# 1AC

### 1AC - Framework

**The meta ethic should be moral pluralism. Prefer-**

#### 1] Empirics- Best studies prove pluralistic tendencies are inevitable

Polzler and Wright 19[Thomas Pölzler and Jennifer Cole Wright- “Empirical research on folk moral objectivism” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6686698/> NCBI. Published July 5th 2019]

Examining these studies' results more closely, however, makes it less clear whether this interpretation is appropriate (Pölzler, 2018b). Take again Goodwin and Darley's study. In this study, almost 30% of subjects' responses to the disagreement measure and almost 50% of their responses to the truth‐aptness measure fell on the option that the researchers took to be indicative of subjectivism (Goodwin & Darley, 2008, pp. 1347, 1351). Moreover, while some moral statements were dominantly classified as objective (e.g., the above statement about robbery), many others were dominantly classified as nonobjective (e.g., the stem cell research statement). This suggests that subjects in Goodwin and Darley's study may have actually favored what Wright, Grandjean, and McWhite (2013) called “metaethical pluralism,” i.e., they sometimes sided with objectivism and other times with nonobjectivism. More recent studies have by and large confirmed this hypothesis of folk metaethical pluralism. Wright et al. (2013) and Wright, McWhite, and Grandjean (2014), for example, replicated Goodwin and Darley's results, using the exact same measures, but letting subjects classify the presented statements as moral and nonmoral themselves. Objectivity ratings for statements that were dominantly self‐classified as moral varied between as little as 5% and as much as 85%. Research based on different measures yielded high proportions of intrapersonal variation as well (e.g., Beebe, 2014; Beebe, Qiaoan, Wysocki, & Endara, 2015; Beebe & Sackris, 2016; Fisher, Knobe, Strickland, & Keil, 2017; Goodwin & Darley, 2012; Heiphetz & Young, 2017; Wright, 2018; Zijlstra, forthcoming‐a).2

#### Thus, the standard is promoting pragmatic deliberation. Prefer-

#### 1] TJFS- Frameworks should be fair/educational like any other argument. A] Inclusion – Agonism definitionally is a procedural for allowing almost any argumentation in the debate space which controls the internal link to inclusion which is an impact multiplier B] Resource Disparities- Discursive frameworks ensure big squads don’t have a comparative advantage since debates become about quality of arguments rather than quantity and require a higher level of analytic thinking that small schools have.

#### 2] Value Pluralism- Other ethical theories rely on minimalistic criteria as their foundation, our framework resolves this by using these criteria to better inform our judgments LaFollete 2K "Pragmatic Ethics" [Hugh LaFollette](http://www.hughlafollette.com/index.htm) In [Blackwell Guide to Ethical Theory](http://www.hughlafollette.com/papers/b-guide.htm) 2000. Hugh LaFollette is Marie E. and Leslie Cole Professor in Ethics at the University of South Florida St. Petersburg. He is editor-in-chief of The International Encyclopedia of Ethics. Bracketed for grammer

Employs criteria, but is not criterial The previous discussions enable us to say more precisely why pragmatists reject a criterial view of morality. Pragmatism's core contention that practiceis primary in philosophy rulesoutthe hope of logically prior criteria. Any meaningful criteria evolve from our attempt to live morally – in deciding what is the best action in the circumstances. Criteriaare not discovered by pure reason, and they arenotfixed. As ends of action, they are always revisable. Asweobtainnewevidenceabout ourselves and our world, and as our worlds changes, wefindthat whatwasappropriatefor the old environment maynotbeconduciveto survival in thenew [world]one. A style of teaching that might have been ideal for one kind institution (a progressive liberal arts college) at one time (the 60s) may be wholly ineffective in another institution (a regional state university) at another time (the 80s). But that is exactly what we would expect of an evolutionary ethic. Neither could criteria be complete. Themoralworldiscomplexandchangeable**.** No set of criteriacouldgiveusunivocalanswersabouthowwe should behave in all circumstances**.** If we cannot develop an algorithm for winning at chess, where there are only eighteen first moves, there is no way to develop an algorithm for living, which has a finitely large number of "first moves." Moreover, while the chess environment (the rules) stays constant, our natural and moral environments do not. We must adapt or fail. While there is always one end of chess -- the game ends when one player wins – the ends of life change as we grow, and asour environmentschange. Finally, we cannot resolve practical moral questions simply by applying criteria. We do not make personal or profession decisions by applying fixed, complete criteria. Why should we assume we should make moral decisions that way? Appropriates insights from other ethical theories Nonetheless, there is a perfectly good sense in which a pragmatic ethic employs what we might call criteria, but their nature and role dramatically differ from that in a criterial morality (Dewey 1985/1932) . Pragmaticcriteriaare not external rules we apply, but aretoolsweuseinmakinginformedjudgements. They embody learning from previous action, they express our tentative efforts to isolate morally relevant features of those actions. These emergentcriteriacanbecomeintegratedinto our habits**,** thereby informingthe waysthat wereactto, think about, and imagine ourworldsand our relations to others. This explains why pragmatists think other theories can provide guidance on how to live morally. Standard moral theories err not because they offer silly moral advice, but because they misunderstand that advice. Othermoral theoriescan help us isolate(and habitually focus on) morallyrelevantfeaturesof action. And pragmatists take help wherever they can get it. Utilitarianism does not provide an algorithm for deciding how to act, but it shapes habits to help us "naturally" attend to the ways that our actions impact others. Deontology does not provide a list of general rules to follow, but it sensitizes us to ways our actions might promote or undermine respect for others. Contractarianism does not resolve all moral issues, but it sensitizes us to the need for broad consensus. That is why it is mistaken to suppose that the pragmatist makes specific moral judgements oblivious to rules, principles, virtues, and the collective wisdom of human experience. Thepragmatistabsorbstheseinsightsinto her habits, andthereby shapeshowshehabituallyresponds**,** and how she habitually deliberates when deliberation is required. This also explains why criterial moralities tend to be minimalistic. They specify minimal sets of rules to follow in order to be moral. Pragmatism, on the other hand, like virtue theories, is more concerned to emphasize exemplary behavior – to use morally relevant features of action to determine the best way to behave, not the minimally tolerable way

#### 3] Deliberation is procedural not substantive, which means that we are first concerned with the decision-making procedure of deliberation and then evaluation of what impacts matter most. To clarify, consequences are a sequencing question. Serra 2

BY WAY OF CONCLUSION: As LaFollette presents it, the key to understanding pragmatist ethics is that it is not an ethical theory per se, but rather it is an anthropology, a way of understanding the human being and his moral action. Therefore, pragmatist ethics in reality does not propose a new ethical theory, but rather “reconstructs” through a new prism the basic intuitions of the best ethical theories. The fundamental element on which the attention of pragmatist ethics centers is deliberation. Deliberationisnotdirectlyresponsible for directing action,butonly doessoindirectly**,** bymeans of a critique of past actions, theefforttocorrect or reinforce certain habits and mental experiments that each actor performs in order to determine his own future conduct, and even to determine in a general manner the way in which one wishes to live one’s life (or, what amounts to the same thing, the type of person one wishes to be). Thetaskofapragmatistethics, therefore**,** isnottoprovidefinalsolutions**,** butrather to indicate that it is onlyvia thetestingandcommunicationofexperiencesthatthe superiorityof onemoral ideaover another can be demonstrated. In this sense, one of the principal missions of any given version of pragmatist ethics is to indicate some general manner in which habits can be acquired which, later, will facilitate personal deliberation – both internal and external – in the broad variety of circumstances which make up the moral life.

### 1AC – Offense

#### 1] Reducing IP is a method of global solidarity by manifesting intra-country cooperation.

Jecker and Atuire 7/7 [Nancy S Jecker (professor of bioethics and philosophy at the University of Washington School of Medicine, Department of Bioethics and Humanities) and Caesar A Atuire (PhD in Philosophy from the Athenaeum Regina Apostolorum, Rome, Lecturer in the Department of Philosophy and Classics at the University of Ghana, Legon). “What’s yours is ours: waiving intellectual property protections for COVID-19 vaccines”. Journal of Medical Ethics. July 7 2021. Accessed 7/22/21. <https://jme.bmj.com/content/early/2021/07/06/medethics-2021-107555> //Xu]

We turn next to positive ethical arguments for temporarily waiving IP protections, which appeal to the values of globally solidarity and corporate responsibility. Global solidarity underscores that during the COVID-19 pandemic, each nation’s interests are entwined with the interests of every other.22 Just as it is impossible for any nation standing alone to address the threat to human health climate change raises, it is impossible for any single nation to meet the challenge that COVID-19 and future pandemics present. Instead, humanity must stand together. In the past, nations have failed to do so. The epidemic of HIV/AIDS in Africa illustrates. Shamefully, it took nearly a decade for the first antiretroviral drugs to reach the African continent, even though Africa was the hardest hit region and antiretroviral drugs provided 90% mortality reduction. Although the US government was an early investor in research that produced antiviral drugs for HIV, distribution was controlled by big pharmaceutical companies driven by profit. The USA and other wealthy countries repeated this mistake during the COVID-19 pandemic, supporting vaccine developers without requiring technology transfers and donations to COVAX (the multilateral partnership supplying vaccines to LMICs). Ethically, the task ahead is fixing a problem of human making. A second argument, based on corporate social responsibility, stresses expectations for and benefits of socially responsible behaviour by for-profit companies. Increasingly, companies appreciate the potential impact that socially responsible behaviour has on competitive advantage, reputation, retention of workers and customers, employee morale and relationships with stakeholders.23 IP protections shield pharmaceutical companies from competition, enabling them to monopolise markets and generate above-normal profits. During a pandemic, social responsibility requires temporarily limiting profits and requiring companies to give back, rather than allowing above-normal profits to accrue unchecked. Even Locke, who conceived of our modern notion of property rights, held that fundamental rights like property could be justly overridden under certain conditions, namely, when the goods are perishable and would go to waste or when their extraction may intrude on the common good, in which case they extend only to what leaves enough behind for others.24 Building on this analysis, we submit that displays of social responsibility fall along a continuum. During the COVID-19 pandemic, a high degree of responsibility would be shown by temporarily sharing patents for products aimed at preventing, containing, or treating COVID-19, which is India and South Africa’s proposal; moderate responsibility would be demonstrated by temporarily sharing licenses to manufacture COVID-19 vaccines, as the WTO Director General proposes; and minimal responsibility would be shown by sending vaccines directly to nations in response to pleas for help, which Pfizer did when it pledged up to 40 million doses of its vaccine to COVAX (which represents under 2% of the 2.5 billion doses Pfizer will produce in 2021).25

#### 2] IP laws prioritize uniformity and predictability as a method of homogenizing knowledge and refusing experimentation.

