# **FW**

#### **I value morality as ought implies a moral obligation**

**The standard is minimizing material and structural violence.**

**Prefer: Structural violence and oppression are based in moral exclusion, which is fundamentally flawed because exclusion is based on arbitrarily perceived differences.**

**Opotow 01** [Susan Opotow is a social and organizational psychologist. Her work examines the intersection of conflict, justice, and identity as they give rise to moral exclusion -- seeing others as outside the scope of justice and as eligible targets of discrimination, exploitation, hate, or violence. She studies moral exclusion and moral inclusion in such everyday contexts as schooling, environmental and public policy conflict, and in more violent contexts, such as deadly wars and the post-war period. She has guest edited The Journal of Social Issues and Social Justice Research and co-edited Identity and the Natural Environment: The Psychological Significance of Nature (MIT Press, 2003). She is associate editor of Peace and Conflict: Journal of Peace Psychology and Past President of the Society for the Psychological Study of Social Issues], “Social Injustice”, Peace, Conflict, and Violence: Peace Psychology for the 21st Centuryl Englewood Cliffs, New Jersey: Prentice-Hall, 2001,

Both structural and direct violence result from moral justifications and rationalizations. Morals are the norms, rights, entitlements, obligations, responsibilities, and duties that shape our sense of justice and guide our behavior with others (Deutsch, 1985). Morals operationalize our sense of justice by identifying what we owe to whom, whose needs, views, and well-being count, and whose do not. Our morals apply to people we value, which define who is inside our scope of justice (or “moral community”), such as family members, friends, compatriots, and coreligionists (Deutsch, 1974, 1985; Opotow, 1990; Staub, 1989). We extend considerations of fairness to them, share community resources with them, and make sacrifices for them that foster their well- being (Opotow, 1987, 1993). We see other kinds of people such as enemies or strangers outside our scope of justice; they are morally excluded. Gender, ethnicity, religious identity, age, mental capacity, sexual orientation, and political affiliation are some criteria used to define moral exclusion. Excluded people can be hated and viewed as “vermin” or “plague” or they can be seen as expendable non-entities. In either case, disadvantage, hardship, and exploitation inflicted on them seems normal, accept- able, and just—as “the way things are” or the way they “ought to be.” Fairness and deserving seem irrelevant when applied to them and harm befalling them elicits neither remorse, outrage, nor demands for restitution; instead, harm inflicted on them can inspire celebration. Many social issues and controversies, such as aid to school drop-outs, illegal immigrants, “welfare moms,” people who are homeless, substance abusers, and those infected with HIV are essentially moral debates about who deserves public resources, and thus, ultimately, about moral inclusion. When we see other people’s circumstances to be a result of their moral failings, moral exclusion seems warranted. But when we see others’ circumstances as a result of structural violence, moral exclusion seems unwarranted and unjust. While it is psychologically more comfortable to perceive harm-doers to be evil or demented, we each have boundaries for justice. Our moral obligations are stronger toward those close to us and weaker toward those who are distant. When the media reports suffering and death in Cambodia, El Salvador, Nicaragua, the former Yugoslavia, and Rwanda, we often fail—as a nation, as com- munities, and as individuals—to protest or to provide aid. Rationalizations include insufficient knowledge of the political dynamics, the futility of doing much of use, and not knowing where to begin. Our tendency to exclude people is fostered by a number of normal perceptual tendencies: 1. Social categorization. Our tendency to group and classify objects, including social categories, is ordinarily innocuous, facilitating acquisition of information and memory (Tajfel & Wilkes, 1963). Social categorizations can become invidious, however, when they serve as a basis for rationalizing structural inequality and social injustice. For example, race is a neutral physical characteristic, but it often becomes a value-loaded label, which generates unequal treatment and outcomes (Archer, 1985; Tajfel, 1978). 2. Evaluative judgments. Our tendency to make simple, evaluative, dichotomous judgments (e.g., good and bad, like and dislike) is a fundamental feature of human perception. Evaluative judgments have cognitive, affective, and moral components. From a behavioral, evolutionary, and social learning perspective, evaluative judgments have positive adaptive value because they provide feedback that protects our well-being (Edwards & von Hippel, 1995; Osgood, Suci, & Tannenbaum, 1957). Evaluative judgments can support structural violence and exclusionary thinking, however, when they lend a negative slant to perceived difference. In-group-out-group and we-them thinking can result from social comparisons made on dimensions that maximize a positive social identity for oneself or one’s group at the expense of others (Tajfel, 1982).

**The structural violence of inequality outweighs other impacts—there is an ethical obligation to address it.**

**Ansell 17** — David A. Ansell, Senior Vice President, Associate Provost for Community Health Equity, and Michael E. Kelly Professor of Medicine at Rush University Medical Center (Chicago), holds an M.D. from the State University of New York Upstate Medical University College of Medicine, 2017 (“American Roulette,” *The Death Gap: How Inequality Kills*, Published by the University of Chicago Press, ISBN 9780226428291, p. kindle 307-363)

