypodopaminergia [24]. Most would agree that pleasurable activities can stimulate personal growth and may help to induce healthy behavioral changes, including stress management [25]. The work of Esch and Stefano [26] concerning the link between compassion and love implicate the brain reward system, and pleasure induction suggests that social contact in general, i.e., love, attachment, and compassion, can be highly effective in stress reduction, survival, and overall health.

Understanding the role of neurotransmission and pleasurable states both positive and negative have been adequately studied over many decades [26–37], but comparative anatomical and neurobiological function between animals and homo sapiens appear to be required and seem to be in an infancy stage.

Finding happiness is different between apes and humans

As stated earlier in this expert opinion one key to happiness involves a network of good friends [38]. However, it is not entirely clear exactly how the higher forms of satisfaction and pleasure are related to a sugar rush, winning a sports event or even sky diving, all of which augment dopamine release at the reward brain site. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure.

Remarkably, there are pathways for ordinary liking and pleasure, which are limited in scope as described above in this commentary. However, there are **many brain regions**, often termed hot and cold spots, that significantly **modulate** (increase or decrease) our **pleasure or** even produce **the opposite** of pleasure— that is disgust and fear [39]. One specific region of the nucleus accumbens is organized like a computer keyboard, with particular stimulus triggers in rows— producing an increase and decrease of pleasure and disgust. Moreover, the cortex has unique roles in the cognitive evaluation of our feelings of pleasure [40]. Importantly, the interplay of these multiple triggers and the higher brain centers in the prefrontal cortex are very intricate and are just being uncovered.

Desire and reward centers

It is surprising that many different sources of pleasure activate the same circuits between the mesocorticolimbic regions (Figure 1). Reward and desire are two aspects pleasure induction and have a very widespread, large circuit. Some part of this circuit distinguishes between desire and dread. The so-called pleasure circuitry called “REWARD” involves a well-known dopamine pathway in the mesolimbic system that can influence both pleasure and motivation.

In simplest terms, the well-established mesolimbic system is a dopamine circuit for reward. It starts in the ventral tegmental area (VTA) of the midbrain and travels to the nucleus accumbens (Figure 2). It is the cornerstone target to all addictions. The VTA is encompassed with neurons using glutamate, GABA, and dopamine. The nucleus accumbens (NAc) is located within the ventral striatum and is divided into two sub-regions—the motor and limbic regions associated with its core and shell, respectively. The NAc has spiny neurons that receive dopamine from the VTA and glutamate (a dopamine driver) from the hippocampus, amygdala and medial prefrontal cortex. Subsequently, the NAc projects GABA signals to an area termed the ventral pallidum (VP). The region is a relay station in the limbic loop of the basal ganglia, critical for motivation, behavior, emotions and the “Feel Good” response. This defined system of the brain is involved in all addictions –substance, and non –substance related. In 1995, our laboratory coined the term “Reward Deficiency Syndrome” (RDS) to describe genetic and epigenetic induced hypodopaminergia in the “Brain Reward Cascade” that contribute to addiction and compulsive behaviors [3,6,41].

Furthermore, ordinary “liking” of something, or pure pleasure, is represented by small regions mainly in the limbic system (old reptilian part of the brain). These may be part of larger neural circuits. In Latin, hedus is the term for “sweet”; and in Greek, hodone is the term for “pleasure.” Thus, the word Hedonic is now referring to various subcomponents of pleasure: some associated with purely sensory and others with more complex emotions involving morals, aesthetics, and social interactions. The capacity to have pleasure is part of being healthy and may even extend life, especially if linked to optimism as a dopaminergic response [42].

Psychiatric illness often includes symptoms of an abnormal inability to experience pleasure, referred to as anhedonia. A negative feeling state is called dysphoria, which can consist of many emotions such as pain, depression, anxiety, fear, and disgust. Previously many scientists used animal research to uncover the complex mechanisms of pleasure, liking, motivation and even emotions like panic and fear, as discussed above [43]. However, as a significant amount of related research about the specific brain regions of pleasure/reward circuitry has been derived from invasive studies of animals, these cannot be directly compared with subjective states experienced by humans.