Wu 14 [Tim Wu (Julius Silver Professor of Law, Science and Technology at Columbia University). “Intellectual Property Experimentalism By Way of Competition Law”. Columbia Law School. 2014. Accessed 8/16/21. <https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=2843&context=faculty_scholarship> //Xu]

The goals of uniformity and predictability has had its clearest implications at the international level. Unlike competition law, which varies significantly between OECD nations, over the last several decades all of the IP laws have become subject to a much stronger and geographically broader web of harmonizing international agreements, on multinational, regional and bilateral levels. The general aim of these treaties is to homogenize the world’s IP regimes, reducing or eliminating geographical variation. All of the major laws are the subject of longstanding global treaties specifying minimum protections (The Berne and Paris conventions), which were fortified in 1994 by the addition of an intellectual property agreement to the World Trade Organization, and further strengthened by numerous bilateral treaties since then. And of course the World Trade Organization, unlike the informal organizations common to competition law, has the power to punish deviations from the intellectual property treaties with serious trade sanctions. The pattern can also be observed at the national level. Both in Europe and the United States the last few decades have witnessed many important measures taken to create uniformity. In the United States, a single appeals court, the Federal Circuit, has heard the nation’s appeals in patent cases since 1982 in an effort to bring greater uniformity to the patent law. Though proposals for constructing a uniform patent court akin to the Federal Circuit in the European Union have been unsuccessful so far,26 the European Patent Convention, founded in 1973, provides a common application for the prosecution of patents in each of the member states.27 In short, stronger protection of uniform rights has been the clear trajectory of the intellectual property laws over the last few decades. That tendency is sharply at odds with the predispositions of the competition laws. The dichotomy I am suggesting here is, of course, not absolute. In certain areas of the competition law, one can sense the influence of a vested rights theory, in, for example, the resistance to breakups of dominant terms, even if the economic case for doing so might be quite strong. And there are areas in IP law, like the American fair use doctrine (a judicial and scholarly favorite), which have, in fact, served as important outlets for judicial tinkering in the face of changing conditions. For example the famous Sony decision, blessing the VCR, broke with prevalent copyright doctrine, arguably as a reaction to perceived technological necessity.28 Similarly, following a decade of bad press, Congress, the courts, and the American Patent Office have begun to make adjustments with American patent law. An example is the new post-grant review process, which includes a particular provision targeted at business method patents. Nonetheless it would be hard to describe the intellectual culture of either the intellectual property laws as truly committed to experimental improvement of the law. It would be even harder to describe competition law as devoted to the protection of fundamental rights. We are left with a divergence in intellectual cultures with broad implications for just about every advanced economy in the world. IV. USING ANTITRUST FOR PATENT EXPERIMENTALISM AT THE UNITED STATES SUPREME COURT I believe there is a need for a more experimentalist approach to the intellectual property laws, and particularly to the patent laws. The law, I believe, needs better mechanisms not simply to celebrate its successes, but to correct its errors, both specific and general. One way this might be achieved is to act within the structure and institutions of the laws themselves; as just discussed, this is a project underway in certain respects. But the other path is to rely on the competition laws as a kind of oversight and adjustment mechanism for the intellectual property laws.

### 1AC – Plan

#### Plan – The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines by implementing a one-and-done approach for patent and exclusivity protection for patent originators.

#### The Plan solves Evergreening.

Feldman 3 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

I believe that one period of protection **should be enough**. We should make the legal changes necessary to prevent companies **from building patent walls** and piling up mountains of rights. This could be accomplished **by a “one-and-done” approach** for patent protection. Under it, a drug would receive just one period of exclusivity, and no more. The choice of which “one” could be left entirely in the hands of the pharmaceutical company, with the election made when the FDA approves the drug. Perhaps development of the drug went swiftly and smoothly, so the remaining life of one of the drug’s patents is of greatest value. Perhaps development languished, so designation as an orphan drug or some other benefit would bring greater reward. The choice would be up to the company itself, based on its own calculation of the maximum benefit. The result, however, is that a pharmaceutical company chooses whether its period of exclusivity would be a patent, an orphan drug designation, a period of data exclusivity (in which no generic is allowed to use the original drug’s safety and effectiveness data), or something else — but **not all of the above** and more. Consider Suboxone, a combination of buprenorphine and naloxone for treating opioid addiction. The drug’s maker has extended its protection cliff eight times, including obtaining an orphan drug designation, which is intended for drugs that serve only a small number of patients. The drug’s first period of exclusivity ended in 2005, but with the additions its protection now lasts until 2024. That makes almost two additional decades in which the public has borne the burden of monopoly pricing, and access to the medicine may have been constrained. Implementing a one-and-done approach in conjunction with FDA approval underscores the fact that these problems and solutions are designed for pharmaceuticals, not for all types of technologies. That way, one-and-done could be implemented through **legislative changes to the FDA’s drug approval system**, and would apply to patents granted going forward. One-and-done would apply to both patents and exclusivities. A more limited approach, a baby step if you will, would be to invigorate the existing patent obviousness doctrine as a way to cut back on patent tinkering. Obviousness, one of the five standards for patent eligibility, says that inventions that are obvious to an expert or the general public can’t be patented. Either by congressional clarification or judicial interpretation, many pile-on patents could be eliminated with a ruling that the core concept of the additional patent is nothing more than the original formulation. Anything else is merely an obvious adaptation of the core invention, modified with existing technology. As such, the patent would fail for being perfectly obvious. Even without congressional action, a more vigorous and robust application of the existing obviousness doctrine could significantly improve the problem of piled-up patents and patent walls. Pharmaceutical companies have become adept at maneuvering through the system of patent and non-patent rights to create mountains of rights that can be applied, one after another. This behavior lets drug companies keep competitors out of the market and beat them back when they get there. We shouldn’t be surprised at this. Pharmaceutical companies are profit-making entities, after all, that face pressure from their shareholders to produce ever-better results. If we want to change the system, we must change the incentives driving the system. And right now, the incentives for creating patent walls are just too great.

#### Patents incentivize Negative Innovation.

Feldman 21, Robin C., et al. "Negative innovation: when patents are bad for patients." <https://www.nature.com/articles/s41587-021-00999-0.pdf> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//Elmer