There are many different kinds of violence. Some are obvious: punches, attacks, gunshots, explosions. These are the kinds of interpersonal violence that we tend to hear about in the news. Other kinds of violence are intimate and emotional. But the **deadliest** and most thoroughgoing kind of violence is woven into the fabric of American society. It exists when some groups have more access to goods, resources, and opportunities than other groups, including health and life itself. This violence delivers **specific blows against particular bodies in particular neighborhoods**. This unequal advantage and violence is built into the very rules that govern our society. In the absence of this violence, **large numbers of Americans would be able to live fuller and longer lives**. This kind of violence is called structural violence, because it is embedded in the very laws, policies, and rules that govern day-to-day life.8 It is thecumulative impact of laws and social and economic policies and practices that render some Americans less able to access resources and opportunities than others. This inequity of advantage is not a result of the individual’s personal abilities but is built into the systems that govern society. Often it is a product of **racism**, **gender**, and **income inequality**. The diseases and premature mortality that Windora and many of my patients experienced were, in the words of Dr. Paul Farmer, “biological reflections of social fault lines.”9 As a result of these fault lines, a disproportional burden of illness, suffering, and premature mortality falls on certain neighborhoods, like Windora’s. Structural violence can overwhelm an individual’s ability to live a free, unfettered, healthy life. As I ran to evaluate Windora, I knew that her stroke was caused in part by lifelong exposure to suffering, racism, and economic deprivation. Worse, the poverty of West Humboldt Park that contributed to her illness is directly and inextricably related to the massive concentration of wealth and power in other neighborhoods just miles away in Chicago’s Gold Coast and suburbs. That concentration of wealth could not have occurred without laws, policies, and practices that favored some at the expense of others. Those laws, policies, and practices could not have been passed or enforced if access to political and economic power had not been concentrated in the hands of a few. Yet these political and economic structures have become so firmly entrenched (in habits, social relations, economic arrangements, institutional practices, law, and policy) that they have become part of the matrix of American society. The rules that govern day-to-day life were written to benefit a small elite at the expense of people like Windora and her family. These rules and structures are powerful destructive forces. The same structuresthat render life predictable, secure, comfortable, and pleasant for many destroy the lives of others like Windora through **suffering**, **poverty**, **ill health**, and **violence**. These structures are neither natural nor neutral. The results of structural violence can be very specific. In Windora’s case, stroke precursors like chronic stress, poverty, and uncontrolled hypertension run rampant in neighborhoods like hers. Windora’s illness was caused by neither her cultural traits nor the failure of her will. Her stroke was caused in part by inequity. She is one of the lucky ones, though, because even while structural violence ravages her neighborhood, it also abets the concentration of expensive stroke- intervention services in certain wealthy teaching hospitals like mine. If I can get to her in time, we can still help her. Income Inequality and Life Inequality Of course, Windora is not the only person struggling on account of structural violence. Countless neighborhoods nationwide are suffering from it, and people are dying **needlessly young** as a result. The magnitude of this excess mortality is mind-boggling. In 2009 my friend Dr. Steve Whitman asked a simple question, “How many extra black people died in Chicago each year, just because they do not have the same health outcomes as white Chicagoans?” When the Chicago Sun-Times got wind of his results, it ran them on the front page in bold white letters on a black background: “HEALTH CARE GAP KILLS 3200 Black Chicagoans and the Gap is Growing.” The paper styled the headline to look like the declaration of war that it should have been. In fact, we did find ourselves at warnot long ago, when almost 3,000 Americans were killed. That was September 11, 2001. That tragedy propelled the country to war. Yet when it comes to the premature deaths of urban Americans, no disaster area has been declared. No federal troops have been called up. No acts of Congress have been passed. Yet this disaster is **even worse**: those 3,200 black people were in Chicago alone, in just one year. Nationwide each year, more than **60,000** black people die prematurely because of inequality.10 While blacks suffer the most from this, it is not just an issue of racism, though racism has been a unique and powerful transmitter of violence in America for over four hundred years.11 Beyond racism, poverty and income inequality perpetuated by exploitative market capitalism are singular agents of transmission of **disease and early death**. As a result, there is a new and alarming pattern of declining life expectancy among white Americans as well. Deaths from drug overdoses in young white Americans ages 25 to 34 have exploded to levels not seen since the AIDS epidemic. This generation is the first since the Vietnam War era to experience higher death rates than the prior generation.12 White Americans ages 45 to 54 have experienced skyrocketing premature death rates as well, something not seen in any other developed nation.13 White men in some Appalachian towns live on average twenty years less than white men a half-day’s drive away in the suburbs of Washington, DC. Men in McDowell County, West Virginia, can look forward to a life expectancy only slightly better than that of Haitians.14 But those statistics reflect averages, and every death from structural violence is **a person**. When these illnesses and deaths are occurring one at a time in neighborhoods that society has decided not to care about—neighborhoods populated by poor, black, or brown people—they seem easy to overlook, especially if you are among the fortunate few who are doing incredibly well. The tide of prosperity in America has lifted some boats while others have swamped. Paul Farmer, the physician-anthropologist who founded Partners in Health, an international human rights agency, reflects on the juxtaposition of “unprecedented bounty and untold penury”: “It stands to reason that as beneficiaries of growing inequality, we do not like to be reminded of misery of squalor and failure. Our popular culture provides us with no shortage of anesthesia.”15 That people suffer and die prematurely because of inequality is **wrong**. It is wrong from an **ethical** perspective. It is wrong from a **fairness** perspective. And it is wrong because **we have the means to fix it**.

