## 1

#### Behold the image of the disgusting disabled child, which causes one to wince in the face of egoistic empathy. This is self-reflection, a process constitutive of the psyche that results in the disability drive, the culmination of primary pity where the non-disabled subject embodies itself in the position of the disabled object, and secondary pity, which portrays the ego’s overcompensation to regain its position and pushes a desire from lack for the eradication of disability.

**Mollow 15** Anna (2015): The Disability Drive, A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 <https://digitalassets.lib.berkeley.edu/etd/ucb/text/Mollow_berkeley_0028E_15181.pdf> SJCP//JG

A Tale of Two Pities “Piss on pity,” declares a well-known disability activist bumper sticker. A more polite companion to this tag, the slogan “No pity” is a rallying cry of the disability rights movement.119 For disability studies, a field that since its inception has vigorously resisted the imposition of pity upon disabled people, Tiny Tim is anathema. Understandably so: every year, the image of Tiny Tim is used to drum up pity for disabled people; the widespread circulation of this affect, disability scholars have compellingly argued, does not alleviate the social barriers that we face but instead reinforces our oppression. Indispensable as this disability studies analysis is, it leaves some important questions about pity unanswered. For example: if, as is commonly said, “No one wants to be pitied,” then why is this so? And also, if nobody wants to be pitied, who, if anyone, wants to feel pity? At first glance, the answer to the latter question might seem to be “everyone.” Certainly, multitudes of moviegoers appear to enjoy our culture’s annual recitations of Tiny Tim’s pity inducing tale. If it can be fun to perform pity, perhaps this is because pity gives a boost to the ego of the pitying person. “You are broken, and I am whole,” the pitier says to the one who is pitied. “I look down on you because you suffer.” Naturally, disabled people resist performing this service for the nondisabled. “Spare us your pity,” we say, because pity is felt to be demeaning. 73 Yet an incoherence structures this familiar account of pity: if pity fortifies the ego of the subject who feels it, then why do people so often resist feeling pity? Some folks get pissed when they are prodded to pity. “Your appeals to pity won’t work,” they say. “I have no pity for you.” This is the attitude that Scrooge takes toward Tiny Tim. It’s also the stance that Edelman invites queers to take in relation to the Child—and not only to the Child per se, but also to anyone who calls for a performance of pity. Edelman argues that compassion (which, of course, is a close relative of pity) is fundamentally narcissistic (73). When we call ourselves compassionate, we think we’re feeling for the other; but, Edelman contends, we’re really only feeling for ourselves (83). That is, compassion involves projecting one’s own ego onto the object of one’s compassion. In this schema, the pitied person is used as a vehicle for the pitier to feel sorry for his or her own self. But in calling compassion a cover for narcissism, Edelman may inadvertently point to a connection between compassion and the drive. Freud’s theorization of narcissism, which is a precursor to his idea of the death drive, suggests that although some forms of narcissism can bolster the ego, other forms can do just the opposite. “On Narcissism” posits a distinction between what Freud calls “primary” and “secondary” narcissism; this distinction provides the basis for a contrast that I wish to draw between what could be called primary and secondary pity. To elucidate these two pities, let us look at the tale that Freud tells about two narcissisms. The story begins, as many Freudian narratives do, with the image of a child at its mother’s breast. Freud gives the name “primary narcissism” to the perfect autoerotic pleasure in which the child luxuriates. This pleasure takes place in the absence of a stable self, as the child does not yet conceive of itself as a distinct entity, undifferentiated from its external environment (87-88). It’s the best of times, but it can’t last: the child’s primary narcissism, Freud recounts, is exposed to numerous “disturbances,” ranging from the castration complex (in which boys fear losing the penis and girls, Freud assumes, wish that they had one) to parental discipline and criticism.120 But still, we keep seeking that lost, best time: because humans are “incapable of giving up a satisfaction” that we have “once enjoyed,” we continually try to return to the primary narcissism of childhood. We do this by engaging in secondary narcissism. All the familiar attitudes and behaviors that one tends to think of when one disparages someone as “narcissistic” fall into the category of what Freud defined as secondary narcissism: the puffed up ego, the feeling of superiority over others. But even secondary narcissism, with its many patent problems, does not only aim to aggrandize the ego. The impetus of secondary narcissism, after all, is to return to a state in which the ego as such does not exist. The child’s autoerotic enjoyment at its mother’s breast is pleasurable in part because the child is not yet a subject. As with the death drive’s impulsion to return to “an earlier state of things,” secondary narcissism draws the subject back toward a prior time when the ego did not exist (Beyond 45). Yet if primary narcissism is looked back upon as the best of times, it must, from the vantage point of a fully constituted ego, appear as the worst of times, too. To be drawn back to primary narcissism would be to imagine the abolition of one’s self. For this reason, even though secondary narcissism may threaten to break down the ego, it also entails a defense against the threat/pleasure of that breaking down. Much as the differentiation between the inseparable processes of primary and secondary narcissism rests on a distinction between building up and breaking down the ego, a similar heuristic