Patent law in the United States is historically premised on advancing the interests of society. From the store of productive activity available to all, the government restricts some activities for a limited time in hopes this will redound to the benefit of all by incentivizing innovation1 . The law thereby restricts competition, forgoing the concomitant advantages of the free market, but only during the patent period. After that time, the law expects that competition will enter, driving down prices and spurring new innovation. From this perspective, US patent law centers on the benefit to the public, with the inventor’s reward providing the vehicle for accomplishing this jurisprudential goal. In the health care space, these incentives have resulted in extraordinary success stories, but the **same incentives** can also **result in** a range of undesirable consequences, including excessive development of **similar (but not better) products** (‘me-too drugs’), the focus on drugs for diseases that affect wealthy people and wealthy countries rather than diseases that disproportionately affect the poor and developing nations, and a lack of innovation for types of medicines that may return fewer profits, such as antibiotics2–4 . Similarly, drug companies will **not research the utility of a known** (**and hence unpatentable) chemical**, since the ability to obtain patent protection is central to their business model5 . Past literature has highlighted these problems but has largely overlooked the problem of ‘**negative innovation’**, in which **patent** law **drives innovation into spaces that are affirmatively harmful to patients**. By this, we mean **scenarios** **whereby** **patents create incentives to bring a product to market in a way that is** relatively **harmful to consumers**, and the existence of a patent (and the associated rents) discourages the patentee from taking steps to improve the product so as to prevent the adverse health outcomes. Of course, there are other patent-driven situations of problematic utility, including scenarios that result in purely financial harms, such as drugs that are no better than existing options but are more expensive; scenarios where a small, heightened risk of direct physical harm is offset by lower prices for the drug in question6 ; and scenarios where there is no existing product on the market and inadequate incentives to develop such a product, so any physical harm is the result of the underlying disease or illness7 . Finally, there is a general concern that inadequate new information about existing products is generated in the current system8 . All of these scenarios are different in kind from negative innovation, which results in a harmful (but profitable) product. We focus on this dangerous but overlooked space of the patent landscape, wherein patents themselves lead fairly directly to patient harm. What does negative innovation look like? We highlight a particularly pernicious example, the case of Imbruvica (ibrutinib); suggest the likelihood of broader problems; and outline various strategies for preventing such outcomes going forward. The case of ibrutinib Ibrutinib, a small molecule drug discovered by Pharmacyclics (now a subsidiary of AbbVie), is an irreversible inhibitor of Bruton’s tyrosine kinase (BTK), a key regulator of B cell signaling and growth. It is approved by the US Food and Drug Administration for multiple indications and is most commonly used to treat B cell cancers, such as chronic lymphocytic leukemia. While ibrutinib is effective, it, like all anticancer agents, is toxic. It is all the more puzzling, then, that ibrutinib’s recommended dosage appears to be substantially higher than necessary to achieve the necessary therapeutic effect—or at least, what evidence is available points to that conclusion9 . Problematic incentives created by the patent system make this result unfortunately unsurprising. The basic story is disheartening but simple. Early studies published by Pharmacyclics showed efficacy at low doses (partial response at 1.25 milligrams per kilogram body weight, approximately 40% response at 2.5 mg kg–1, and no relationship of response to dose between 2.5 and 12.5 mg kg–1)10. These reports were shared by Pharmacyclics in a conference abstract in 200911,12 and a press release in 201013. An early patent application by Pharmacyclics (US 2012/0087915 A1) accordingly claimed a full range of doses. Trials to support approval by the US Food and Drug Administration (FDA) continued. In July 2013, ibrutinib received accelerated approval for mantle cell lymphoma based on a 66% response rate in 111 patients treated at 560 mg daily. Notably, the 2013 FDA review included an analysis of the relationship of ibrutinib dose and trough plasma concentration to both response and toxicity. This analysis demonstrated no relationship with response: “Dose-response relationship for BTK occupancy and clinical response in the phase 1 dose escalation trial showed that maximum BTK occupancy and maximum response were achieved at doses of ≥ 2.5 mg/kg (≥ 175 mg for average weight of 70 kg)”14—far below the approved dosage of 560 mg. Meanwhile, the FDA also granted accelerated approval for previously treated chronic lymphocytic leukemia on 12 February 2014 on the basis of a 58% response rate in 48 patients treated at a dose of 420 mg daily. Thus, there were now two different doses approved for ibrutinib, with the labeled dose based solely on the dose that was used in the single-arm studies supporting the accelerated approvals. Furthermore, in the context of that approval, the FDA reiterated its assessment that the labeled dose was higher than necessary and included the explicit suggestion to study lower doses: “However, the proposed dose is 2.4-fold higher than the lowest dose that resulted in maximum BTK occupancy and maximum clinical response. Dose-response relationship for ORR and BTK occupancy from phase 1 study suggested that maximum ORR and maximum occupancy was achieved at doses of ≥ 2.5 mg/kg (≥ 175 mg for average weight of 70 kg) [see Pharmacometrics review in DARRTS dated 11/01/2013]. The sponsor should thus consider exploring lower doses in future development programs.”15 Those lower doses have not, to our knowledge, been rigorously explored in clinical trials—an unfortunate outcome for patients, since if a lower dose is just as effective with lower side effects, treatment would be safer and better. However, if the lower dose were found to provide better patient outcomes and resulted in a change in the labeled dose, it is likely that the labeled dose would not be covered by the patent. Thus, generic competitors might be able to enter the market sooner, once the primary compound patent lost exclusivity. In fact, the process at the US Patent and Trademark Office (USPTO) and the limits of the granted patents encourage the patent holder to avoid such information entirely. The patent examiner evaluating Pharmacyclics’ method of treatment patents found lower doses obvious on the basis of the 2009 and 2010 conference and press release disclosures, which occurred more than a year before the relevant patent was filed. **Only the highest doses**—420 mg and higher—**were granted** in the issued method of **treatment patent16**. **Patent law thus created incentives to pursue a higher, more toxic dose rather than the lower doses the FDA suggested be explored**. And, adding insult to injury, **once the patent was issued** with narrower claims covering the high doses only, **the drug sponsor** not only lacked incentives to explore the possibility of lower doses, it **had an active incentive not to explore** those **doses** **because evidence that lower doses were safe** and effective **would** sharply **reduce the economic significance of the method of treatment patent** it had narrowly managed to obtain. The patent holder already knew it could not get protection on a lower dose––the USPTO had rejected lower doses as obvious–– so any evidence of the importance of lower doses would have undermined the value of the company’s patent-protected, higher-dose product. Broader possibilities Although ibrutinib is only one example, we are concerned that it may be an indicator of a broader problem, one that either lies ahead or is already lurking. More generally, consider combination products with two drugs at fixed dosages. Many treatment method patents exist in which an independent claim specifies a dose, nominally designed to increase patient adherence but often at a much higher cost17,18. The result is that a prescriber cannot adjust the dosage for only one of the two drugs or discontinue only one component. It is possible, perhaps likely, that some of these combination regimens mirror the dosage issue with ibrutinib, in which the incentives of the patent system have encouraged the development of a drug in a form that is suboptimal for patient health in certain circumstances. This would not be the first time in history that combination medications have proven problematic. More than 50 years ago, a US Senate investigation found that certain combination antibiotics products— developed in an effort to bring something ‘new’ to the market—were useless or dangerous19. Nor is ibrutinib the only time in history that medications have been sold at higher dosages than appropriate for safety and efficacy. Millions of women received the birth control pill Enovid (mestranol/ noretynodrel), containing ten times the necessary dose, before studies pointed to a concerning risk of blood clots19. In another sign of negative innovation, **Gilead** Sciences is alleged to have **intentionally delayed a less-toxic version of its HIV medicine** **until just a few years before the original version’s patent expiration20**. Unfortunately, the pernicious impact of patent incentives described above means that not only are these situations possible, but it is hard to know how frequent or how serious these situations are. Pharmacyclics did not follow the recommendation from the FDA and others to study lower doses. Because its method of treatment patents were tied to the higher dose, they had no economic incentive to do such research— any information on safer dosing outside the scope of the issued claims would undermine the value of their existing patent, and they would be unable to get a new patent for the safer dose on grounds of obviousness. The safety data are starting to emerge anyway, albeit from sources other than the company9.

### 1AC – Advantage 1

#### Advantage 1 is Innovation:

#### We are in an innovation crisis – new drugs are not being developed in favor of re-purposing old drugs to infinitely extend patent expiration.

Feldman 1 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

Drug companies **have brought great innovations** to market. Society rewards innovation with patents, or with non-patent exclusivities that can be obtained for activities such as testing drugs in children, undertaking new clinical studies, or developing orphan drugs. The rights provided by patents or non-patent exclusivities provide a defined time period of protection so companies can recoup their investments by charging monopoly prices. When patents end, lower-priced competitors should be able to jump into the market and drive down the price. **But that’s not happening**. Instead, drug companies build massive patent walls around their products, extending the protection **over and over again**. Some modern drugs have an avalanche of U.S. patents, with expiration dates **staggered across time**. For example, the rheumatoid arthritis drug Humira is **protected by more than 100 patents**. Walls like that **are insurmountable**. Rather than rewarding innovation, our patent system is now largely repurposing drugs. Between 2005 and 2015, **more than three-quarters** of the drugs associated with new patents **were not new ones** coming on the market but existing ones. In other words, we are mostly churning and recycling. Particularly troubling, new patents can be **obtained on minor tweaks** such as adjustments to dosage or delivery systems — a once-a-day pill instead of a twice-a-day one; a capsule rather than a tablet. Tinkering like this may have some value to some patients, but it nowhere near justifies the rewards we lavish on companies for doing it. From society’s standpoint, incentives should drive scientists back to the lab to look for new things, not to recycle existing drugs for minimal benefit.

#### We control Uniqueness – 78% of New Drugs aren’t innovative.

PFAD 21 Patients for Affordable Drugs 2-3-2021 “BIG PHARMA’S BIG LIE: THE TRUTH ABOUT INNOVATION & DRUG PRICES” <https://patientsforaffordabledrugs.org/2021/02/03/innovation-report/> (a patient advocacy and lobbying organisation based in Washington, D.C. founded by David Mitchell who suffers from multiple myeloma. Ben Wakana is the executive director. It focuses on policies to lower drug prices.)//Elmer

The drug industry talks a lot about how reforms to lower prices threaten cutting-edge breakthroughs, but in reality, **only a fraction of new medications are truly innovative**. **Since 1975**, **only 10** to 15 **percent** of drugs entering the market **represented** **therapeutic advances**; **instead**, **drug companies prioritized the development of existing drugs with minor variations that lack clinical significance**.21 Drug patents offer a stark illustration of this point. Between 2005 and 2015, **78 percent of drug patents were related to drugs already on the market.**22 Instead of investing in R&D that could lead to new breakthrough therapies, drug companies spend resources obtaining patents on old drugs — not to improve user experience — but to extend patent protection, prolong monopoly pricing periods, and keep generic competitors off the market. So if we understand that new drugs are not the same as new cures, a small reduction in new drugs doesn’t pose a threat to innovation. Harvard economist Richard Frank summed it up this way: “If drug companies claim lowering drug prices means somewhat fewer new drug launches, remember that there are **numerous new products sold every year whose elimination would have little to no impact on the health of Americans**.”23 If our current system of drug development does not result primarily in truly innovative drugs, we can’t let the pharmaceutical industry use the threat of R&D cuts as a scapegoat to thwart reforms. We can create a system that incentivizes valuable innovation that delivers meaningful clinical benefit to patients — instead of repurposing old drugs.

