# **1NC**

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

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

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he observes that “elimination is an organizing principle of settler-colonial society rather than a one-off (and superceded) occurrence” (388). Rather than being superseded after an initial moment/ period of conquest, colonization persists since “the logic of elimination marks a return whereby the native repressed continues to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

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

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

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

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

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

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

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

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

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

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

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

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

#### Reject Reformism or Plan Focus - Challenging the 1AC’s colonialist framework of interpretation is a prior question to whether or not the Aff is a good idea

Deloria Jr. 99 – Member of the Standing Rock Sioux Tribe and Professor at University of Colorado Boulder  
(Vine, also Former Executive Director for the National Congress of American Indians and former Professor of Political Science and Law at the University of Arizona, For This Land: Writing on Religion in America, p. 101-7)//Elmer  
If there were any serious concern about liberation, we would see thousands of people simply walk away from the vast economic, political, and intellectual machine we call Western civilization and refuse to be enticed to participate in it any longer. Liberation is not a difficult task when one no longer finds value in a set of institutions or beliefs. We are liberated from the burden of Santa Claus and the moral demand to be "good" when, as maturing adolescents, we reject the concept of Santa Claus. Thereafter we have no sense of guilt in late November that we have not behaved properly during the year, and no fear that a lump of coal rather than a gift will await us Christmas morning. In the same manner, we are freed and liberated once we realize the insanity and fantasy of the present manner of interpreting our experiences in the world. Liberation, in its most fundamental sense, requires a **rejection of everything we have been taught** and its replacement by only those things we have experienced as having values. But this replacement only begins the task of liberation. For the history of Western thinking in the past eight centuries **has been one of replacement of ideas** within a framework that has remained **basically unchanged** for nearly two millenia. Challenging this framework of interpretation means a rearrangement of our **manner of perceiving the world**, and it involves a reexamination of the body of human knowledge and its structural reconstruction into a new format, Such a task appears to be far from the struggles of the present. It seems abstract and meaningless in the face of contemporary suffering. And it suggests that people can be made to change their oppressive activity by intellectual reorientation alone. All these questions arise, however, because of the fundamental orientation of Western peoples toward the world. We assume that we know the structure of reality and must only make certain minor adjustments in the machinery that operates it in order to bring our institutions into line. Immediate suffering is thus placed in juxtaposition with abstract metaphysical conceptions of the world and, because we can see immediate suffering, **we feel impelled to change conditions quickly** to relieve tensions, never coming to **understand how the basic attitude toward life** and its derivative attitudes toward minority groups **continues to dominate** the goals and activities that appear designed to create reforms, Numerous examples can be cited to show that **our efforts to bring justice** into the world **have been short-circuited** by the passage of events, and that those efforts are unsuccessful because we have failed to consider the **basic framework within which we pose questions, analyze alternatives, and suggest solutions**. Consider the examples from our immediate past. In the early sixties college application forms included **a blank line** on which all prospective students were required **to indicate** their **race**. Such information was used to discriminate against those of a minority background, and so **reformers demanded** that the **question be dropped**. By the time all colleges had been forced to eliminate questions concerning the race of applicants, the Civil Rights Movement had so sensitized those involved in higher education that scholarships were made available in great numbers to people of minority races. **There was no way,** however, **to allocate** such **scholarships** **because college officials could no longer determine the racial background** of students on the basis of their applications for admission. Much of the impetus for **low-cost housing** in the cities was based upon the premise that in the twentieth century people should not have to live in hovels but that adequate housing should be constructed for them. Yet in the course of **tearing down** slums and building new housing projects, low-income housing areas were eliminated. The **construction cost** of the new projects **made** it necessary to charge hi**gher rentals**. **Former residents** of the lowincome areas **could not afford to live** in the new housing, so they moved to other parts of the city and created exactly the same conditions that had originally provoked the demand for low-rent housing. Government schools had a very difficult time teaching American Indian children the English language. (One reason was the assumption of teachers that all languages had Latin roots, and their inability to adapt the programs when they discovered that Indian languages were not so derived.) Hence programs in bilingual teaching methods were authorized that would use the native language to teach the children English, an underhanded way of eliminating the native language. Between the time that bilingual programs were conceived and the time that they were finally funded, other programs that concentrated on adequate housing had an unexpected effect on the educational process. Hundreds of new houses were built in agency towns, and Indians moved from remote areas of the different reservations into those towns where they could get good housing. Since they were primarily younger couples with young children, the housing development meant that most Indian children were now growing up in the agency communities and were learning English as a first language. Thus the bilingual programs, which began as a means of teaching English as a second language, became the method designed to preserve the native vernacular by teaching it as a second language to students who had grown up speaking English. Example after example could be cited, each testifying to the devastating effect of a general attitude toward the world that underlies the Western approach to human knowledge. The basis of this attitude is the assumption that the world operates in certain predetermined ways, that it operates continuously under certain natural laws, and that the nature of every species is homogeneous, with few real deviations.