In an attempt to resolve the controversy regarding the causal contributions of mesolimbic dopamine systems to reward, we have previously evaluated the three-main competing explanatory categories: “liking,” “learning,” and “wanting” [3]. That is, dopamine may mediate (a) liking: the hedonic impact of reward, (b) learning: learned predictions about rewarding effects, or (c) wanting: the pursuit of rewards by attributing incentive salience to reward-related stimuli [44]. We have evaluated these hypotheses, especially as they relate to the RDS, and we find that the incentive salience or “wanting” hypothesis of dopaminergic functioning is supported by a majority of the scientific evidence. Various neuroimaging studies have shown that anticipated behaviors such as sex and gaming, delicious foods and drugs of abuse all affect brain regions associated with reward networks, and may not be unidirectional. Drugs of abuse enhance dopamine signaling which sensitizes mesolimbic brain mechanisms that apparently evolved explicitly to attribute incentive salience to various rewards [45].

Addictive substances are voluntarily self-administered, and they enhance (directly or indirectly) dopaminergic synaptic function in the NAc. This activation of the brain reward networks (producing the ecstatic “high” that users seek). Although these circuits were initially thought to encode a set point of hedonic tone, it is now being considered to be far more complicated in function, also encoding attention, reward expectancy, disconfirmation of reward expectancy, and incentive motivation [46]. The argument about addiction as a disease may be confused with a predisposition to substance and nonsubstance rewards relative to the extreme effect of drugs of abuse on brain neurochemistry. The former sets up an individual to be at high risk through both genetic polymorphisms in reward genes as well as harmful epigenetic insult. Some Psychologists, even with all the data, still infer that addiction is not a disease [47]. Elevated stress levels, together with polymorphisms (genetic variations) of various dopaminergic genes and the genes related to other neurotransmitters (and their genetic variants), and may have an additive effect on vulnerability to various addictions [48]. In this regard, Vanyukov, et al. [48] suggested based on review that whereas the gateway hypothesis does not specify mechanistic connections between “stages,” and does not extend to the risks for addictions the concept of common liability to addictions may be more parsimonious. The latter theory is grounded in genetic theory and supported by data identifying common sources of variation in the risk for specific addictions (e.g., RDS). This commonality has identifiable neurobiological substrate and plausible evolutionary explanations.

Over many years the controversy of dopamine involvement in especially “pleasure” has led to confusion concerning separating motivation from actual pleasure (wanting versus liking) [49]. We take the position that animal studies cannot provide real clinical information as described by self-reports in humans. As mentioned earlier and in the abstract, on November 23rd, 2017, evidence for our concerns was discovered [50]

In essence, although nonhuman primate brains are similar to our own, the disparity between other primates and those of human cognitive abilities tells us that surface similarity is not the whole story. Sousa et al. [50] small case found various differentially expressed genes, to associate with pleasure related systems. Furthermore, the dopaminergic interneurons located in the human neocortex were absent from the neocortex of nonhuman African apes. Such differences in neuronal transcriptional programs may underlie a variety of neurodevelopmental disorders.