#### The only major study confirms our Internal Link – Evergreening decimates competition by resulting in functional monopolies

Arnold Ventures 20 9-24-2020 "'Evergreening' Stunts Competition, Costs Consumers and Taxpayers" <https://www.arnoldventures.org/stories/evergreening-stunts-competition-costs-consumers-and-taxpayers/> (Arnold Ventures is focused on evidence-based giving in a wide range of categories including: criminal justice, education, health care, and public finance)//Elmer

In 2011, Elsa Dixler was diagnosed with multiple myeloma. That August, she was prescribed Revlimid, a drug that had come on the market six years earlier. By January 2012, she went into full remission, where she has remained since. So long as Revlimid retains its effectiveness, she will take it for the rest of her life. “I was able to go back to work, see my daughter receive her Ph.D, and have a pretty normal life,” said Dixler, a Brooklyn resident who is now 74. “So, on the one hand, I feel enormously grateful.” But Dixler’s normal life has come at a steep financial cost to her family and to taxpayers. Revlimid typically costs nearly $800 per capsule, and Dixler takes one capsule per day for 21 days, then seven days off, and then resumes her daily dose, requiring 273 capsules a year. Since retiring from The New York Times at the end of 2017, she has been on Medicare. Dixler entered the Part D coverage gap (known as the donut hole) “within minutes,” she said. She estimates that adding her deductible, her copayment of $12,000, and what her Part D insurance provider pays totals approximately $197,500 a year. Revlimid should have **been subject to competition** from generic drug makers starting in 2009, bringing down its cost by many orders of magnitude. But by obtaining **27 additional patents**, eight orphan drug exclusivities and 91 total additional protections from the U.S. Food and Drug Administration (FDA) since Revlimid’s introduction in 2005, its manufacturer, Celgene, has extended the drug’s **monopoly** **period** **by 18 years** — through March 8, 2028. “I cannot fathom the immorality of a business that relies on **squeezing people with cancer**,” Dixler said, noting her astonishment that Revlimid has obtained orphan drug protections when it treats a disease that is not rare and does not serve a very limited population. She also observed that Revlimid’s underlying drug is thalidomide, which has been around for decades. “They didn’t invent a new drug, rather, they found a new use for it,” she said. “The cost of Revlimid has imposed constraints on our retirement,” Dixler said, “but when I hear other people’s stories, I feel very lucky. A lot of people have been devastated financially.” Revlimid is a case study in a process known as “evergreening” — artificially sustaining a monopoly for years and even decades by manipulating intellectual property laws and regulations. Evergreening is most commonly used with blockbuster drugs generating the highest prices and profits. **Of the roughly 100 best-selling drugs, more than 70 percent have extended their protection** from competition at least once. More than half have extended the protection cliff multiple times. The true scope and cost of evergreening has been brought into sharper focus by a groundbreaking, publicly available, comprehensive database released Thursday by the [Center for Innovation](https://www.uchastings.edu/academics/centers/center-for-innovation/) at the University of California Hastings College of Law and supported by Arnold Ventures.

#### Only innovation now solves AMR super-bugs -- timeframe’s key.

Sobti 19 [Dr. Navjot Kaur Sobti is an internal medicine resident physician at Dartmouth-Hitchcock-Medical Center/Dartmouth School of Medicine and a member of the ABC News Medical Unit. May 1, 2019. “Amid superbug crisis, scientists urge innovation”. <https://abcnews.go.com/Health/amidst-superbug-crisis-scientists-urge-innovation/story?id=62763415>] Dhruv

[The United Nations](https://abcnews.go.com/Politics/amal-clooney-angelina-jolie-speak-us-weighed-vetoing/story?id=62574726) has called antimicrobial resistance a “global crisis.” With the [rise in superbugs](https://abcnews.go.com/Health/superbug-fungus-global-health-threat-600-us-infected/story?id=62297532) across the globe, common infections are becoming harder to treat, and lifesaving procedures riskier to perform. Drug-resistant infections result in about 700,000 deaths per year, with at least 230,000 of those deaths due to multidrug resistant tuberculosis, [according to a groundbreaking report from the World Health Organization (WHO).](https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_final_report_EN.pdf?ua=1) Given that antibiotic resistance is present in every country, antimicrobial resistance (AMR) now represents a global health crisis, according to the UN, which has urged immediate, coordinated and global action to prevent a potentially devastating health and financial crisis. With the rising rates of AMR -- including antivirals, antibiotics, and antifungals -- estimates from the WHO show that AMR may cause 10 million deaths every year by 2050, send 24 million people into extreme poverty by 2030, and lead to a financial crisis as severe as the on the U.S. experienced in 2008. Antimicrobial resistance develops when germs like bacteria and fungi are able to “defeat the drugs designed to kill them,” according to the Centers for Disease Control and Prevention. Through a biologic “survival of the fittest,” germs that are not killed by antimicrobials and continue to grow. WHO explains that “poor infection control, inadequate sanitary conditions and inappropriate food handling encourage the spread” of AMR, which can lead to “superbugs.” Those superbugs require powerful and oftentimes more expensive antimicrobials to treat. Examples of superbugs are far and wide, and can range from drug-resistant bacteria like Pseudomonas aeruginosa and Staphylococcus aureus to fungi like Candida. These bugs can cause illnesses that range from pneumonia to urinary tract and sexually transmitted infections. According to the WHO, AMR has caused complications for nearly 500,000 people with tuberculosis, and a number of people with HIV and malaria. The people at the [highest risk for AMR](https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed) are those with chronic diseases, people living in nursing homes, hospitalized in the ICU or undergoing life-saving treatments such as organ transplantation and cancer therapy. These people often develop infections, which can become antimicrobial-resistant, rendering them difficult, if not impossible, to treat. [(MORE: Melissa Rivers talks about her father's suicide with Dr. Jennifer Ashton)](https://abcnews.go.com/Health/melissa-rivers-talks-fathers-suicide-dr-jennifer-ashton/story?id=62733179&cid=clicksource_26_null_headlines_hed) The CDC notes that “antibiotic resistance has the potential to affect people at any stage of life,” including the “healthcare, veterinary, and agriculture industries, making it one of the world’s most urgent public health problems." AMR can cause prolonged hospital stays, billions of dollars in healthcare costs, disability, and potentially, death. “The most important thing is to understand and embrace the interconnectedness of all of this,” said Dr. Robert Redfield, director of the CDC, in a recent interview with ABC News’ Dr. Jennifer Ashton. It’s not just our countries that are connected.” Research has shown that superbugs like Candida auris “came from multiple places, at the same time. It wasn’t just one organism that [evolved]” in a single location, Redfield added. Given longstanding concerns about antimicrobial misuse leading to AMR, physicians have embraced a medical approach called antibiotic stewardship. This encourages physicians to carefully evaluate which antibiotic is most appropriate for their patient, and discontinue it once it is no longer medically needed. WHO has also highlighted that the inappropriate use of antimicrobials in agriculture -- such as on farms and in animals -- may be an underappreciated cause of AMR. Noting these trends, the WHO has urged for “coordinated action...to minimize the emergence and spread of antimicrobial resistance.” It urges all countries to make national action plans, with a focus on the development of new antimicrobial medications, vaccines, and careful antimicrobial use. Redfield emphasized the importance of vaccination during the global superbug crisis, stating that “the only way we have to eliminate an infection is vaccination.” He added that investing in innovation is key to solving the crisis. While WHO continues to advocate for superbug awareness, they warn that AMR has reversed “a century of progress in health.” The WHO added that “the challenges of antimicrobial resistance” are “not insurmountable,” and that coordinated action will “help to save millions of lives, preserve antimicrobials for generations to come and secure the future from drug-resistant diseases.”

#### Extinction - generic defense doesn’t apply.

Srivatsa 17 Kadiyali Srivatsa 1-12-2017 “Superbug Pandemics and How to Prevent Them” <https://www.the-american-interest.com/2017/01/12/superbug-pandemics-and-how-to-prevent-them/> (doctor, inventor, and publisher. He worked in acute and intensive pediatric care in British hospitals)//Elmer