**Prioritize structural violence – Existential threats distort moral reasoning and ignore ongoing and urgent violence.**

**Olson ‘15** – prof of geography @ UNC Chapel Hill (Elizabeth, ‘Geography and Ethics I: Waiting and Urgency,’ Progress in Human Geography, vol. 39 no. 4, pp. 517-526)

III The body and the emergency Though the body is often presumed to be the most basic unit where urgency might be detected, only some dictionaries link urgency and the body through a ‘medical’ reference to the compelling need to defecate or urinate.5 Focusing on the different meanings of urgency runs the risk of obscuring language categories, but pushing together the two definitions – urgency as the need to defecate and urinate, and urgency as overwhelming force – is useful here, because my aim is to illustrate that the ethical work of urgency has been hijacked by an hierarchical organization of scales of moral deliberation. Specifically, our research suggests that the urgent body is cast as subjective and impulsive, while larger scales, such as the region, state or society, emerge as the scale of a rational ethics. While these are not new arguments about states (Scott, 1998) and their institutions (Foucault, 1995), geographic insights into toileting and securitizations suggest that **technocratic practices both require and perpetuate an ethical distinction between the body and the large-scale future event**, **with the latter emerging as the only legitimate site of urgent claims and thus the dominant subject of moral reasoning**.In research related to contemporary global toileting, the defecating body’s status as a legitimate ethical concern is more likely to be acknowledged when **threatening the sanitation aims of cities and states**. This is perhaps most evident in large metropolitan areas where uneven access to toilets amplifies social inequalities and human suffering (McFarlane, 2013). Jewitt’s (2011) examination of waste management in India and other countries in the Global South reveals that taboos around feces often justify inequality in two ways; first, by creating conditions of precarity through taboos in discussing personal sanitation and toilet practices, and second, by justifying social exclusion on the basis of inferior sanitation practices. The lack of access to sanitation infrastructure can also provide reasons for excluding informally settled populations from ambitiously modernizing cities. In cities like Kampala, Uganda, planners, development workers, and community organizers frame those who cannot use modern toilet facilities as threatening (Terreni-Brown, 2014a). Terreni-Brown (2014b) describes a group of female migrants selling goods outside of a large, upscale mall in Kampala, and their strategies for balancing the lack of access to a toilet with the danger and humiliation of going in the area behind their street-side location. Their desperate pain, induced by waiting hours until they can finally return to a more private location, contrasts with complaints of city planners and NGO workers who point to moral lethargy in the informal settlements that puts the city at risk. The poor, illegal, marginalized body is not a reasonable scale of urgency, nor is it the product of a thoughtful weighing of circumstances; in the face of a morally rational prioritization of a future Kampala, these bodily urgencies literally have no place in the modern city. Though toileting might be thought of as a special case of bodily urgency, geographic research suggests that the body is increasingly set at odds with larger scale ethical concerns, especially **large-scale future events of forecasted suffering**. Emergency planning is a particularly good example in which the large-scale threats of future suffering can **distort moral reasoning**. Žižek (2006) lightly develops this point in the context of the war on terror, where in the presence of fictitious and real ticking clocks and warning systems, the urgent body must be **bypassed** because there are **bigger scales to worry about**:¶ What does this all-pervasive sense of urgency mean ethically? The pressure of events is so overbearing, the stakes are so high, that they necessitate a suspension of ordinary ethical concerns. After all, displaying moral qualms when the lives of millions are at stake plays into the hands of the enemy. (Žižek, 2006)¶ In the presence of large-scale future emergency, the urgency to secure the state, the citizenry, the economy, or the climate creates new scales and new temporal orders of response (see Anderson, 2010; Baldwin, 2012; Dalby, 2013; Morrissey, 2012), many of which treat the urgent body as impulsive and thus requiring management. McDonald’s (2013) analysis of three interconnected discourses of ‘climate security’ illustrates how bodily urgency in climate change is also recast as a menacing impulse that might require exclusion from moral reckoning. The logics of climate security, especially those related to national security, ‘can encourage perverse political responses that not only fail to respond effectively to climate change but may present victims of it as a threat’ (McDonald, 2013: 49). **Bodies that are currently suffering cannot be urgent**, because they are **excluded from the potential collectivity** that could be **suffering everywhere in some future time**. Similar bypassing of existing bodily urgency is echoed in writing about violent securitization, such as drone warfare (Shaw and Akhter, 2012), and also in **intimate scales** like the street and the school, especially in relation to race (Mitchell, 2009; Young et al., 2014).¶ As **large-scale urgent concerns are institutionalized**, the urgent body is increasingly **obscured through technical planning and coordination** (Anderson and Adey, 2012). The predominant characteristic of this institutionalization of large-scale emergency is a ‘**built-in bias for action’** (Wuthnow, 2010: 212) **that circumvents contingencies**. The urgent body is at best an assumed eventuality, one that will likely require another state of waiting, such as **triage** (e.g. Greatbach et al., 2005). Amin (2013) cautions that in much of the West, governmental need to provide evidence of laissez-faire governing on the one hand, and assurance of strength in facing a threatening future on the other, produces ‘just-in-case preparedness’ (Amin, 2013: 151) of neoliberal risk management policies. In the US, ‘personal ingenuity’ is built into emergency response at the expense of the poor and vulnerable for whom ‘[t]he difference between abjection and bearable survival’ (Amin, 2013: 153) will not be determined by emergency planning, but in the material infrastructure of the city.¶ In short, the urgencies of the body provide justifications for social exclusion of the most marginalized based on impulse and perceived threat, while **large-scale future emergencies effectively absorb the deliberative power of urgency into the institutions of preparedness and risk avoidance**. Žižek references Arendt’s (2006) analysis of the banality of evil to explain the current state of ethical reasoning under the war on terror, noting that people who perform morally reprehensible actions under the conditions of urgency assume a ‘tragic-ethic grandeur’ (Žižek, 2006) by sacrificing their own morality for the good of the state. But his analysis fails to note that bodies are today so rarely legitimate sites for claiming urgency. In the context of the **assumed priority of the large-scale future emergency**, the urgent body becomes **literally nonsense, a non sequitur** within societies, states and worlds that will **always be more urgent**.¶ If the important ethical work of urgency has been to identify that which must not wait, then the capture of the power and persuasiveness of urgency by large-scale future emergencies has consequences for the kinds of normative arguments we can raise on behalf of urgent bodies. How, then, might waiting compare as a normative description and critique in our own urgent time? Waiting can be categorized according to its purpose or outcome (see Corbridge, 2004; Gray, 2011), but it also modifies the place of the individual in society and her importance. As Ramdas (2012: 834) writes, ‘waiting … produces hierarchies which segregate people and places into those which matter and those which do not’. The segregation of waiting might produce effects that counteract suffering, however, and Jeffery (2008: 957) explains that though the ‘politics of waiting’ can be repressive, it can also engender creative political engagement. In his research with educated unemployed Jat youth who spend days and years waiting for desired employment, Jeffery finds that ‘the temporal suffering and sense of ambivalence experienced by young men can generate cultural and political experiments that, in turn, have marked social and spatial effects’ (Jeffery, 2010: 186). Though this is not the same as claiming normative neutrality for waiting, it does suggest that waiting is more ethically ambivalent and open than urgency.