distinction gives structure to my concepts of primary and secondary pity. To be clear, pity and narcissism are not the same thing: if narcissism can be understood as love of the self, pity involves a complex affective reaction to the suffering of someone else. Primary pity entails a response to the image of another person succumbing to what I have termed the “tragedy of disability.”121 Primary pity arises when one witnesses a fall of the self, a collapse of the ego; such falling is at once painful and pleasurable to observe. In other words, primary pity could be described as a vicarious experience of the tragedy of disability. A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman’s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one’s self. This affective response can feel unbearable, as seen in Siebers’s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego’s investments in health, pleasure, and control—because to contemplate another person’s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud’s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body’s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity’s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else’s expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture’s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people’s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity’s incursions, reinforces the ego’s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud’s primarysecondary narcissism distinction at the level of genealogy. Like Freud’s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual’s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person’s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability’s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people’s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism’s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject’s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject’s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one’s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud’s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud’s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. A third example is secondary pity, as in the query, commonly addressed to disabled people, “Have you ever thought of killing yourself?”123 In this question, disabled people correctly hear the wish, “I’d like to kill you.” Indeed, primary pity is so unsettling that our culture has been driven to “mercifully” kill people in the name of secondary pity. We have also been driven to lock people in institutions, to let them languish on the streets, to stare, to punish, and to sentimentalize—all, I would suggest, in the interest of not owning, not naming, not acknowledging that self-shattering, ego-dissolving, instantaneous and intolerable moment of primary pity. Because primary pity is tied up with the disability drive, it must, like the drive itself, be regarded as unrepresentable. However, I will quote at length from a passage of writing that comes close not only to representing primary pity but also perhaps to producing it. In his memoir, One More Theory About Happiness, Paul Guest describes an experience that he had in the hospital after sustaining a spinal cord injury when he was twelve years old: My stomach still roiled and it was hard to keep anything down. Late one night, a doctor came to my bedside, leaning over me, his hands knotted together. He seemed vexed, not quite ready to say anything. Used to the look, I waited. And then he began. “The acids in your stomach, Paul, because of everything you’re going through, it’s like your body, everything about it, is upset. That’s why you feel so nauseous all the time. We’re going to treat that by putting a tube into your nose and down into your stomach, so we can give you medicine, OK?” When he walked away, I felt something begin to give way inside me. Up until then, I’d faced more misery and indignity than I would have thought possible. I lay there, numb and sick in a diaper, helpless. It was too much to bear, too frightening, a last invasion I could experience and not break, utterly. When he returned with nurses, I was already sobbing. Anyone so limited could hardly fight, but I tried. I tried. The neck collar prevented much movement, and any was dangerous, but I turned my head side to side, just slightly, a pitiful, unacceptable range. Fat tears rolled down my face like marbles. I begged them all, no, no, no, please no. “Hold him, hold him still,” the doctor said. Nurses gripped my head on either side. From a sterile pack, the doctor fished out a long transparent tube and dabbed its head in a clear lubricant. He paused almost as if to warn me but then said nothing. 77 Then the tube entered one nostril, its gauge slight enough to pass through, down my throat and into my stomach. I couldn’t thrash or resist. I could only relent. To the pain, the discomfort, but most distressingly the feeling of powerlessness, of violation. It was in that moment, I think, that the weight of everything which had happened fell upon me, undeniably, and the knowledge of it crushed me. (23-24) “Too much to bear,” Guest writes. The word “unbearable” would indeed be an accurate descriptor of this passage: both the experience of violence that it narrates and also the retelling of that experience produce sensations that, as in Berlant and Edelman’s account of sexuality, one cannot bear but must nonetheless “struggle to bear” (back cover). Guest’s account of a nonconsensual administration of an unwanted medical treatment is especially difficult to bear because it gives the reader no recourse to secondary pity: the passage offers no “lesson” to be learned, no invitation to feel “inspired,” nothing to make one feel in any way okay about what has happened. The medical violence that Guest recounts seems particularly devastating because it is readable as sexual: it takes the form of forced penetration, and it results in a “feeling of powerlessness, of violation” that resonates with experiences recounted by survivors of sexual assault.