It is by now no secret that the human species is locked in a race of its own making with “superbugs.” Indeed, if popular science fiction is a measure of awareness, the theme has pervaded English-language literature from Michael Crichton’s 1969 Andromeda Strain all the way to Emily St. John Mandel’s 2014 Station Eleven and beyond. By a combination of massive inadvertence and what can only be called stupidity, we must now invent new and effective antibiotics faster than deadly bacteria evolve—and regrettably, they are rapidly doing so with our help. I do not exclude the possibility that bad actors might deliberately engineer deadly superbugs.1 But even if that does not happen, humanity faces an existential threat largely of its own making in the absence of malign intentions. As threats go, this one is entirely predictable. The concept of a “black swan,” Nassim Nicholas Taleb’s term for low-probability but high-impact events, has become widely known in recent years. Taleb did not invent the concept; he only gave it a catchy name to help mainly business executives who know little of statistics or probability. Many have embraced the “black swan” label the way children embrace holiday gifts, which are often bobbles of little value, except to them. But the threat of inadvertent pandemics is not a “black swan” because its probability is not low. If one likes catchy labels, it better fits the term “gray rhino,” which, explains Michele Wucker, is a high-probability, high-impact event that people manage to ignore anyway for a raft of social-psychological reasons.2 A pandemic is a quintessential gray rhino, for it is no longer a matter of if but of when it will challenge us—and of how prepared we are to deal with it when it happens. We have certainly been warned. The curse we have created was understood as a possibility from the very outset, when seventy years ago Sir Alexander Fleming, the discoverer of penicillin, predicted antibiotic resistance. When interviewed for a 2015 article, “The Most Predictable Disaster in the History of the Human Race, ” Bill Gates pointed out that one of the costliest disasters of the 20th century, worse even than World War I, was the Spanish Flu pandemic of 1918-19. As the author of the article, Ezra Klein, put it: “No one can say we weren’t warned. And warned. And warned. A pandemic disease is the most predictable catastrophe in the history of the human race, if only because it has happened to the human race so many, many times before.”3 Even with effective new medicines, if we can devise them, we must contain outbreaks of bacterial disease fast, lest they get out of control. In other words, we have a social-organizational challenge before us as well as a strictly medical one. That means getting sufficient amounts of medicine into the right hands and in the right places, but it also means educating people and enabling them to communicate with each other to prevent any outbreak from spreading widely. Responsible governments and cooperative organizations have options in that regard, but even individuals can contribute something. To that end, as a medical doctor I have created a computer app that promises to be useful in that regard—of which more in a moment. But first let us review the situation, for while it has become well known to many people, there is a general resistance to acknowledging the severity and imminence of the danger. What Are the Problems? Bacteria are among the oldest living things on the planet. They are masters of survival and can be found everywhere. Billions of them live on and in every one of us, many of them helping our bodies to run smoothly and stay healthy. Most bacteria that are not helpful to us are at least harmless, but some are not. They invade our cells, spread quickly, and cause havoc that we refer to generically as disease. Millions of people used to die every year as a result of bacterial infections, until we developed antibiotics. These wonder drugs revolutionized medicine, but one can have too much of a good thing. Doctors have used antibiotics recklessly, prescribing them for just about everything, and in the process helped to create strains of bacteria that are resistant to the medicines we have. We even give antibiotics to cattle that are not sick and use them to fatten chickens. Companies large and small still mindlessly market antimicrobial products for hands and home, claiming that they kill bacteria and viruses. They do more harm than good because the low concentrations of antimicrobials that these products contain tend to kill friendly bacteria (not viruses at all), and so clear the way for the mass multiplication of surviving unfriendly bacteria. Perhaps even worse, hospitals have deployed antimicrobial products on an industrial scale for a long time now, the result being a sharp rise in iatrogenic bacterial illnesses. Overuse of antibiotics and commercial products containing them has helped superbugs to evolve. We now increasingly face microorganisms that cannot be killed by antibiotics, antifungals, antivirals, or any other chemical weapon we throw at them. Pandemics are the major risk we run as a result, but it is not the only one. Overuse of antibiotics by doctors, homemakers, and hospital managers could mean that, in the not-too-distant future, something as simple as a minor cut could again become life-threatening if it becomes infected.

#### Pharma Innovation solves Bioterrorism.

Marjanovic and Feijao 20 Sonja Marjanovic and Carolina Feijao May 2020 "Pharmaceutical Innovation for Infectious Disease Management" <https://www.rand.org/content/dam/rand/pubs/perspectives/PEA400/PEA407-1/RAND_PEA407-1.pdf> (directs RAND Europe's portfolio of research in the field of healthcare innovation, industry and policy)//Elmer

We need to **ensure** **scalable and sustainable** **approaches for pharmaceutical innovation** **in response to** infectious disease **threats to public health** As key actors in the healthcare innovation landscape, pharmaceutical and life sciences companies have been called on to develop medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also infectious diseases that represent public health threats. **Infectious agents such as** **anthrax, smallpox and tularemia** could **present threats in a bioterrorism context**.1 The general threat to public health that is posed by antimicrobial resistance is also well-recognised as an area in need of pharmaceutical innovation. Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and competition within the industry. However, the **expertise, networks and infrastructure** that industry has within its reach, as well as public expectations and the moral imperative, **make pharmaceutical companies** and the wider life sciences sector an **indispensable** partner **in the search for solutions** that save lives. This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceutical innovation **in response to** infectious **disease threats** to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic.

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

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

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

### 1AC – Advantage 2

#### Advantage 2 is Drug Prices:

#### Evergreening is the root cause of high drug prices by delaying generics – that’s a critical internal link to healthcare costs.

Vanni 21 Amaka Vanni 3-23-2021 “On Intellectual Property Rights, Access to Medicines and Vaccine Imperialism” <https://twailr.com/on-intellectual-property-rights-access-to-medicines-and-vaccine-imperialism/> (PhD and LLM degrees in International Economic Law from the University of Warwick)//re-cut by Elmer

Third, **patent practices** in recent decades have **seen** **pharmaceutical companies engaging in trivial** and cosmetic **tweaking of a drug** **whilst** still **reaping the benefit of 20 years of patent protection**. This tweaking sometimes involves making minor changes to patented drugs, such as changes in mode of administration, new dosages, extended release, or change in color of the drug. These changes normally **do not offer** **any** significant **therapeutic advantage** even though pharmaceutical companies argue they provide improved health outcomes to patients. These additional patents on small changes to existing drugs, known as **evergreening** or patent thickets, **block** the early **entry of** competitive, **generic medicines** **that drive medicine prices down**. For example, while not mandated by TRIPS, many US led TRIPS-plus free trade agreements have expanded the scope for evergreening. These include the US-Jordan FTA (2000), US-Australia FTA (2004) as well as the US-Korea FTA (2007), which allow for the patenting of new forms, uses, or methods of using existing products. The cancer drug Gleevec®, owned by Novartis, is another example of how pharmaceutical companies often secure patents on new, more convenient versions with marginal therapeutic benefit to patients whilst blocking the entry of generic medicines. In 2013, Novartis’ patent application for Gleevec®– the β crystalline form of the salt imatinib mesylate – was rejected by the Indian Supreme Court because it lacked novelty. However, the company has secured patents for this product in other jurisdictions such as the US and has maintained a high price of Gleevec there. But in India the price of Gleevec® was reduced from approximately USD 2,200 to USD 88 for one month’s treatment in the generic drugs market as a result of the 2013 Indian Supreme Court judgement. Novartis is not the only culprit. The depression drug Effexor® by Pfizer was granted an evergreen patent when the company introduced an extended-release version, Efexor-XR®, even though there was no additional benefit to patients. Eventually, the patent was declared invalid, but by then it had already cost an estimated USD 209 million to Australian taxpayers and kept generic competition off the market for two and a half years. In another instance, Pfizer went on to secure an additional patent for the Pristiq®, which contained identical chemical compound as Efexor-XR®,and again with no added therapeutic benefit. These evergreening practices, of course, have material effects. Apart from delaying the entry of generic versions, they give brand-name pharmaceutical companies **free reign in the market**, which allows them to set the market price. Recent years have seen **monopoly prices rise** exorbitantly **causing** significant **financial strain to patients**, domestic **healthcare services and** even **insurance companies** in developed countries. A notorious example is Martin Shkreli, who in 2015 bought the rights to an anti-malarial drug, then raised the price by 5,000 per cent from a cost of USD 13.50 to USD 750. Similarly, a white paper by I-MAK shows how excessive patenting and related strategies are driving families to overspend on lifesaving medicines. Celgene, the makers of Revlimid® raised the price of the drug by more than 50 per cent since 2012 to over USD 125,000 per year of treatment. Using the example of Solvadi® by Gilead, which costs USD 84,000 per treatment, Feldman notes the drug would cost the US Department of Defense more than USD 12 billion to treat all hepatitis-infected patients in US Veterans Affairs. But the US is not alone. In Europe, expensive drugs have prompted a growing backlash against pharmaceutical corporations. Reacting to these price hikes, Dutch pharmacies are bypassing these exorbitant prices by preparing medicines in-house for individual patients. The broken IP system ranging from an extraordinarily low standard for granting patents to permissions of patent thickets around a single molecule has not only severely distorted the system of innovation, but they have also skewed access to life-saving drugs. As a result, prices for new and existing medicines are constantly rising, making essential medicines inaccessible for millions of people around the world.

#### Pharma’s the largest drive of healthcare costs.

Brennan 16, Hannah, et al. "A prescription for excessive drug pricing: leveraging government patent use for health." Yale JL & Tech. 18 (2016): 275. (Law Clerk to the Honorable Theodore McKee, Chief Judge, Third Circuit)//re-cut by Elmer

The **soaring cost of pharmaceuticals is one of the most pressing domestic policy issues** in the United States today. Nearly **one-fifth of** the U.S. Gross Domestic Product (**GDP) is spent on healthcare**, and **pharmaceuticals are a key expenditure**.1 In 2014, the **U**nited **S**tates **spent a record $297.7 billion** on pharmaceuticals, over 12% more than the previous 2 year. The 2014 increase in prescription drug spending can be attributed almost entirely to recently approved drugs that treat the Hepatitis C virus (HCV). 3 With list prices that approach $100,000 for a twelve-week regimen, 4 these new medicines have brought the issue of drug pricing roaring to the fore in policy debates. **High drug prices are of enormous concern** to voters, 5 policymakers, and politicians across the political 6 spectrum. High drug prices also have a significant impact on health. The new HCV drugs offer an excellent example. Potentially deadly if untreated, HCV is one of the most pressing health problems facing the United States. 7 The new drugs are far superior to previous treatments and could potentially enable elimination of the disease.8 But treating all of the approximately 5.2 million people who currently have HCV in the United States at the best reported prices offered by Gilead, the sole supplier of the most important new drugs, would cost at least $234 billion.9 Given the budget impact of these new medicines, most payors have sharply restricted their availability-covering them only for the very sickest, or refusing to cover them at all 0-instead of rapidly rolling them out. Medicaid, for example, treated only 2.4% of enrollees estimated to have HCV in 2014, despite spending more than a billion dollars on the new medicines1.1 Even with the small number treated, Gilead's earnings have been stratospheric: the company earned $36 billion from its new HCV medicines in their first twenty-seven months on the market. 12