¶ In other contexts, however, our descriptions of waiting indicate a strong condemnation of its effects upon the subjects of study. Waiting can demobilize radical reform, **depoliticizing ‘the insurrectionary possibilities of the present by delaying the revolutionary imperative to a future moment that is forever drifting towards infinity’** (Springer, 2014: 407). Yonucu’s (2011) analysis of the self-destructive activities of disrespected working-class youth in Istanbul suggests that this sense of infinite waiting can lead not only to depoliticization, but also to a disbelief in the possibility of a future self of any value. Waiting, like urgency, can **undermine the possibility of self-care** two-fold, first by making people wait for essential needs, and again by reinforcing that waiting is ‘[s]omething to be ashamed of because it may be noted or taken as evidence of indolence or low status, seen as a symptom of rejection or a signal to exclude’ (Bauman, 2004: 109). This is why Auyero (2012) suggests that waiting creates an ideal state subject, providing ‘temporal processes in and through which political subordination is produced’ (Auyero, 2012: loc. 90; see also Secor, 2007). Furthermore, Auyero notes, it is not only political subordination, but the subjective effect of waiting that secures domination, as citizens and non-citizens find themselves ‘waiting hopefully and then frustratedly for others to make decisions, and in effect surrendering to the authority of others’ (Auyero, 2012: loc. 123).¶ Waiting can therefore function as a potentially important spatial technology of the elite and powerful, mobilized not only for the purpose of **governing individuals**, but also to **retain claims over moral urgency**. But there is **growing resistance** to the capture of claims of urgency by the elite, and it is important to note that even in cases where the material conditions of containment are currently impenetrable, arguments based on human value are at the forefront of **reclaiming urgency for the body**. In **detention centers, clandestine prisons, state borders and refugee camps**, geographers point to ongoing struggles against the ethical impossibility of bodily urgency and a rejection of states of waiting (see Conlon, 2011; Darling, 2009, 2011; Garmany, 2012; Mountz et al., 2013; Schuster, 2011). Ramakrishnan’s (2014) analysis of a Delhi resettlement colony and Shewly’s (2013) discussion of the enclave between India and Bangladesh describe people who refuse to give up their own status as legitimately urgent, even in the context of larger scale politics. Similarly, Tyler’s (2013) account of desperate female detainees stripping off their clothes to expose their humanness and suffering in the Yarl’s Wood Immigration Removal Centre in the UK suggests that demands for recognition are not just about politics, but also about the acknowledgement of humanness and the irrevocable possibility of being that which cannot wait. The continued existence of places like Yarl’s Wood and similar institutions in the USA nonetheless points to the challenge of exposing the urgent body as a moral priority when it is so easily hidden from view, and also reminds us that our research can help to explain the relationships between normative dimensions and the political and social conditions of struggle.¶ In closing, geographic depictions of waiting do seem to evocatively describe otherwise obscured suffering (e.g. Bennett, 2011), but it is striking how rarely these descriptions also use the language of urgency. Given the discussion above, what might be accomplished – and risked – by incorporating urgency more overtly and deliberately into our discussions of waiting, surplus and abandoned bodies? Urgency can clarify the implicit but understated ethical consequences and normativity associated with waiting, and encourage explicit discussion about harmful suffering. Waiting can be productive or unproductive for radical praxis, but urgency compels and requires response. Geographers could be instrumental in reclaiming the ethical work of urgency in ways that leave it open for critique, clarifying common spatial misunderstandings and representations. There is good reason to be thoughtful in this process, since moral outrage towards inhumanity can itself obscure differentiated experiences of being human, dividing up ‘those for whom we feel urgent unreasoned concern and those whose lives and deaths simply do not touch us, or do not appear as lives at all’ (Butler, 2009: 50). But when the urgent body is rendered as only waiting, both materially and discursively, it is just as easily cast as impulsive, disgusting, animalistic (see also McKittrick, 2006). Feminist theory insists that the urgent body, whose encounters of violence are ‘usually framed as **private, apolitical and mundane’** (Pain, 2014: 8), are as deeply **political, public, and exceptional** as other forms of violence (Phillips, 2008; Pratt, 2005). Insisting that **a suffering body, now, is that which cannot wait**, has the **ethical effect of drawing it into consideration alongside the political, public and exceptional scope of large-scale futures**. It may help us insist on the body, both as a single unit and a plurality, as a legitimate scale of normative priority and social care.¶ In this report, I have explored old and new reflections on the ethical work of urgency and waiting. Geographic research suggests a contemporary popular bias towards the urgency of large-scale futures, institutionalized in ways that further **obscure and discredit the urgencies of the body**. This bias also justifies the production of new **waiting places** in our material landscape, **places like the detention center** and the waiting room. In some cases, waiting is normatively neutral, even providing opportunities for alternative politics. In others, the technologies of waiting serve to manage potentially problematic bodies, leading to suspended suffering and even to extermination (e.g. Wright, 2013). One of my aims has been to suggest that **moral reasoning is important** both because it **exposes normative biases against subjugated people**, and because it potentially **provides routes toward struggle where claims to urgency seem to foreclose** the **possibilities** of alleviation of suffering. **Saving the world still should require a debate about whose world is being saved, when, and at what cost – and this requires a debate about what really cannot wait**. My next report will extend some of these concerns by reviewing how feelings of urgency, as well as hope, fear, and other emotions, have played a role in geography and ethical reasoning.¶ I conclude, however, by pulling together past and present. In 1972, Gilbert White asked why geographers were not engaging ‘the truly urgent questions’ (1972: 101) such as racial repression, decaying cities, economic inequality, and global environmental destruction. His question highlights just how much the discipline has changed, but it is also unnerving in its echoes of our contemporary problems. Since White’s writing, our moral reasoning has been stretched to consider the future body and the more-than-human, alongside the presently urgent body – topics and concerns that I have not taken up in this review but which will provide their own new possibilities for urgent concerns. My own hope presently is drawn from an acknowledgement that the **temporal characteristics of contemporary capitalism** can be interrupted in creative ways (Sharma, 2014), with the possibility of squaring the urgent body with our large-scale future concerns. **Temporal alternatives already exist in ongoing and emerging revolutions** and the disruption of claims of cycles and circular political processes (e.g. Lombard, 2013; Reyes, 2012). Though **calls for urgency will certainly be used to obscure evasion of responsibility** (e.g. Gilmore, 2008: 56, fn 6), they may **also serve as fertile ground for radical critique**, a truly fierce **urgency for now.**