#### The affirmative’s politics are tied to a rehabilitative futurism where the signifier of the fantasmatic child is placed forward to eradicate and cure disability – this deems the disabled child a threat and excludes disability from the political. They don’t get to weigh case – if we win their starting point is violent, they don’t get to weigh their end point since we indict the process of how they got there.

**Mollow 2** Anna (2015): The Disability Drive, A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 <https://digitalassets.lib.berkeley.edu/etd/ucb/text/Mollow_berkeley_0028E_15181.pdf> SJCP//JG

Elsewhere, I have argued that No Future’s impassioned polemic is one that disability studies might take to heart.109 Indeed, the figure that Edelman calls “the disciplinary image of the “innocent” Child” is inextricable not only from queerness but also from disability (19). For example, the Child is the centerpiece of the telethon, a ritual display of pity that demeans disabled people. When Jerry Lewis counters disability activists’ objections to his assertion that a disabled person is “half a person,” he insists that he is only fighting for the Children: “Please, I’m begging for survival. I want my kids alive,” he implores (in Johnson, Too Late 53, 58). If the Child makes an excellent alibi for ableism, perhaps this is because, as Edelman points out, the idea of not fighting for this figure is unthinkable. Thus, when Harriet McBryde Johnson hands out leaflets protesting the Muscular Dystrophy Association, a confused passerby cannot make sense of what her protest is about. “You’re against Jerry Lewis!” he exclaims (61). The passerby’s surprise is likely informed by a logic similar to that which, in Edelman’s analysis, undergirds the use of the word “choice” by advocates of legal abortion: “Who would, after all, come out for abortion or stand against reproduction, against futurity, and so against life?” (16). Similarly, why would anyone come out for disability, and so against the Child who, without a cure, might never walk, might never lead a normal life, might not even have a future at all? The logic of the telethon, in other words, relies on an ideology that might be defined as “rehabilitative futurism,” a term that I coin to overlap and intersect with Edelman’s notion of “reproductive futurism.” If, as Edelman maintains, the future is envisaged in terms of a fantasmatic “Child,” then the survival of this future-figured-as-Child is threatened by both queerness and disability. Futurity is habitually imagined in terms that fantasize the eradication of disability: a recovery of a “crippled” or “hobbled” economy, a cure for society’s ills, an end to suffering and disease. Eugenic ideologies are also grounded in both reproductive and rehabilitative futurism: procreation by the fit and elimination of the disabled, eugenicists promised, would bring forth a better future.110

#### The starting point of the 1AC is epistemically flawed and an independent link – fiat is illusory and anything that doesn’t begin from the question of disability allows for ableism to infiltrate modes of thought which means we’re an epistemic prerequisite. Thus, the role of the ballot is to vote for the debater who best methodologically challenges ableism.