In simpler terms, the system controls the production of dopamine, a chemical messenger that plays a significant role in pleasure and rewards. The senior author, Dr. Nenad Sestan from Yale, stated: “Humans have evolved a dopamine system that is different than the one in chimpanzees.” This may explain why the behavior of humans is so unique from that of non-human primates, even though our brains are so surprisingly similar, Sestan said: “It might also shed light on why people are vulnerable to mental disorders such as autism (possibly even addiction).” Remarkably, this research finding emerged from an extensive, multicenter collaboration to compare the brains across several species. These researchers examined 247 specimens of neural tissue from six humans, five chimpanzees, and five macaque monkeys. Moreover, these investigators analyzed which genes were turned on or off in 16 regions of the brain. While the differences among species were subtle, **there was** a **remarkable contrast in** the **neocortices**, specifically in an area of the brain that is much more developed in humans than in chimpanzees. In fact, these researchers found that a gene called tyrosine hydroxylase (TH) for the enzyme, responsible for the production of dopamine, was expressed in the neocortex of humans, but not chimpanzees. As discussed earlier, dopamine is best known for its essential role within the brain’s reward system; the very system that responds to everything from sex, to gambling, to food, and to addictive drugs. However, dopamine also assists in regulating emotional responses, memory, and movement. Notably, abnormal dopamine levels have been linked to disorders including Parkinson’s, schizophrenia and spectrum disorders such as autism and addiction or RDS.

Nora Volkow, the director of NIDA, pointed out that one alluring possibility is that the neurotransmitter dopamine plays a substantial role in humans’ ability to pursue various rewards that are perhaps months or even years away in the future. This same idea has been suggested by Dr. Robert Sapolsky, a professor of biology and neurology at Stanford University. Dr. Sapolsky cited evidence that dopamine levels rise dramatically in humans when we anticipate potential rewards that are uncertain and even far off in our futures, such as retirement or even the possible alterlife. This may explain what often motivates people to work for things that have no apparent short-term benefit [51]. In similar work, Volkow and Bale [52] proposed a model in which dopamine can favor NOW processes through phasic signaling in reward circuits or LATER processes through tonic signaling in control circuits. Specifically, they suggest that through its modulation of the orbitofrontal cortex, which processes salience attribution, dopamine also enables shilting from NOW to LATER, while its modulation of the insula, which processes interoceptive information, influences the probability of selecting NOW versus LATER actions based on an individual’s physiological state. This hypothesis further supports the concept that disruptions along these circuits contribute to diverse pathologies, including obesity and addiction or RDS.

#### 2 – No intent-foresight distinction – if I foresee a consequence, then it becomes part of my deliberation since its intrinsic to my action

#### 3 – Actor spec – governments lack wills or intentions and inevitably deals with tradeoffs – outweighs because agents have differing obligations.

#### 4 – No act omission distinction – choosing not to act is an action in of itself since you had to make an active decision to omit. Walking past a drowning baby and choosing not to save it is a cognitive decision you were faced with and you actively decided to keep walking b) warranting a distinction gives agents the permissible choice of omitting from any ethical action since omissions lack culpability.

#### No calc indicts – a) no philosophy actually says that consequences don’t matter at all since otherwise it would indict every theory since they use causal events to understand how their ethics have worked in the past and through the justification of premises b) we don’t need consequences – winning hedonism proves we’re the only one with impacts to it which means risk of offense framing is sufficient c) they’re blippy nibs that set the aff at an unfair advantage since they only have to win one while we have to beat them all – voting issue for fairness

#### Extinction first –

#### 1 – Forecloses future improvement – we can never improve society because our impact is irreversible which proves moral uncertainty

#### 2 – Turns suffering – mass death causes suffering because people can’t get access to resources and basic necessities

#### 3 – Objectivity – body count is the most objective way to calculate impacts because comparing suffering is unethical

### 2

#### 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.

#### 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.

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

#### 5] 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 which is also a reason why they shouldn’t get 2ar weighing

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

Reasonability on 1AR shells – 1AR theory is very aff-biased because the 2AR gets to line-by-line every 2NR standard with new answers that never get responded to– reasonability checks 2AR sandbagging by preventing really abusive 1NCs while still giving the 2N a chance.

DTA on 1AR shells - They can blow up a blippy 20 second shell to 3 min of the 2AR while I have to split my time and can’t preempt 2AR spin which necessitates judge intervention and means 1AR theory is irresolvable so you shouldn’t stake the round on it.