**“1% doctrine” makes us bad policymakers creating a policy freeze**

**Meskill 9** (David, professor at Colorado School of Minds and PhD from Harvard, “The "One Percent Doctrine" and Environmental Faith,” Dec 9, http://davidmeskill.blogspot.com/2009/12/one-percent-doctrine-and-environmental.html)

Tom Friedman's piece today in the Times on the environment (http://www.nytimes.com/2009/12/09/opinion/09friedman.html?\_r=1) is one of the flimsiest pieces by a major columnist that I can remember ever reading. He applies Cheney's "one percent doctrine" (which is similar to the environmentalists' "precautionary principle") to the risk of environmental armageddon. But this doctrine is both intellectually **incoherent** and practically irrelevant. It is intellectually incoherent because it cannot be applied consistently in a world with many potential disaster scenarios. In addition to the global-warming risk, there's also the asteroid-hitting-the-earth risk, the terrorists-with-nuclear-weapons risk (Cheney's original scenario), the super-duper-pandemic risk, etc. Since each of these risks, on the "one percent doctrine," would deserve all of our attention, we cannot address all of them simultaneously. That is, **even within the one-percent mentality, we'd have to begin prioritizing**, making choices and trade-offs. But why then should we only make these trade-offs between responses to disaster scenarios? Why not also choose between them and other, much more cotidien, things we value? Why treat the unlikely but cataclysmic event as somehow fundamentally different, something that cannot be integrated into all the other calculations we make? And in fact, this is how we behave all the time. We get into our cars in order to buy a cup of coffee, even though there's some chance we will be killed on the way to the coffee shop. We are constantly risking death, if slightly, in order to pursue the things we value. Any creature that adopted the "precautionary principle" would sit at home - no, not even there, since there is some chance the building might collapse. That creature would **neither be able to act, nor not act**, since it would nowhere discover perfect safety. Friedman's approach reminds me somehow of Pascal's wager - quasi-religious faith masquerading as rational deliberation (as Hans Albert has pointed out, Pascal's wager itself doesn't add up: there may be a God, in fact, but it may turn out that He dislikes, and even damns, people who believe in him because they've calculated it's in their best interest to do so). As my friend James points out, it's striking how descriptions of the environmental risk always describe the situation as if it were five to midnight. It must be near midnight, since otherwise there would be no need to act. But it can never be five \*past\* midnight, since then acting would be pointless and we might as well party like it was 2099. Many religious movements - for example the early Jesus movement - have exhibited precisely this combination of traits: the looming apocalypse, with the time (just barely) to take action.