**Campbell 13** Fiona Kumari (2013): Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence, Fiona Kumari Campbell undertakes research in Studies in Ableism, coloniality, disability studies as well as explorations about Buddhist formations of disability. Trained in sociology, theology and legal studies; she is interested in ways that law, new technologies and the governance of marginal populations produces understandings of the productive citizen, normative bodies, ideas of periphery and ways that ablement privileges and entitles certain groups in society. Campbell is the author of Contours of Ableism: The Production of Disability and Abledness (Palgrave, 2009) and numerous other journal articles and book chapters. SJCP//JG

Studies in Ableism What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. Ableism is deeply seeded at the level of knowledge systems of life, personhood and liveability. Ableism is not just a matter of ignorance or negative attitudes towards disabled people; it is a schema of perfection, a deep way of thinking about bodies, wholeness and permeability.6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. Compulsory ablebodiedness is implicated in the very foundations of social theory, therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy. Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, the concept of abledness is predicated on some preexisting notion about the nature of typical species functioning that is beyond culture and historical context. Ableism does not just stop at propagating what is typical for each species. An ableist imaginary tells us what a healthy body means – a normal mind, the pace, the tenor of thinking and the kinds of emotions and affect that are suitable to express. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. This abled imaginary relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability and compulsoriness of the norms of ableism. Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication.

#### Vote negative to endorse an unwavering pessimism and radical failure – we reject the political and notions of futurism in exchange for an affirmation of disability’s abjection as something beautiful.

**Selck 16** Michael (2016): Crip Pessimism: The Language of Dis/ability and the Culture that Isn't, Southern Illinois University Carbondale, SJCP//JG