### 3

#### 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.

### 4

#### 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."

### 5

#### 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.”

## Case

### 1NC – AT: Framework

#### 1. Shmagency—people can always just choose not to be an agent and shift out of their obligations which means their theory can never hold anyone culpable and permits atrocities

#### 2. Tailoring—you can always tailor a rule to be more and more particular to the point where any action is ok because of how specific the rule is

#### 3. Actor spec—even if their framework is true, it only applies to individuals which have unified consciousnesses – our framework is more particular to institutions that are responsible for everything in the public sphere and have an obligation to mitigate inequality

#### 4. freedom is only good insofar as it makes you happier – for example, freedom to eat food is good but freedom to hurt yourself isn’t

No naturalistic fallacy pleasure guides action since we ought not cause pain and we ought to increase pleasure

No warrants or empirics for uncertainty means you err neg plus this would just trigger skep since we couldn’t be responsible for moral actions – skep is a voting issue for safety since it would justify someone saying the n word with no reperuccusion – safety ows it’s a apriori responsibility of the judge to maintain it

Util is also unescapabler since you cant turn your biological imperatives off

#### They say action theory -

#### No implication to action, just proves that reason is used to explain actions not why it ought to come first

#### Turn, we decide a course of action based on material circumstances so util controls the internal link to intending an action in the first place

Performativity is false – we don’t deny freedom we just don’t forefront it on our ethical theory – plus people can always say no to your theory but they cant to ours

Consequences don’t fail – top level all these arguments are blippy nibs with no warrant so err neg

Predictions solve action guidance

No infinite consequences since we only hjold people responsible for foreseen consequences which also answers the c point – im only responsible for the immediate actions ive taken

Governments can calculate deaths and we can aggregate dopamine which answers the f point

No tjfs –

if we prove your theory is false then it turns your standards since those assume Kantianism is true –

Turn util is better for resource disparities since most debaters are policy debaters so new debaters can get stuff from the wiki and kant is really confusing and requires things like coaching to learn – people cant win debates on their own if they have no knowledge of what kant is in the first place

The util k –

Winning that kant is false takes this out since it proves theres no alternative to util – we are just making a descriptive claim about how the world

#### Turn – util forces us to justify why they are bad which is good – learning to justify why impacts are bad are key to teach us critical thinking skills which outweigh the K because it’s the most portable skill

#### Turn – util is the least repugnant framework because it forces us to focus on real world suffering and empowers us to try to solve it in the best ways possible, instead of focusing on abstract philosophical claims – this is the biggest impact in debate because it teaches us the skills to create change in the real world which outweighs the impacts of the kritik on duration.

#### No impact – no reason frameworks must say atrocities are intrinsically bad – begs the question of an external moral framework that says atrocities are always bad which you did not justify

#### No link – util says atrocities are bad because the physical pain they cause greatly outweigh any possible benefit - this means we don’t justify morally repugnant things

The Callahan evidence literally says nothing – kant would agree that we should survive which would equally link plus all of our responses above equally apply

### 1NC – AT: Advantage

No delta wave key warrant on the impact evidence means other waves should have thumped

Cx was embarrassing they have no brightline for what is and isn’t a pandemic any disease that doesn’t have a vcaccine should check means no solvency since

#### AT COVID causes Conflict –

#### 1] Be extremely skeptical of the brink or uniqueness for this – COVID has happened for nearly two years and we have yet to see a great power conflict.