Prefer structural violence over util because

**Util is immoral**

1. **Util justifies things such as genoice and slavery, as it is doing the greatest amoubnt of good for the greatest amount of people**
2. **Utiltarin calculus, is measured through averages and aggregates, thus excluding minorities from its calculus**

#### **,Just bc it is what goverments doesn’t mean itshwta they morally should use and, they don’t look to methods of extinction, they pass policies based on what happens people in the status quo**

1. **Just because \ something is insturmmentally valuable doesn’t mean we need it, i.e. juts bc I need computer to take my online school tests doesn’t mena my whole education system shld be based around max access to computers. J bc I need it to live doesn’t mean I shldnt consider other ongoing structural issues**
2. **All war and and extintion claims are warranted with low probability, whereas issues of sculptural violence are ouccing right now on a day to day basis, the**
3. **1% priotize any risk of extinction mentality creates a policy freeze in its self**

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### **Plan text: The Member nations of the WTO will temporarily waive IPR protections relating to medicine needed to prevent, contain, or treat COVID-19. This includes removing IP protections to vaccines.**

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### **I’ll clarify any specification in cross-**

### 1. The obligations of Members to implement or apply Sections 1, 4, 5 and 7 of Part II of the

### TRIPS Agreement or to enforce these Sections under Part III of the TRIPS Agreement, shall be

### waived in relation to health products and technologies including diagnostics, therapeutics, vaccines,

### medical devices, personal protective equipment, their materials or components, and their methods

### and means of manufacture for the prevention, treatment or containment of COVID-19.

### 2. This waiver shall be in force for at least 3 years from the date of this decision. The General

### Council shall, thereafter, review the existence of the exceptional circumstances justifying the waiver,

### and if such circumstances cease to exist, the General Council shall determine the date of termination

### of the waiver.

### IP/C/W/669/Rev.1

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### 3. The waiver in paragraph 1 shall not apply to the protection of Performers, Producers of

### Phonograms (Sound Recordings) and Broadcasting Organizations under Article 14 of the TRIPS

### Agreement.

### 4. This decision is without prejudice to the right of least developed country Members under

### paragraph 1 of Article 66 of the TRIPS Agreement.

### 5. This waiver shall be reviewed by the General Council not later than one year after it is granted,

### and thereafter annually until the waiver terminates, in accordance with the provisions of paragraph

### 4 of Article IX of the WTO Agreement.

### 6. Members shall not challenge any measures taken in conformity with the provision of the

### waivers contained in this Decision under subparagraphs 1(b) and 1(c) of Article XXIII of GATT 1994,

### or through the WTO's Dispute Settlement Mechanism.

# **Adv 1**

#### **IP Laws are a barrier to production during COVID – waiver allows for diversified production while upholding standards**

**HRW June 21 (Human Rights Watch)**

International non-governmental organization, headquartered in New York City, that conducts research and advocacy on human rights.[2] The group pressures governments, policy makers, companies, and individual human rights abusers to denounce abuse and respect human rights, and the group often works on behalf of refugees, children, migrants, and political prisoners. June 3, 2021 DS

https://www.hrw.org/news/2021/06/03/seven-reasons-eu-wrong-oppose-trips-waiver

Intellectual Property is currently a barrier to swiftly scaling up and diversifying the production of Covid-19 health products, including vaccines. The European Commission claims that intellectual property (IP) is not a barrier to scaling up the manufacturing of vaccines or other health products needed for the Covid-19 response, suggesting that sharing IP would not immediately speed up manufacturing. Right now, there are manufacturers with capacity to produce additional Covid-19 vaccines and other health products at factories in Bangladesh, Canada, Denmark, India, and Israel, but they are unable to contribute because they do not yet have the right licenses. So, IP is a barrier to them. The TRIPS waiver proposal sponsors and experts at the leading science journal Nature, Médecins Sans Frontières (MSF) Access Campaign, the Third World Network, and others have presented many other concrete examples of how enforcement of IP rules blocked, delayed, or limited production of chemical reagents for Covid-19 tests, ventilator valves, Covid-19 treatments, and elements of Covid-19 vaccines. IP constraints have not only led to vaccine shortages but have also led to shortages of key raw materials like bioreactor bags and filters. Rather than manufacturers being held back by an inherent lack of manufacturing and technological capability, studies have shown that transnational claims to IP impede new manufacturers from entering and competing in the market. The same dynamics are playing out today with Covid-19. Even though a waiver will not automatically expand production overnight, it paves the way for speedy technology transfers and manufacturing. The waiver by itself will not automatically result in widespread and diversified manufacturing, but it will ease complex global rules governing IP and exports and give governments freedom to collaborate on technology transfers and exports without fearing trade-based retaliation. It will help reduce the dependence on any one country or region for medical products and mitigate the risks of export restrictions. With new variants emerging and some evidence that repeat vaccine boosters may be needed, the waiver will enable governments around the world to be prepared for a long-term response to Covid-19. Experts have mapped out plans for how the manufacturing of mRNA and other vaccines, could be dramatically expanded in a relatively short period of time. Waiving certain IP rules in the TRIPS agreement over the next three years could help create diverse regional manufacturing hubs and protect the EU and the rest of the world from future pandemics, supply chain disruptions, and resulting economic disaster. Concerns that widening the universe of producers may lower or compromise quality standards are unfounded because stringent regulatory authorities and the World Health Organization (WHO) would continue to play their existing role as arbiters of quality and safety for vaccines, which have a very stringent process for approval.