The disabled are dying and with them dis/abled culture is being eradicated. In the time between formulating this project and its completion already too many disabled souls have been taken from this world, including pivotal disability studies influences for this research. I barely had enough time to mourn the loss of disability advocate and inspiration porn critic Stella Young before grieving the loss of disability studies exemplar Tobin Siebers. Attached to the grief I feel as a result of the fading disability studies community is the perpetual grief I harbor since my disabled Father’s suicide and in turn the grief concomitant to the claiming of a disabled identity. I choose to start out this project with grief because it communicates the tenor of this research; this is not the disability studies project of inspiration or utopia. My entry point to the disability studies dialogue is riddled with grief, anger, and pain and it is as such that this project plots a course of disability research that attempts to make a space free from the ideological constraints of optimism. The language surrounding dis/ability is highly political. Entire words, phrases, and identities are stretched between, in, and out of the nexus of dis/ability. The choice, for instance, to include a backslash in the word dis/ability represents for Goodley (2014) a desire to delineate and expand each of the categories in the face of global neoliberalism. My initial research inquired about the impact of dis/abled terms and phrases. I went to interrogate rhetoric like “special education”, “handicapable”, and one of the most glaringly overused insults in the American education system “retard”. The scholarship I was coming up with was plentiful but was for the most part located entirely outside of intercultural communication programs like the one I was attending. For the most part the few and far between intercultural communication projects about dis/ability I was able to locate were without modal complexity and didn’t bear semblance to so many of my own experiences. I was beginning to notice a layer of optimism that has been communicatively imprinted upon the negotiation of dis/abled identity. The angst started to manifest as I questioned if I was in the correct field or if dis/ability even was ‘cultural’. I felt a very real cultural erasure of dis/ability in academia and ultimately that glaring lack of consideration is what pushed me to performance studies. I first worked to close the apparent research gap by crafting a collaborative performance titled Under the Mantle (UTM), which put dis/ability, communication scholarship, and pessimist philosophy on stage. The larger purpose of this research report is to antagonize the erasure of dis/ability from communication studies by autoethnographically analyzing the crip-pessimist performance art project Under The Mantle. This research report will first detail the components of the theoretical work that was drawn on to create UTM. Next I offer a literature review to demonstrate the combination of optimism and neglect dis/ability has undergone in intercultural communication models. Following that section I mark my shift to performance methods as I explain how narrative autoethnography can illuminate cultural misconceptions regarding the dis/abled. In the last sections of this report I offer a textual analysis of the performance UTM and analyze three significant arguments of the instillation before concluding. Contextualizing Critical Dis/Ability Theory Often used interchangeably, critical disability theory (CDT) and critical disability studies (CDS) contest dis/ablism (Goodley, 2011, 2014; Devlin & Pothier, 2006; Hosking, 2008). There are several unique additions made to CDS with every new instantiation. Scholars in European countries and Canada attend to the theory, with United States academics often underrepresented. There are three concurrent themes of CDT that I will synthesize in this section with some dis/ability studies authors claiming there are as many as seven themes of CDT (Hosking, 2008). In the introduction to their edited collection of dis/ability essays, Richard Devlin and Dianne Pothier (2006) present three themes of CDT as, first, to highlight the unequal status to which persons with disabilities are confined; second, to destabilize necessitarian assumptions that reinforce the marginalization of persons with disabilities; and third, to help generate the individual and collective practical agency of persons with disabilities in the struggles for recognition and redistribution. (p. 18, emphasis mine) Already the connections between the CDT and the critical communication paradigm are visible as each respectively forefronts notions of power, privilege, identity, and agency. Outlined in more detail, the first theme of CDT argues that there is systemic micro and macro level discrimination against bodies with disabilities. To some critical communication scholars, this theme might be obvious, but it seldom is when “the resulting exclusion of those who do not fit able-bodied norms may not be noticeable or even intelligible” (Delvin & Pothier, 2006, p. 7). As the bumper sticker on my laptop proudly disclaims, “Not all disabilities are visible,” which necessarily adds a level of nuance and complexity to the way that dis/ability studies attend to the prospect of discrimination and violence. Often times, “social organization according to able-bodied norms is just taken as natural, normal, inevitable, necessary, even progress” (Delvin & Pothier, 2006, p. 7). It might be true that the lack of collaborative work between critical communication studies and dis/ability studies is because neoliberalism is supremely effective at rebranding marginalized oppression as a marker of