#### 2] No Correlation and best studies show COVID decreases Conflict.

Salemi 20 Colette Salemi 10-15-2020 "Does COVID-19 raise the risk of violent conflict? Not everywhere" <https://archive.is/h591O#selection-309.0-312.0> (Colette Salemi is a PhD student in applied economics at the University of Minnesota. Her research focuses on conflict, forced displacement, environmental degradation and their intersections.)//Elmer

How we did our research We **used** the Armed Conflict Location and Event Data (**ACLED**), a **database** **that counts** the **number of conflict events daily around the world**. For 2019 and 2020, ACLED includes more than 100 countries in Africa, Asia, Latin America and Eastern Europe — and tracks three categories of violent conflict: battles, violence against civilians and explosions/remote violence. We examine trends in the number of conflict events over time. To see whether the trend changes in response to covid-19, we look at what happened after the World Health Organization declared a global pandemic (March 11) or the country declared a lockdown. [Don’t miss any of TMC’s smart analysis! Sign up here for our newsletter.] The **relationship between pandemics and conflict is theoretically unclear.** In some countries, job losses from the covid-19 pandemic mean people have fewer income-generating options — that can make participation in violence seem a more viable alternative. But if **market disruptions** and reduced global demand are **driving down** the **value of natural resources** such as oil wells, then **we** may **see less conflict** over control of such resources. We then **conducted** case **studies** based **on** our knowledge of countries with high rates of violent conflict before **covid**-19. These include countries with active civil wars (such as Syria) as well as countries with violent militia groups (such as the Philippines). Conflict during the coronavirus pandemic varies greatly **Worldwide**, **we didn’t observe an increase in violent conflict**. **If anything, conflict has decreased**, as the figure below shows. **Violent conflict** between March and August 2020 **was 23 percent lower** than violent conflict during the same period in 2019. Comparing these time periods, battles are down 20 percent and remote violence and bombings are down 40 percent. But violence against civilians — the deliberate attack of unarmed noncombatants by armed groups — continued at similar rates globally.

Chart, line chart

Description automatically generated

#### 3] Cooperation and Solidarity Check.

Ide 21, Tobias. "COVID-19 and armed conflict." World development 140 (2021): 105355. (School of Geography, The University of Melbourne, 221 Bouverie St, Carlton, VIC 3053, Australia Institute of International Relations, Brunswick University of Technology)//Elmer

**COVID**-19 might also **provide** a **chance to demonstrate solidarity and good intentions**, and hence lessen grievances. The literature on health diplomacy, for example, discusses how **cooperation on** shared h**ealth challenges can increase** the **prospects for peaceful relations**. The empirical success of such efforts is so far been limited (Kelman, 2019). However, research on environmental peacebuilding has revealed that low-level, mutually beneficial cooperation can yield peace dividends in certain contexts (Ide, 2019). Furthermore, **ceasefires** **to deliver health benefits** **have** at least temporally **reduced armed conflict intensity** on several occasions **in the past** (Chattu & Knight, 2019). **In response to the pandemic** (and António Guterres’ call), **armed groups in 14 countries have announced ceasefires** to support responses to COVID-19 (Rustad, 2020).

#### 4] Actors turn inward NOT outward.

Ide 21, Tobias. "COVID-19 and armed conflict." World development 140 (2021): 105355. (School of Geography, The University of Melbourne, 221 Bouverie St, Carlton, VIC 3053, Australia Institute of International Relations, Brunswick University of Technology)//Elmer

However, **COVID**-19 might also **shape** **opportunity costs in a way** **to reduce armed conflict risks**, at least temporarily. If a **state’s capability is strained** and there is an **urgent need to deal with a health emergency**, **military offensives are** certainly **unlikely** (Price-Smith, 2009). Furthermore, existing as well as potential **rebel groups** and militias **face similar challenges** in the face of the pandemic. They need to raise money and food to supply to their fighters during an economic recession, convince their members to take part in operations rather than staying at home (to reduce infection risks and support their family or community), and deal with the logistical constraints of lockdowns and border closures. **Starting** or intensifying **attacks** **during** the **COVID**-19 crisis is **likely to decrease** the local (and international) **legitimacy** of armed groups, especially if health infrastructure is affected. The ceasefire declarations by armed conflict parties in several countries can also be interpreted as a sign that COVID-related capability and legitimacy concerns are warranted.