#### **TRIPS waiver uniquely needed to remove barriers to Access**

Zhony 6/21

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https://blogs.bmj.com/medical-ethics/2021/05/13/making-a-killing-the-imperative-to-waive-covid-19-vaccine-ip-rights/

Recent lobbying disclosures revealed that over 100 lobbyists have been deployed to the World Trade Organisation (WTO) by the pharmaceutical industry to block generic manufacture of COVID-19 vaccines. The background here is that the richest countries have over half the purchased vaccine doses, yet only 16% of the global population. This has led to calls to donate vaccines to the global poor. In low income countries, only 1 in 500 adults has received a vaccine, compared to 1 in 4 in rich countries. To really understand this you have to look far back to the emergence of the AIDS epidemic and early therapeutics. In the 1990s, Ghana and Brazil tried to import generically manufactured drugs from India (a key site of non-profit generic drug manufacture for decades). This spurred legal action taken by the US against Brazil at the WTO, though was eventually dropped under intense political pressure. As May and Sell note in their summary of the affair, for the US Trade Representative, “whatever the human costs, intellectual property rights must be upheld.”[1] Bill Gates has also been heavily criticised for insisting that IP law is maintained. It was Gates’s foundation who persuaded Oxford University to grant sole rights to AstraZeneca without a price guarantee. His defence seems to turn on whether or not Black and Brown people are smart enough to make vaccines, maintaining, “it’s only because of our grants and expertise that that can happen at all.” Gates cannot countenance the possibility that the same forces of global capitalism that made him one of the world’s richest men also entrench and maintain poverty in the Global South, precluding improvements in health and infrastructure. Indeed, the negotiated contracts are genuinely shocking. As reported by the New York Times, Pfizer has sought liability protection (including against negligence claims) by asking governments to put up assets including bank reserves, embassies and military bases, as collateral. The deals made by AstraZeneca are shrouded in secrecy, though also seem deeply problematic. The biggest kick in the teeth is that COVID-19 vaccination development has dispelled the greatest capitalist myth in medicine: private sector investment is needed to develop drugs, and this investment will only take place if the product can be monetised. Not only does this take a tragically reductive view of human motivations (if I cared solely about money, I’d have trained in banking not medicine and law) it is also factually wrong: in the case of Oxford-AstraZeneca vaccine, for example, the public provided over 97% of research and development costs. A case in point is that of Cuba: it has developed five vaccines, two of which are in phase III trials (of 23 COVID-19 vaccines globally). When Boris Johnson says capitalism and greed gave Britain its vaccine success, what he means is that greedy capitalists are able to monetise a product the public paid to develop, ensure protectionist IP policies prevent the global poor from access, then take the profits. It is on this background that we must judge why 85 countries (including almost all of Africa) likely won’t even have vaccines until 2023. Vaccine makers have complained to US officials that waiving IP rights will risk handing novel technology to China and Russia. This technology could be used for other vaccines, or even therapeutics for cancer and cardiovascular issues. Indeed, one feels a palpable sense of disgust just reading such articles, that the lives of citizens in those nations matter so little compared to the possibility of pharmaceutical company shareholders enriching themselves. That any breakthrough with those technologies in Russia or China could benefit people everywhere is irreconcilable with their profit motive. So, I am led to ask, what should be done? As I write this blog post, a letter has just been published by over fifty British parliamentarians calling for, inter alia, a TRIPS waiver. For the purposes of this blog, this is essentially a derogation from IP law, allowing generic manufacture for a specific time period. Six months on from India and South Africa proposing a TRIPS waiver, backed by over 100 countries, Britain along with a small number of governments including the US, are stonewalling the proposal. A TRIPS waiver is the only way to appropriately match the global efforts made on vaccine development, granting a worldwide right to use, produce and supply the vaccine. Some will point to COVAX, the World Health Organisation initiative to to accelerate equitable distribution of vaccines and therapeutics to the global poor, yet on data published last week commitments only reach USD 14.1 billion of a budget estimated at USD 38.1 billion. The problem though isn’t about the who isn’t being charitable enough, the problem here is a question of money and power. The richest get to make racist allegations that non-white people are inadequate to make vaccines, whilst watching their own bank balances skyrocket. They can point to philanthropic endeavours, yet COVAX is already showing that these are underfunded. The ethical imperative is not to have more donations of vaccines, but to address the imbalance of power between nations that causes the very issue of vaccine inequity — this means confronting IP law. As Médicins Sans Frontières detail in their explainer, it is a myth that manufacturers in the global south are unable to produce vaccines — this presumption has been repeatedly proven wrong, from Hepatitis B in 80s India, to pneumococcal vaccination in China and South Korea. The technology to save lives exists; its just that those states with the most influence over IP law do not care. To put it most succinctly, why waive IP rights? Why is that more ethical than donating vaccines? Ignoring the empirical motivations on expanding capacity, it is simply this: health is a human good irreducible to the language of costs. People come before profit. Rather than white saviours vaunting their already inadequate contribution, we need global solidarity through information and technology sharing. Despite 175 former world leaders and Nobel laureates calling on the US to lead on waiving IP rights, I am pessimistic about the likelihood of this succeeding. The permeation of neoliberalism — “[a] programme for destroying collective structures which may impede pure market logic” — is anathema to the global solidarity ethically required. As I write the paper that will come from this blog, I am left with one depressing thought: they really are making a killing.