#### That hurts the Economy

Sood et Al 7, Neeraj, Arkadipta Ghosh, and J. Escarse. "The effect of health care cost growth on the US economy." Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services (September). Available at (http://aspe. hhs. gov/health/reports/08/healthcarecost/report. html (HHS) (2007). (PhD, is professor and vice dean for research at the USC Price School of Public Policy and a founding member the USC Schaeffer Center)//Elmer

2. CONCEPTUAL OVERVEIW OF POTENTIAL MECHNISMS THROUGH WHICH HEALTH CARE INFLATION COULD AFFECT THE US ECONOMY Not surprisingly, the dramatic increases in health care spending and the share of GDP devoted to health care have raised concerns about the **negative impact of health care cost inflation on the U.S. economy**. In an era of global economic markets, these concerns are reinforced by the status of the U.S. as a spending outlier among competing nations. The major concern is that **rapid increases in health care spending** **can affect** **major economic indicators such** per capita **GDP, employment and inflation**. The effects are likely to occur **across all sectors** of the economy – governments, businesses and households – as all these interrelated sectors play an important role in the provision, financing and consumption of health care in the US. For example, Federal, state and local governments collect taxes from businesses and households to finance public health insurance programs and to directly provide health care to households. Businesses provide employment to US households and also provide health insurance to their employees. Households are the final consumers of health care and also bear some incidence of health care costs. In this report we separately identify the effects of health care costs on the aggregate economy and on each one of these interrelated sectors. However, it is important to note that the **effects** of health care costs **on one sector** are **likely to affect** outcomes in **other sectors**. For example, **faced with rising health care costs** **governments** might **attempt to reduce health spending by reducing eligibility for public health insurance**, consequently **increasing** **uninsurance rates** among households. The increase in health care costs might also prompt governments **to raise taxes**, increase borrowing or **reduce investments in** other **critical sectors such as education and infrastructure,** **suppressing economic growth** and affecting both businesses and households. Similarly, **US companies** faced with rapidly growing health care costs **might reduce employment** and investments in the US economy. Rising health care costs could also **fuel inflation** in the U.S. and make U.S. goods and services less competitive in international markets over time, because increasing health care costs might eventually be reflected in higher product prices. Since most other nations do not have employer-sponsored health insurance, companies in thosenations may be better able to keep prices low.2 Finally, high health care costs could reduce access to health care, bankrupt consumers and deplete retirement savings.

#### Economic decline results in multilateral breakdown that causes state collapse, conflict, climate change, and Arctic and Space War.

McLennan 21 – Strategic Partners Marsh McLennan SK Group Zurich Insurance Group, Academic Advisers National University of Singapore Oxford Martin School, University of Oxford Wharton Risk Management and Decision Processes Center, University of Pennsylvania, “The Global Risks Report 2021 16th Edition” “http://www3.weforum.org/docs/WEF\_The\_Global\_Risks\_Report\_2021.pdf //Re-cut by Elmer

Forced to choose sides, governments may face **economic** or diplomatic **consequences**, as proxy disputes play out in control over economic or geographic resources. The deepening of geopolitical fault lines and the lack of viable middle power alternatives make it harder for countries to cultivate connective tissue with a diverse set of partner countries based on mutual values and maximizing efficiencies. Instead, networks will become thick in some directions and non-existent in others. The COVID-19 crisis has amplified this dynamic, as digital interactions represent a “huge loss in efficiency for diplomacy” compared with face-to-face discussions.23 With some **alliances weakening**, diplomatic relationships will become more unstable at points where superpower tectonic plates meet or withdraw. At the same time, without superpower referees or middle power enforcement, global **norms** may **no longer govern** state **behaviour**. Some governments will thus see the solidification of rival blocs as an opportunity to engage in regional posturing, which will have destabilizing effects.24 Across societies, domestic discord and **economic crises will** **increase** the risk of **autocracy**, **with corresponding** **censorship, surveillance**, restriction of movement and abrogation of rights.25 Economic crises will also amplify the **challenges for middle power**s as they navigate geopolitical competition. **ASEAN countries, for example, had offered a potential new manufacturing base as the United States and China decouple, but the pandemic has left these countries strapped for cash to invest in the necessary infrastructure and productive capacity.26** Economic fallout is pushing many countries to debt distress (see Chapter 1, Global Risks 2021). While G20 countries are supporting debt restructure for poorer nations,27 larger economies too may be at **risk of default** in the longer term;28 this would **leave them further stranded**—**and unable to exercise leadership—on the global stage**. Multilateral meltdown **Middle power weaknesses** will be **reinforced** in weakened institutions, which may translate to **more uncertainty and lagging progress on shared global challenges such as climate change**, **health, poverty reduction and technology governance**. In the absence of strong regulating institutions, **the Arctic and space represent new realms for** potential **conflict** as the superpowers and middle powers alike compete to extract resources and secure strategic advantage.29 If the global superpowers continue to accumulate economic, military and technological power in a zero-sum playing field, some middle powers could increasingly fall behind. Without cooperation nor access to important innovations, middle powers will struggle to define solutions to the world’s problems. In the long term, GRPS **respondents forecasted “w**eapons of **m**ass **d**estruction” **and “state collapse**” as the two top critical threats: in the absence of strong institutions or clear rules, clashes— such as those in **Nagorno-Karabakh or the Galwan Valley**—**may more frequently flare into** full-fledged **interstate conflicts**,30 which is particularly worrisome where unresolved tensions among nuclear powers are concerned. These conflicts may lead to state collapse, with weakened middle powers less willing or less able to step in to find a peaceful solution.

#### High Drug Prices pushes people into poverty – our internal is causal.

Hoban 10 Rose Hoban 9-13-2010 "High Cost of Medicine Pushes More People into Poverty" <https://www.voanews.com/science-health/high-cost-medicine-pushes-more-people-poverty> (spent more than six years as the health reporter for North Carolina Public Radio – WUNC, where she covered health care, state health policy, science and research with a focus on public health issues. She left to start North Carolina Health News after watching many of her professional peers leave or be laid off of their jobs, leaving NC with few people to cover this complicated and important topic. ALSO cites Laurens Niens who is a Health Researcher at Erasmus University Rotterdam)//Elmer

Health economist Laurens Niëns found that drugs needed to treat chronic diseases could be considered unaffordable **for many people in poor countries**. Medicines can be expensive and often make up a large portion of any family's health care budget. And the burden can be even greater for people in poor countries, where the **cost of vital medicines can push them into poverty**. The problem is growing as more people around the world are diagnosed with chronic diseases such as high blood pressure and diabetes. Being diagnosed with a chronic disease usually compells patients to seek treatment for a prolonged period of time. That increases the eventual price tag for health, says health economist Laurens Niëns at Erasmus University in the Netherlands. Niëns examined medication pricing data from the World Health Organization and also looked at data from the World Bank on household income in many countries. Using the data, he calculated how much people need to spend on necessities such as food, housing, education and medicines. "The medicines we looked at are medicines for patients who suffer from asthma, diabetes, hypertension and we looked at an adult respiratory infection," Niëns says. "Three conditions are for chronic diseases, which basically means that people need to procure those medicines each and every day." Niëns focused on the cost of medicine for those conditions. He found the essential drugs could be considered unaffordable for many people in poor countries - so much so that their cost often pushes people into abject poverty. "The proportion of the population that is living below the poverty line, plus the people that are being pushed below the poverty line, can **reach up to 80 percent** in some countries for some medicines," Niëns says. He points out that generic medicines - which are more affordable than brand-name medications - are often **not available in the marketplace**. And, according to Niëns, poor government policies can drive up the cost of medications. "For instance, a lot of governments actually tax medicines when they come into the country," he says. "[They] have no standard for the markups on medicines through the distribution chain. So often, governments think they pay a good price for the medicines when they procure them from the producer. However, before such a medicine reaches a patient, markups are sometimes up to 1,000 percent."

#### Income Inequality is an existential and security threat – COVID puts us on the brink.

Silk 20 Matthew Silk 4-6-2020 “The Pandemic and the Threat of Income Inequality” <https://www.prindlepost.org/2020/04/the-pandemic-and-the-threat-of-income-inequality/> (PhD in philosophy from the University of Waterloo)//Elmer