its progress. The implications of this assertion are dire but essential to the basis of crip-pessimism. Theoretical approaches based in pessimism and skepticism are often necessary to distinguish the instruments of self destruction that have been mistaken for those of self betterment. Thus, a key question remains, what is regarded as progress and to whom does it count? The politics of progress call for the second tenet of CDT, which is a destabilization of neoliberal practices that strip power and agency from bodies with disabilities. Devlin and Pothier (2006) use the language of “anti-necessitarian” (p. 2), which refers to the efficacy of social organizations and an unflinching skepticism of liberalism. For Shildrick and Price (1999), “disabled bodies call into question the ‘giveness’ of the ‘natural body’ and, instead, posit a corporeality that is fluid in its investments and meanings” (p. 1). Anti-necessitarian logics ask questions that remain innocuous to the critical communication paradigm. Can the architectural proliferation of stairs and multiple levels on buildings be attributed to neoliberalism and active disablism? If stairs seem to focus too exclusively on physical impairments, then what about the sensitivity of the building’s lighting, acoustics, and spatiality? Finally, if neoliberalism fights to protect its grand narrative of progress then is the social exclusion of bodies with disabilities necessary for the day-to-day operation of our globalized world? As Donaldson (2002) posits: “theories of gendered, raced, sexed, classed, and disabled bodies offer us critical languages for ‘denaturalising’ impairment’” (p. 112) at the level of the subjective and inter-subjective. The third theme of CDT is to attend to the agency of bodies with disabilities in the struggle for recognition. One key element of extending agency to the disabled is the use of social experience. Experience is subjective “but experience remains intimately connected to political and social existence, and therefore individuals and societies are capable of learning from their experiences” (Siebers, 2008, p. 82). Though absolutely necessary, it is not enough to write treatises on the oppression of the disabled over time. Academics, theorists, intercultural trainers, and storytellers alike should be aware of the constant risks of representation. Representation and context are at the core of critical disability studies. The notion of agency is as unstable as the notions of dis/ability. There is no one-size-fits-all human rights based approach that will be suitable to address all disabled experiences, as the theoretical call for crip-pessimism will remind us. Instead of a universal abstract Rawlsian concept of social justice, CDS “attend(s) to the relational components of dis/ablism” (Goodley, 2011, p. 159). By a Rawlsian concept of social justice I mean a model that relies on distributive justice with utopist equality at its core. Where utopist equality projects highlight human sameness to the point of purity. CDT unavoidably invites a discussion about difference into the folds as postmodern and post-structural thinkers position the self as defined constantly in relation to others. Therein lies the difference between an equality model and a justice model of social identity. Often in the attempt to open up spaces for reconsidering self and other, CDS celebrates disability as a positive identity marker. This essay offers a strong argument of caution that the inclusion of CDS in critical communication studies might rely too heavily on celebrations of disabled identity. Nothing better demonstrates that reliance on celebrating identity than the myriad language choices used to describe a disabled identity including: differently-abled, special needs, person with disability, disabled person, temporarily able-bodied, and others. Often, able- bodied audiences have a tendency to sensationalize the presence of disability in a space that has not traditionally welcomed it. Examples of this are highlighted by the increasingly popular discussion of ‘inspiration porn’ (Young, 2014) and Hollywood’s representation of disability. The tendency is to inspirationalize the disabled for achieving tasks that would not be celebrated if they were accomplished by an unimpaired body. Crossing the street, showing up on time, entering a building by oneself are all tasks profoundly routine to the non-disabled and yet simultaneously cherished as markers of progress for the disabled. Philosophical pessimism is articulated next as a way to temper the risk of sensationalizing dis/ability. The theories ultimately fuse together like orchids and wasps to generate the larger theme of crip-pessimism. Philosophical Pessimism Throughout the 19th century pessimism was one of the most popular intellectual and philosophical strains, crossing countries and continents. Authors such as Rousseau, Leopardi, Schopenhauer, and Nietzsche overwhelmingly created and lead the spirit of pessimism. Contemporarily however, the word ‘pessimism’ is pejorative and describes a body’s emotional discontent rather than intellectual engagement with the world. Dienstag (2009) writes, “Since pessimism is perceived more as a disposition than as a theory, pessimists are seen primarily as dissenters from whatever the prevailing consensus of their time happens to be, rather than as constituting a continuous alternative” (p. 3). Power is responsible for ontological shifts, and during shifts some populations benefit while others are harmed. The turn in thinking about pessimism from an intellectual position to an emotional state has been particularly gratuitous for bodies with disabilities. I come to pessimism because of my experience with disability. My anxiety disorder comes with an