#### **Patent Expiration allows for new generic manufacturers to enter the market.**

**Pharmexec** 19**98** https://www.pharmexec.com/view/what-happens-when-product-loses-its-patent

**Losing patent protection on a prescription drug** is one certainty in the constantly changing world of pharmaceuticals. Just as surely as a company patents its breakthrough product at the beginning of its development process, that patent will expire approximately 20 years down the road, **leav**ing **the door open for generic products to enter the market.** And the end of a product's life cycle will affect all areas of a pharmaceutical company, including its sales force.Erin

#### **Generics reduce cost 85% through competition**

**FDA 2018 https://www.fda.gov/drugs/generic-drugs/generic-drug-facts**

**Generic medicines** tend to **cost less than their brand-name counterparts** because they do not have to repeat animal and clinical (human) studies that were required of the brand-name medicines to demonstrate safety and effectiveness. In addition, **multiple applications for generic drugs are often approved to market a single product**; **this creates competition in the marketplace**, typically **resulting in lower prices. The reduction in upfront research costs means that**, although **generic medicines** have the same therapeutic effect as their branded counterparts, they **are** typically **sold at substantially lower costs**. **When multiple generic companies market a single approved product, market competition typically results in prices about 85% less** **than the brand-name**. According to the IMS Health Institute, **generic drugs saved the U.S. health care system $1.67 trillion** from 2007 to 2016. [[1]](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts#f1)er

#### **Price Differentials prevent millions from getting treatment, aff price drop solves.**

#### **Sir John Sulston 2001 https://www.iatp.org/sites/default/files/Cut\_the\_Cost\_-\_Patent\_Injustice\_How\_World\_Trad.htm**

This is not a distant threat. The application of strengthened patent rules to medical products is already causing serious problems, notably in relation to the treatment of HIV/AIDS. Patented versions of anti-retroviral therapies which are used to keep HIV in check, and other drugs effective against the diseases which accompany HIV and cause opportunistic infections, typically cost between 3 and 15 times as much as their generic equivalents. In countries with large numbers of HIV-sufferers and chronically over-stretched health budgets, **price differentials can mean the exclusion of millions of people from effective treatment.** The problem extends beyond HIV. **Prices for** non-patented (**generic**) **versions** **of antibiotics used to treat major** childhood **killers** such as diarrhoea and chest infections **The next generation of medicines which could be used to combat** these and other **infectious diseases will, i**f the existing WTO rules persist, **be marketed in developing countries at prices which reflect the monopolistic pricing opportunities provided through patents.** **At a time when millions of lives are at risk from newly-virulent diseases**, and from the increasing drug resistance to old killers, **trade rules threaten to make basic medicines even less affordable to the poor**. WTO rules provide limited public-health safeguards, **especially in the case of national health emergencies**. These are hedged in by onerous conditions and, in practice, efforts to apply these measures have been fiercely contested by pharmaceutical companies, often with the backing of Northern governments.

#### **Covid 19 Vaccine price is the major roadblock preventing world vaccination, aff solves**

#### **OXFAM 21** https://www.oxfam.org/en/press-releases/vaccine-monopolies-make-cost-vaccinating-world-against-covid-least-5-times-more

**The cost of vaccinating the world against COVID-19 could be at least five times cheaper if pharmaceutical companies weren’t profiteering from their monopolies on COVID-19 vaccines**, campaigners from [The](https://www.oxfam.org/en/press-releases/peoplesvaccine.org/) [People’s Vaccine Alliance](https://peoplesvaccine.org/) said today. **New analysis** by the Alliance **shows that** the firms **Pfizer/BioNTech and Moderna are charging governments as much as $41 billion above the estimated cost of production.** Colombia, for example, has potentially overpaid by as much as $375 million for its doses of the Pfizer/BioNTech and Moderna vaccines, in comparison to the estimated cost price. **Despite a rapid rise in COVID cases and deaths across the developing world,** Pfizer/BioNTech and Moderna **have sold over 90 percent of their vaccines so far to rich countries**, **charging up to 24 times the** potential **cost of production**. Last week Pfizer/BioNTech announced it would licence a South African company to fill and package 100 million doses for use in Africa, but this is a drop in the ocean of need. Neither company have agreed to fully transfer vaccine technology and know-how with any capable producers in developing countries, a move that could increase global supply, drive down prices and save millions of lives. Analysis of production techniques for the leading mRNA type vaccines produced by Pfizer/BioNTech and Moderna ―which were only developed thanks to public funding to the tune of $8.3 billion― suggest **these vaccines could be made for as little as $1.20 a dose**. **Yet COVAX,** the scheme set up to help countries get access to COVID vaccines, **has been paying**, on average, **nearly five times more**. COVAX has also struggled to get enough doses and at the speed required, because of the inadequate supply and the fact that rich nations have pushed their way to the front of the queue by willingly paying excessive prices. Without pharmaceutical monopolies on vaccines restricting supply and driving up prices, the Alliance says **the money spent by COVAX to date** **could have been enough to fully vaccinate every person in low- and middle-income countries with cost-price vaccines**,if there was enough supply. **Instead at best COVAX will vaccinate 23 percent** by end of 2021.er

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