The United States has one of the **highest levels of** **wealth inequality** in the developed world. It is not new information to most people that the top 1% of income earners make 30 times the income of those in the middle. The top 10% of families held 76% of the wealth in the United States in 2013. Over the past ten years many have tied this information to national security. An article from 2013 notes that this disparity, along with a lack of employment, could **lead to** an **increase in** youth **gangs**, property **crime**, **and** higher **prison** populations. Another from 2018 similarly points to the potential for higher crime. Despite these concerns, others have argued that we should not see income inequality as a problem. In 2013, the Cato Institute argued that the threat of civil unrest owing to income inequality is negligible and has no relationship to the concept of national security, noting “it is difficult to credit the view that inequality poses a security threat unless ‘security’ is completely redefined.” In 2017, the Heritage Foundation published a report arguing that there is little evidence that the very rich and the very poor have significantly divergent interests or influence over policy. Yet, one event that the articles I have cited did not seem to see coming was an existential threat like a viral pandemic. It is well known from past cases that viral outbreaks can be particularly harsh on the poor. During the 1918 Spanish flu epidemic, the poor were significantly affected by the first wave. During the current COVID-19 epidemic we see this pattern repeating. Given that many people are now staying and home and not working, income is falling. Half of the nation would not have $400 if needed for an emergency which means that they are going to have a difficult time paying their rent and other living expenses. The result is going to be that millions will not be able to pay and could face evictions. While some politicians and governments are working to prevent this, that hasn’t stopped the calls for rent strikes during the pandemic. This means that during a time when social distancing is necessary, evictions and increases in the number of homeless will make the spread of the virus more difficult to contain. In addition, wealth inequality is having a direct effect on healthcare. Roughly 10% of Americans did not have health insurance before the pandemic and most of these are likely to live in poverty. Without insurance, people are more likely to want to treat themselves at home or to avoid seeing a doctor. Now, millions of Americans who rely on employment benefits for coverage may now lose it. As many as 14 million may lose their jobs by summer. Those most vulnerable for losing their jobs are likely to work in the service and retail industries and are more likely to be low-wage workers. The cost of treatment for COVID-19 can be up to $35,000. This means that millions of Americans who could already not afford to pay rent can definitely not afford the potential cost of treatment. Indeed, there are already reports of potential deaths owing to lack of insurance. What this means is that you now have large numbers of people who, despite the risk of increasing the spread of COVID-19, now still need to work in order to prevent losing their homes and their coverage. You have people who have now lost their jobs and their healthcare coverage less likely to seek medical care if they need it or to follow health protocols prescribed by governments to prevent the spread of the virus. This means that less will come forward for testing and less treatment of those who may have contracted COVID-19. As Joseph Eisenberg, chair of epidemiology at the University of Michigan notes, “People will go a lot longer since they don’t have access to healthcare…that both means they’ve been in the community more and been transmitting more, and when they get to the hospital their prognosis is going to be a lot worse.” So, in addition to a health crisis, there will also likely be an insurance crisis and a housing crisis owing to the economic situation of those worse off. In addition, many of the jobs now deemed essential to keep supply chains going are those filled by the working poor. These include those who work in the food industry, custodial staff, many others including grocery stores staff. These people, in addition to staff employed in Amazon warehouses, are worried about a lack of protection against the virus. Amazon workers are calling for a strike to demand protection. Grocery store staff are worried about a lack of protective equipment as well. Despite efforts to protect these employees, several of them have now contracted the virus. At first many of these employers were not even offering paid sick leave and now that they are, there is still confusion. While many of these employers are now offering pay raises in response to the crisis, this still means that we are in a situation where most of us are now depending on low income workers to keep deliveries coming and to ensure that there is still food on the store shelves. These individuals are the very same who are now at a higher risk of contracting the virus and simultaneously less likely to seek treatment for it. How does all of this relate to national security? **Income inequality has** **exacerbated the healthcare crisis, will contribute to** the eventual **economic** **and financial crises, and** has **resulted in** a **situation** **where** **society** is now **counting on** many of the **poorest** people **to continue to risk their health** in order **to ensure supply lines** continue to function, all **while** **being more likely to be hurt by the pandemic.** Now only does this increase the risk of **social unrest**, it makes handling the pandemic more difficult. **Income inequality is** now **an existential threat** to national security. While it may be easy to think that once the pandemic ends this threat will pass, a warming climate means the range of disease-carrying animals is increasing; this may not be the last major pandemic we will face. While it is cynical to think that we should only deal with a problem like income inequality because of this, the fact that the **disparity between the rich and poor** **is a national security threat** reminds us that there is a moral significance for everyone to do something about it.

### 1AC – Underview

#### 1] Aff gets 1AR theory since the neg can be infinitely abusive and I can’t check back. It’s drop the debater since the 1ar is too short to win both theory and substance. No 2NR RVI, paradigm issues, or theory since they’d dump on it for 6 minutes and my 3-minute 2AR is spread too thin. Competing interps since reasonability is arbitrary and bites judge intervention.

#### 2] Gains are limited but they are still gains—denouncing action because we are on stolen land is scholarly lazy

NoiseCat 16. Julian Brave NoiseCat, enrolled member of the Canim Lake Band Tsq'escen in British Columbia and a graduate of Columbia University and the University of Oxford, “The Indigenous Revolution,” Jacobin, November 26, 2016, https://www.jacobinmag.com/2016/11/standing-rock-dakota-access-pipeline-obama/