exteriority of anti-social behavior that has branded me pessimistic. The concern for my anxiety in public situations is often commented on as overly critical, negative, narcissistic, and most often pessimistic. I experience an anxious state of becoming different, and after years of failing to rehabilitate my sameness to able-bodied standards, I have come to a comfort with pessimism. I choose to include pessimism as a theoretical crutch to avoid communication studies’ sensationalism of disability. I imagine that when critical communication studies does bridge the dis/ability research gap that it might, at least initially, extend some neoliberal logics at the expense of CDS. This might manifest by scholars simply asserting disabled personhood where it does not institutionally, culturally, or individually exist. I find that CDT and philosophical pessimism combine in unique and valuable ways, particularly around tensions of personhood, abstract ideal humanism, and neoliberalism. Neoliberalism should be understood as “the superiority of individualized, market-based competition over other modes of organization. This basic principle is the hallmark of neo-liberal thought— one with old roots that lay partly in Anglo economics and partly in German schools of liberalism” (Mudge, 2008, p. 706-707). There are four components of pessimism outlined by Joshua Foa Dienstag (2006) in his book Pessimism: Philosophy, Ethic, Spirit that I wish to explore difference through. They are as following that: (1) time is a burden, (2) history is ironic, (3) human existence is absurd, and finally (4) resignation or affirmation. To write about pessimism necessarily involves questions of time, temporality, and history. The development of philosophical pessimism, specifically, the theories regarding the burden of time-consciousness, begins with difference. For the pessimist, the concept of time begets a differentiation between human and animal. Being a dog-owner myself, I have heard the colloquial aphorism that dogs, as all animals, have no concept of time. Pessimists understand time consciousness as a unique, but ultimately loathsome, trait of the human condition. Even in projects that appear to be geared toward sameness there are always unperceived and neglected populations. For example, even the U.S. constitution alleges persons of color were (and still are often) racially subjugated as property instead of considered to be fully human. The notion of difference is at the center of the pessimist’s position on time-consciousness because the philosophy accepts that the conditions of our existence are subject to relentless unpredictable change. “To the pessimists, however, the human condition is existentially unique— its uniqueness consisting precisely in the capacity for time-consciousness” (Dienstag, 2009, p. 20). For the pessimist nothing is ever the same, everything is always different, and to inhabit linear time means that everything in existence is always rushing off into the past. The advent of human time consciousness is also what leads the pessimist to find the course of history to be ironic. History is ironic for the pessimist because progress is always related to a greater set of unperceived consequences. As suggested above, philosophical pessimism acknowledges that change occurs; technologies develop and improve over time. Pessimists ask if those improvements are related to a greater set of costs that are not immediately recognizable. (Dienstag, 2006, p. 25) Similar to critical disability theory, pessimism interrogates power and privilege. Pessimists rely on the logic of difference to chart consequences. Consequences go unperceived because they occur across populations with disproportionate access to power, populations that are often culturally unintelligible. For instance, the massive boom in mobile technologies like cell phones and laptops has created vast pits of ‘e-waste’ in Africa, surges in child labor, and conflict over rare earth minerals (Vidal, 2013). Pessimists use difference to tease out the distinction between the instruments of suffering and those of betterment. The third philosophical pessimistic position is that human existence is absurd. The absurdity of existence “is illustrated by the persistent mismatch between human purposes and the means available to achieve them: or again, between our desire for happiness and our capacity to encounter or sustain it” (Dienstag, 2006, p. 32). Difference is built upon exanimations of power, which is both fluid and transferable but ultimately permanent. Classical western philosophy has an optimistic pragmatism built into it that posits there must be an answer to our questions. Alternatively, the pessimist embraces uncertainty, ambiguity, and intersubjectivity. Pessimism encourages a sense of comfort around the idea of multiple, coexistent, and perhaps competing histories. Neoliberal optimism is the logic of conflict as materially reconcilable, rather than antagonistically irreconcilable. The fourth and final tenet of pessimism that we are to examine asks what we are to do about our dire human condition. There are multiplicities of rationales that ultimately inform the pessimistic dualism to either resign from life or affirm it entirely. I defer to an existential or Nietzschean pessimism that recognizes suffering is inevitable for two reasons. First, human time-consciousness necessitates an awareness of our impending death. Second, mutually assured value systems will always intersubjectively exist. The choice to affirm life in its entirety is a pessimistic choice. Embracing life as both miserable and beautiful, fleeting and enduring, validates the perpetually fragmented subject seeking a world that exists beyond good and evil and instead just is.

