# AC – Undisclosed Information

## FW: Structural Violence

#### **The standard is mitigating structural violence**

#### **Ethical calculus should be centered on structural violence – a focus on large-scale threats of suffering or abstract questions of morality justifies infinite material violence towards disposed communities. Our framing is a pre-requisite to any other ethical theory since oppression distorts all moral reasoning**

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(Elizabeth, ‘Geography and Ethics I: Waiting and Urgency,’ *Progress in Human Geography*, vol. 39 no. 4, pp. 517-526)

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

## Plan

#### The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines by removing the right to undisclosed information in medicinal patent applications

#### Undisclosed information blocks important knowledge from being revealed, preventing production of generic drugs

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Suspending enforcement around valuable intellectual property in the midst of a public health crisis appeared, at first glance, like a credible display of noblesse oblige, to be welcomed even if it carried a whiff of incense meant to displace the stink of recent corporate scandals. The media dutifully covered Moderna’s patent pledge as evidence of corporate social commitment in a time of crisis. The patent pledge was widely reported on the assumption that it would, as Reuters put, “allow other drugmakers to develop shots using the company’s technology.” The company was safe in its assumption that scrutiny would stop there, and the public impression would remain that of a sacrifice to help end the pandemic. But this impression is false, and not just because Moderna’s legal claims on technologies developed with government money is provisional in the first place. Moderna’s patent pledge was an empty gesture for another reason quite apart from its long-standing junior partnership with the National Institutes of Health (NIH). Their entire ploy was premised on outdated public perceptions about how intellectual property works in the twenty-first century. Modern Patents on Biomedicines Almost Never Contain the Information Needed to Mass Produce Them. The patent is a form of intellectual property, not a synonym. As inherited shorthand for knowledge monopolies, “patent” is a throwback, a progressively old-fashioned catchall reference that obscures more than it explains, like calling the supercomputer in your pocket a telephone. Understanding why requires revisiting the patent’s origins as a social contract. Emerging in Renaissance Italy, the first patents functioned as royal permission slips; having one meant you could benefit exclusively from a technology, process, or trade. This privilege was half of a limited-term bargain with the sovereign: in exchange for the monopoly, the recipient of the patent agreed to introduce a new and productive form of knowledge into the realm, to be diffused when the patent expired. As technological invention grew more complex, patents required more detailed information to serve as effective notes of collateral: to get the monopoly privilege, inventors had to reveal and submit all of their knowledge — sometimes called “trade secrets” — to the state. Until 1880, the US Patent and Trademark Office required applicants to submit miniature, three-dimensional models, along **with blueprints, instructions, and diagrams** containing everything that someone “skilled in the art” would need to reproduce the invention. When the monopoly term expired, the secrets were spilled into the public domain and, it was hoped, made productive at lower, newly competitive prices. In 2021, that social contract is as quaint as the miniature riverboat buoyancy device a young Abraham Lincoln submitted for patent consideration in 1849. In high technology fields like biomedicine, modern patent applications rarely contain the knowledge required to manufacture the invention. This is by political design, the result of an industry push to change the rules under an obliging Reagan administration and that era’s Democratic Congress. Four decades later, the patent game is one of deterring reproduction, even and especially by those most “skilled in the art.” Key aspects of an invention and its practice are systematically shielded, often indefinitely, by a layered intellectual property barricade involving patents, copyright, and “undisclosed information,” a broad, opaque and relatively new category of intellectual property (**IP**) that contains three subcategories vital to making things like vaccines: know-how, trade secrets, and data. It is within these categories, not in the publicly filed patent, that the most valuable secrets are kept. Industry-oriented legal theorists and intellectual property law professionals sometimes call undisclosed information “the padlock on the patent.” Rare is the new technology without these padlocks to secure a corporation’s crown jewels beyond reach — before, during, and after the term of the legal monopoly. According to the US Defend Trade Secrets Act of 2016 (DTSA), which together with the Uniform Trade Secrets Act of 1985 (UTSA) has been integrated into the global intellectual property regime enforced by the World Trade Organization (WTO), **anything a company deems valuable can be shielded by an undisclosed information claim, including all forms and types of financial, business, scientific, technical, economic, or engineering information, including patterns, plans, compilations, program devices, formulas, designs, prototypes, methods, techniques, processes, procedures, programs, or codes, whether tangible or intangible, and whether or how stored, compiled, or memorialized physically, electronically, graphically, photographically or in writing.** This list begins to explain why Moderna was happy to exchange its patents for a good news cycle. The most important information safely lay elsewhere. Pharma and biotechs trying to establish and protect monopolies can hide just about anything under “undisclosed information,” including technical designs and specs, process and quality control procedures, best production. Unlike patents, claims on “undisclosed information” have no legal term limit. By enjoying infinite life, the category voids the original patent bargain not once, but twice: it allows companies to withhold necessary information from the public domain, which then serves to block competition and extend the granted monopoly beyond the agreed terms. In the age of undisclosed information, applicants are no longer required to provide governments with meaningful collateral in exchange for the benefits of government-protected monopolies. Instead, they can provide partial maps to technologies they have no intention of revealing in full — fragments designed to frustrate, obfuscate, and occlude, providing knowledge that’s necessary but not sufficient to actually make the thing.methods, instruction manuals, and trial data.The New **I**ntellectual **P**roperty Regime Has Other Ways of Protecting Their Valuable Secrets. The IP professionals employed by today’s drug companies descend from the cigar-chomping patent lawyers of last century, who, as much as anyone, are responsible for the growth and power of the modern pharmaceutical and biotech industries. But their twenty-first-century descendants don’t really identify as lawyers. They see themselves as white hats in a double-game of industrial espionage, practitioners in the art of “competitive intelligence.” In the years after the passage of the UTSA in 1985, a unified theory of post-patent IP management began to take shape at corporate-sponsored law school clinics devoted to the art of defending and extending monopolies. One of the most influential was the Center for the Law of Innovation and Entrepreneurship at Franklin Pierce University, directed by Karl F. Jorda, a former head of IP for the Swiss pharma company Ciba, which merged with Sandoz to form Novartis in 1996. In Jorda’s description of the new paradigm, trade secrets had become “the crown jewels of corporations” and patents merely “the tips of icebergs in an ocean of trade secrets.” The task of the modern IP professional is not to file successful patent applications and, as the US Constitution’s progress clause puts it, “promote the progress of science and the useful arts.” Quite the opposite — the point is to oversee, in Jorda’s words, the “synergistic integration of patents and trade secrets to secure invulnerable exclusivity.” This “invulnerable exclusivity” is harmless enough when it protects secret soda formulas and hamburger mystery sauces. It’s less cute when **it blocks countries from using their** legal **right to manufacture and import lifesaving medicines**. But that is exactly the kind of activity the new IP regime was designed to frustrate. During a media call held in May 2020, the director of the pharmaceutical industry’s global trade association, Thomas Cueni, was asked about the possibility that developing countries might issue compulsory licenses to break patents on COVID-19 vaccines. He shrugged off the question by saying out loud what Moderna’s executives intentionally left unsaid. “The focus on IP in vaccines shows a lack of understanding, because with vaccines, it’s all about know-how,” said Cueni. “In the history of IP, there’s never been a compulsory license for vaccines. Not for nothing. It really doesn’t solve the problem.”