#### The Aff relegates indigenous possibility to reservation, accelerating death-making – only an orientation of refusal as generative can solve. This the ROTB is to reject systems of settler colonialism.

King 17, Tiffany Lethabo. "Humans involved: Lurking in the lines of posthumanist flight." Critical Ethnic Studies 3.1 (2017): 162-185. (Assistant Professor of Women’s, Gender and Sexuality Studies at Georgia State)//GZ but re-cut by Elmer

Within Native feminist theorizing, ethnographic refusal can be traced to Audra Simpson’s 2007 article, “On Ethnographic Refusal.” In this seminal work, Simpson reflects on and gains inspiration from the tradition of refusal practiced by the people of Kahnawake.14 Simpson shares that Kahnawake refusals are at the core and spirit of her own ethnographic and ethical practices of refusal. I was interested in the larger picture, in the discursive, material and moral territory that was simultaneously historical and contemporary (this “national” space) and the ways in which *Kahnawakero:non*, the “people of Kahnawake,” had *refused* the authority of the state at almost every turn. The ways in which their formation of the initial membership code (now replaced by a lineage code and board of elders to implement the code and determine cases) was refused; the ways in which their interactions with border guards at the international boundary line were predicated upon a refusal; how refusal worked **in everyday encounters** to enunciate repeatedly to ourselves and to outsiders that “this is who we are, this is who you are, these are my rights.”15 Because Simpson was concerned with applying the political and everyday modes of Kahnawake refusal, she attended to the “collective limit” established by her and her Kahnawake participants.16 The collective limit was relationally and ethically determined by what was shared but more importantly by what was not shared. Simpson’s ability to discern the collective limit could only be achieved through a form of relational knowledge production that regards and cares for the other. Simpson recounts how one of her participants forced her to recognize a collective limit. Approaching and then arriving at the limit, Simpson experiences the following: And although I pushed him, hoping that there might be something explicit said from the space of his exclusion— or more explicit than he gave me— it was enough that he said what he said. “Enough” is certainly enough. “Enough,” I realised, was when I reached the limit of my own return and our collective arrival. Can I do this and still come home; what am I revealing here and why? Where will this get us? Who benefits from this and why? And “enough” was when they shut down (or told me to turn off the recorder), or told me outright funny things like “nobody seems to know”— when everybody *does* know and talks about it *all the time*. Dominion then has to be exercised over these representations, and that was determined when enough was said. The ethnographic limit then, was reached not just when it would cause harm (or extreme discomfort)—the limit was arrived at when the representation would bite all of us and compromise the *representational* territory that we have gained for ourselves in the past 100 years.17 Extending her discussion of ethnographic refusal beyond the bounds of ethnographic concerns, Simpson also ponders whether this enactment of refusal can be applied to theoretical work. Simpson outright poses a question: “What is theoretically generative about these refusals?”18 The question that Simpson asks in 2007 is clarified by Eve Tuck and K. Wayne Yang in the 2014 essay “R- Words: Refusing Research.” Arguing that modes of refusal extended into the theoretical and methodological terrains of knowledge production are productive and necessary, Tuck and Yang state: For the purposes of our discussion, the most important insight to draw from Simpson’s article is her emphasis that refusals are not subtractive, but are theoretically generative, expansive. Refusal is not just a “no,” but a redirection to ideas otherwise unacknowledged or unquestioned. Unlike a **settler colonial configuration of knowledge that is** petulantly exasperated and **resentful of limits**, a methodology of refusal regards limits on knowledge as productive, as indeed a good thing.19 In line with Simpson’s intervention, Tuck and Yang posit that “refusal itself could be developed into both method and theory.”20 For Tuck and Yang, a generative practice of refusal and a decolonial and abolitionist tradition is making Western thought “turn back upon itself as settler colonial knowledge, as opposed to universal, liberal, or neutral knowledge without horizon.”21 In fact, the coauthors suggest “making the settler colonial metanarrative the object of . . . research.”22 What this move effectively does is question the uninterrogated assumptions and exposes the violent particularities of the metanarrative. Scrutiny as a practice of refusal also slows down or perhaps halts the momentum of the machinery that allows, as Tuck and Yang argue, “knowledge to facilitate interdictions on Indigenous and Black life.”23

# CASE

#### [A] papers over the everyday holocaust and biopolitical genocide that happens through erasure and paints it as a new event – that contributes to the logic of erasure,

#### [B] this allows the state to position itself as necessary to solve things like extinction – that allows the state to permeate and become an unquestionable structure,

#### [C] the kritik outweighs on probability – gratuitous violence is happening right now whereas extinction happens in the future.

#### Pharma innovation is high now and strong IP protection are the only incentive for drug innovation.

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.