Many Americans, Canadians, Australians, and New Zealanders believe that indigenous people are long gone and defeated. Inheritors of the imperial myth of “Manifest Destiny,” they presume the colonizers’ victory was inevitable and even [predetermined](https://books.google.com/books?id=5AaRo8c2-JYC&pg=PA83&lpg=PA83&dq=arthur+samuel+atkinson+killing+maori&source=bl&ots=GMsXrn6JNH&sig=tMvg8D1knMq2knttH3w4YyRvuJM&hl=en&sa=X&ved=0ahUKEwjCze3M_6PQAhWmsFQKHfmZAfsQ6AEIITAB#v=onepage&q=arthur%20samuel%20atkinson%20killing%20maori&f=false). This racist myth has led empires and states to underestimate indigenous power.¶ Global histories of indigenous resistance, survival, and resurgence tell another story. On these Oceti Sakowin plains in 1876, a cocksure General Custer rushed into the Battle of the Little Bighorn only to be soundly defeated by allied Lakota, Cheyenne, and Arapaho forces. Dalrymple appears poised to repeat Custer’s mistake.¶ Countless indigenous communities, nations, and confederacies from the Americas to Australasia, and South Africa to Siberia, including Aboriginal Australians, Apache, Arapaho, Cherokee, Cheyenne, Chukchi, Comanche, Cree, Creek, Diné, Hawaiian, Haudenosaunee, Kiowa, Maori, Modoc, Nez Perce, Pueblo, Salish, Sauk, Seminole, Shawnee, Tasmans, Tlingit, Ute, Xhosa, Yakima, Zulu, and others have resisted imperial powers and industrial states and prevailed.¶ Before defeating Custer, the Oceti Sakowin had a long history of settler handling. In 1862, the Dakota pushed thousands of settlers off the Minnesota frontier. Six years later, the Lakota defeated the United States Army in Red Cloud’s War.¶ Retribution followed many indigenous victories. In California, entire communities were [hunted like animals](http://www.nytimes.com/2016/05/29/books/review/an-american-genocide-by-benja.html?_r=0). After taking dozens of Dakota men as prisoners of war following the uprising of 1862, Abraham Lincoln signed an order to execute [thirty-eight](http://www.startribune.com/dec-26-1862-38-dakota-men-executed-in-mankato/138273909/) of them — the largest mass execution in American history. Later in 1890, the United States Army gunned down three hundred Lakota at [Wounded Knee](https://www.jacobinmag.com/2016/09/standing-rock-dakota-access-pipeline-protest/).¶ This history continues to devastate. Indigenous people remain the poorest of the poor and the [most likely](http://www.cjcj.org/news/8113) to be killed by law enforcement. Four of the fifteen most impoverished counties in the United States [include](https://www.census.gov/did/www/saipe/data/statecounty/data/2014.html) Lakota reservations in South Dakota. The two poorest, Oglala Lakota and Todd County, lie entirely within the Pine Ridge and Rosebud reservations, where half of all residents live in poverty. In Ziebach County, which includes parts of the Standing Rock and Cheyenne River reservations, 45 percent of the population lives at or below the poverty line.¶ Elsewhere in the United States, Canada, Australia, and New Zealand, indigenous people are among the poorest, most oppressed, and least visible. They are overrepresented in prisons and underrepresented in universities. Their economic realities are bleak. Their pain is intergenerational.¶ In short, colonialism endures.¶ Yet these same communities are uniquely positioned to resist unjust systems and force them to retreat. We must hold these two seemingly contradictory realities of devastation and resilience in our minds at the same time. The Fourth World lives in devastation. The Fourth World is unconquered and on the rise.¶ Since the 1970s, indigenous people in the United States, Canada, Australia, and New Zealand have danced impressive victories. They have compelled states to forego assimilationist policies like the involuntary removal of indigenous children to abusive residential schools and the relocation of indigenous workers to cities. Overtly coercive policies have been slowly and steadily replaced with policies that recognize indigenous rights to land, jurisdiction, and sovereignty. Gains are limited, but they are still gains.¶ At certain times over the past thirty years, indigenous claims have prevented corporations from exploiting natural resources. In New Zealand in the 1980s, Maori claims under the Treaty of Waitangi stopped a state drive to privatize [fisheries](http://vup.victoria.ac.nz/maori-and-the-state-crown-maori-relations-in-new-zealand-aotearoa-1950-2000/) and [hydroelectric power](http://duwaterlawreview.com/new-zealand-maori-council/). In [Canada](https://books.google.com/books?id=9v3HZDKUlG4C) and [Australia](https://www.dukeupress.edu/the-cunning-of-recognition), from the 1990s to the present, aboriginal claims have increased risk for prospective investors in extractive industries.¶ But the dance with the state can be perilous. In recent decades, some indigenous groups mistook [neoliberals](http://www.uhpress.hawaii.edu/p-5513-9781869692865.aspx) who denounced “big government” for allies. They [accepted](https://www.upress.umn.edu/book-division/books/red-skin-white-masks) land claims settlements, [treaty agreements](https://www.theguardian.com/commentisfree/2015/aug/03/canada-first-nation-land-rights), and business deals that enabled states to slash social services for the most vulnerable while restructuring indigenous communities as junior corporate partners in the global economy.¶ As Trump prepares to take power in the US and Brexit changes the economic calculus in Britain and across the world, it is clear that the dance with the state is entering a [new age](https://www.jacobinmag.com/2016/11/trump-victory-clinton-sanders-democratic-party/).¶ The New Colonialism¶ The new age has [precedents](http://www.history.ac.uk/reviews/review/895).¶ Any Howard Zinn reader knows that the United States is built on stolen land with stolen labor. However, this is an observation too imprecise to help us understand and predict the trajectory of a global political economy steered and shaped by the likes of Trump and Nigel Farage. If you squint hard enough, Jack Dalrymple might look like a young George Custer, but that does not make him so.¶ To prevail, indigenous people and the Left must fully understand the precise ways that emerging systems will dispossess indigenous communities. In the nineteenth century, the United States Army incarcerated indigenous people on reservations, claimed land for homesteaders, protected prospectors, and cleared the way for railroad barons. In the 1960s, a different set of historical, political, and economic forces erected the [Lake Oahe Dam](http://www.msnbc.com/interactives/geography-of-poverty/nw.html) on the Missouri River, flooding two hundred thousand acres of the Standing Rock reservation to provide power to suburban homeowners.¶ Today, the drive for independence from OPEC sees a solution in hydraulic fracturing technology. North American oil fields and infrastructure are funded by a financial system that encourages speculation, drives massive inequality, and fails to account for costs associated with human and environmental risks — passing these very real risks and consequences on to communities, workers, and indigenous nations. Inherently unaccountable capitalists are paid big money for being even more unaccountable, and indigenous dispossession continues on new frontiers.¶ Preliminary post-election forecasts indicate that Trump’s victory and Brexit will redirect capital back toward the American West and the British [Commonwealth](http://www.express.co.uk/news/politics/691826/Brexit-what-mean-for-Commonwealth-Britain-leaves-EU-impact-new-trade-deals-migration).¶ In particular, Trump — a [DAPL investor](https://www.theguardian.com/us-news/2016/oct/26/donald-trump-dakota-access-pipeline-investment-energy-transfer-partners) himself — will expedite completion of DAPL and similar projects. He will push to reopen and complete the [Keystone XL Pipeline](https://www.washingtonpost.com/news/energy-environment/wp/2016/11/09/now-that-trump-has-won-transcanada-wants-to-give-keystone-xl-pipeline-another-try/). If he keeps his campaign promises, he will support infrastructure projects and extractive industries, including [coal and fracking](http://www.wsj.com/articles/oil-coal-seen-as-winners-with-trump-victory-1478693338), in indigenous homelands across the American hinterlands.¶ At the same time, a conservative Supreme Court, an Interior Department [led by](http://www.reuters.com/article/us-usa-trump-interior-idUSKBN13G2C0) Sarah Palin or oil baron Lucas Forrest, and a Justice Department led by Jeff Sessions means limited but hard-won Native rights will be rolled back. If this gang of reactionary appointees can’t figure out how to dismantle complex legal precedents, they can just cut funding to essential services like housing, schools, and health care that are already woefully underfunded, putting tribes in a stranglehold of austerity. Native resistance will be policed by [Orwellian surveillance systems](https://www.theguardian.com/commentisfree/2016/nov/09/president-trump-national-security-nuclear-arsenal) finely tuned by the Obama administration. Militarized law enforcement will find reinforcements in the booming private security and [prison industries](https://www.washingtonpost.com/news/wonk/wp/2016/11/10/the-private-prison-industry-was-crashing-until-donald-trumps-victory/).¶ Surveillance, state law enforcement, and private security will drive mass arrests, as we’re seeing at Standing Rock. Law enforcement will have more power than ever to quash protesters and silence dissent.¶ In the former British Wests of Canada, Australia, and New Zealand, where the right-wing populist revolution has yet to take hold in the same way, suppression of indigenous resistance may be less visibly coercive — perhaps with the exception of [skyrocketing](https://www.theguardian.com/australia-news/2016/aug/24/indigenous-prison-rate-soars-52-in-decade-report-reveals) policing, incarceration, and deaths-in-custody of indigenous people, particularly Aboriginal Australians (the “[most imprisoned people in the world](https://www.washingtonpost.com/world/asia_pacific/in-australian-state-aboriginal-kids-53-times-more-likely-to-be-in-jail-than-others/2016/03/05/210dadc4-e15a-11e5-8c00-8aa03741dced_story.html)”).¶ Politicians in the Commonwealth will look to roll back or restructure indigenous rights won over the last three decades in ways that are favorable to capital.¶ Governments, like Justin Trudeau’s Liberals in Canada, are already [abandoning](https://www.theguardian.com/environment/true-north/2016/sep/19/justin-trudeaus-lofty-rhetoric-on-first-nations-a-cheap-simulation-of-justice) campaign promises to indigenous people, opting instead to grab land and resources (as seen in the ham-fisted effort to force through the [Site C Dam](http://www.cbc.ca/news/canada/british-columbia/first-nations-site-c-challenge-denied-1.3830441) against [indigenous opposition](http://bc.ctvnews.ca/thousands-protest-kinder-morgan-pipeline-expansion-in-vancouver-1.3168634)). Trudeau’s minister of natural resources has already stated that Canada will no longer ask First Nations for consent before going forward with lucrative natural resource projects like Kinder Morgan’s Trans Mountain Expansion project and Enbridge’s Northern Gateway [pipelines](http://www.ubcic.bc.ca/consent).¶ In Australia, the government is steamrolling the Wangan and Jagalingou peoples’ Native Title claims in order to move forward with the massive Carmichael Coalmine in Queensland.¶ With the Commonwealth clamoring to [cash in](https://www.theguardian.com/world/2016/oct/18/britain-and-new-zealand-agree-to-start-regular-trade-talks-in-wake-of-brexit) on opportunities created by Brexit, [new free trade deals](http://www.telegraph.co.uk/news/2016/08/31/brexit-brings-the-chance-to-build-a-new-and-better-commonwealth/) with the United Kingdom will be struck, resuscitating and rebuilding the capital networks of the former British Empire, previously weakened by globalization and the European Single Market. The Tory dream of a revived [Anglosphere](http://www.newstatesman.com/politics/2015/02/rise-anglosphere-how-right-dreamed-new-conservative-world-order), long derided as fanciful, nostalgic, and bad business by [Liberals](http://www.nybooks.com/articles/2000/05/11/the-anglosphere/), may even emerge as a legitimate principle and framework of international relations and trade. It will compete with increasingly powerful Chinese and Indian capital throughout the Commonwealth, as already witnessed in the Canadian [tar sands](https://www.theguardian.com/business/2010/feb/14/canada-china-investment-oil-sands), [Australian coalmines](https://www.theguardian.com/australia-news/2015/mar/26/aboriginal-group-fights-to-stop-16bn-carmichael-coalmine), and [New Zealand real estate and dairy](https://www.kpmg.com/NZ/en/IssuesAndInsights/ArticlesPublications/Documents/KPMG-Foreign-Direct-Investment-analysis-August-2015.pdf).¶ Combined with the rise of China and India, this will bring new waves of exploitive capital into indigenous homelands, along with increased policing and the dismantling of indigenous rights.¶ Renewed colonial and capitalist pressure on indigenous people means that the Fourth World’s adversarial relationship with the state will become more central to the struggle to transform political and economic systems for all. If the history of the indigenous dance with the state is any indication, the Fourth World will suffer tremendously while at the same time standing athwart the forces of capitalism and exploitation.¶ The Left must stand with the Fourth World in our collective struggle.¶ The Fourth World and a Fourth Way¶ On November 14, the Army Corps of Engineers temporarily halted DAPL’s progress, stating that “the history of the Great Sioux Nation’s dispossessions of lands” and the United States’ “government-to-government” relationship with indigenous nations demanded that the route of the proposed pipeline be reassessed. The Army told Energy Transfer Partners (ETP), the company building DAPL, that construction beneath the Missouri River required explicit approval, and asked the Standing Rock Sioux to negotiate conditions for the pipeline to cross tribal territory. Faced with a momentary victory for Standing Rock, Kelcy Warren, Dallas [billionaire](http://www.wsj.com/articles/SB10001424052748704141104575588721155904524) and CEO of ETP, denounced the decision as “motivated purely by politics at the expense of a company that has done nothing but play by the rules.”¶ Warren was right. Had it not been for thousands of people mobilizing behind an indigenous-led coalition, DAPL would have been business as usual. ETP would have desecrated the graves of Standing Rock ancestors unimpeded. Workers, lured by relatively high wages, would have taken on [toxic and insecure](https://www.jacobinmag.com/2016/10/standing-rock-dakota-access-pipeline-labor-trumka/) work. The tribe’s hunting and fishing grounds would have been jeopardized, and if the pipeline leaked, Standing Rock and its downstream communities would have been poisoned. Environmental degradation and runaway climate change would have pressed ahead unabated. Carbon dependency would have become even more deeply engrained in our political economy. Eventually, ETP and their investors would have cashed out, and future generations would have been robbed.¶ And all of this still will happen if President Obama doesn’t heed the water protectors and instead sides with ETP.¶ ETP spent [$1.2 million](http://www.opensecrets.org/pacs/lookup2.php?strID=C00438754) over the last five years paying politicians to legislate in its favor. Warren personally donated [$103,000](https://www.theguardian.com/us-news/2016/oct/26/donald-trump-dakota-access-pipeline-investment-energy-transfer-partners) to the Trump campaign. But when indigenous people organized, turning to direct action and the law to pressure elected officials and government systems, they wrested power from ETP’s hands.¶ DAPL is just one chapter in a much longer story of indigenous resistance to, and victories against, pipelines across North America. In 2015, the Obama administration nixed the Keystone XL Pipeline, yielding to pressure from the [Cowboy Indian Alliance](http://rejectandprotect.org/). In Minnesota, Enbridge shelved plans for the Sandpiper pipeline, after encountering tribal opposition. The Unist’ot’en camp in northern British Columbia has held out against numerous proposed pipelines through their territory, building a space where indigenous sovereignty stands tall on lands defined by industry as an “energy corridor.”¶