## 2

#### CP Text – Members states of the World Trade Organization ought to invigorate the existing patent obviousness doctrine to minimize patent evergreening of medicines.

#### It competes – the Plan explicitly defends all IP,

#### That solves innovation without ridding ourselves of every secondary patent that could lead to improvements.

1AC Feldman 19 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

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.

#### Secondary patents are good, solve many medication problems, and increase innovation which turns the Aff.

Stevens and Ezell 20 Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated 7,000 new medicines under development globally (about half of them in the United States), with 74 percent being potentially first in class, meaning they use a new and unique mechanism of action for treating a medical condition.31 In the United States, over 85 percent of all drugs sold are generics (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were first-in-class medicines.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $3.2 billion.45 IP rights—including patents, copyrights, and data exclusivity protections—give innovators, whether in the life sciences or other sectors, the confidence to undertake the risky and expensive process of innovation, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, in the global public’s long-term interests. Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

#### Their claim that no secondary patent innovation can ever be good is blatantly false.

IP Watch 18 9-21-2018 "Inside Views: Why Follow-On Pharmaceutical Innovations Should Be Eligible For Patent Protection" <https://www.ip-watch.org/2018/09/21/follow-pharmaceutical-innovations-eligible-patent-protection/> (a non-profit independent news service that provides professional coverage of global policymaking on intellectual property and innovation.)//Elmer

Why Protect Follow-On Innovation? The **attack on secondary** pharmaceutical **patents is based** in part **on** the **flawed premise** that **follow-on innovation is of marginal value** at best, and thus less deserving of protection than the primary inventive act of identifying and validating a new drug active ingredient. In fact, **follow-on innovation** **can play** a **critical role in transforming** **an interesting drug candidate into a safe and effective treatment option** for patients. A good example can be seen in the case of **AZT** (zidovudine), a drug ironically described in the Guidelines as the “first breakthrough in AIDS therapy.” AZT **began** its life **as a** failed attempt at a **cancer drug**, and it was **only years later** that its potential **application in the fight against AIDS** was realized. Follow-on research resulted in a method-of-use patent directed towards the use of AZT in the treatment of AIDS, and it was this patent that incentivized the investment necessary to bridge the gap between a promising drug candidate and a safe, effective, and FDA-approved pharmaceutical. Significantly, because of the long lag time between the first public disclosure of AZT and the discovery of its use in the treatment of AIDS, patent protection for the molecule per se was unavailable. In a world where follow-on innovation is unpatentable, there would have been no patent incentive to invest in the development of the drug, and without that incentive AZT might have languished on the shelf as simply one more failed drug candidate. Other examples of important drugs that likely never would have been made available to patients without the availability of a “secondary” patent include **Evista** (raloxifene, used in the treatment of osteoporosis and to reduce the risk of invasive breast cancer), **Zyprexa** (olanzapine, used in the treatment of schizophrenia), and an orally-administrable formulation of the antibiotic cefuroxime. **Pharmaceutical development** **is prolonged and unpredictable**, and frequently **a safe and effective drug** **occurs only as a result of** **follow-on innovation** occurring **long** **after the initial synthesis** and characterization of a pharmaceutically interesting chemical compound. The inventions protected by secondary patents can be **just as critical to the development of drugs as a patent on the active ingredient itself**. The Benefits of Follow-On Innovation The criticism of patents on follow-on pharmaceutical innovation rests on an assumption that follow-on innovation provides little if any benefit to patients, and merely serves as a pretense for extending patent protection on an existing drug. In fact, there are **many examples** of follow-on products that represent significant improvements in the safety-efficacy profile. For example, the original formulation of **Lumigan** (used to treat glaucoma) had an unfortunate tendency to **cause** severe **hyperemia** (i.e., redeye), and this adverse event often lead patients to stop using the drug, at times resulting in blindness. Subsequent research led to a **new formulation** **which** largely **alleviated** the problem of hyperemia, an example of the type of follow-on innovation that significantly benefits patients but that which would be discouraged by a patent regime that does not reward follow-on innovation. Follow-on pharmaceutical innovation can come in the form of an extended-release formulation that permits the drug to be administered at less frequent intervals than the original formulation. Critics of secondary patents downplay the significance of extended-release formulations, claiming that they represent nothing more than a ploy to extend patent protection without providing any real benefit to patients. In fact, the availability of a drug that can be taken once a day has been shown to improve patient compliance, a significant issue with many drugs, particularly in the case of drugs taken by patients with dementia or other cognitive impairments. Extended-release formulations can also provide a more consistent dosing throughout the day, avoiding the peaks and valleys in blood levels experienced by patients forced to take an immediate-release drug multiple times a day. Other examples of improved formulations that provide real benefits to patients are orally administrable formulations of drugs that could previously only be administered by more invasive intravenous or intramuscular injection, combination products that combine two or more active pharmaceutical agents in a single formulation (resulting in improved patient compliance), and a heat-stable formulation of a lifesaving drug used to treat HIV infection and AIDS (an important characteristic for use in developing countries with a hot climate).