#### The 1AC creates competition - it is feasible and has worked in the past

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The Global Corporate War to Protect the Intellectual Property Behind Vaccines like Moderna’s. Like the WTO **i**ntellectual **p**roperty regime of which it is an integral part, the rise of undisclosed information as the black box of IP was an American project. Until the 1970s, the patent was still considered the primary container for relevant information related to an invention. As part of a general panic over technological competition, especially from rising Asian economies, the 1985 UTSA established a near-national code, knocking off the last remnant of the state-by-state intellectual property system in place since the eighteenth century. The law not only enshrined trade secrets as a category of IP, it broadened their scope to the point of parody by tautologically defining them as anything that derives “independent economic value because it is not generally known or readily ascertainable” and “is the subject of efforts to maintain secrecy.” In 1996, the US Economic Espionage Act gave the ’85 law an extra set of teeth by making it a federal crime to steal trade secrets, which it further defined down as whatever a corporation “has taken reasonable measures to keep secret” and “believes valuable.” (Eight years before the Industrial Espionage Act was passed, the public was introduced to the darker side of trade secrets when the administration of the University of Florida sent one of its undergraduates to prison on charges of “theft of trade secrets” after he used data gathered while working as an assistant in a joint research project between the university and a local power company.) Two years prior, Washington inserted similar language into the intellectual property clauses of the North American Free Trade Agreement (NAFTA) and the WTO Treaty of Marrakech, effectively globalizing a corporate-led legal revolution that uprooted the millennia-deep social contract origins of intellectual property. In the context of the WTO, the adoption of US trade secret policy has major implications for the nations’ legal right to issue compulsory licenses, a right confirmed in 2003 at the WTO Doha conference. If key aspects of a complex biopharmaceutical process are kept behind padlocked silos, then you might as well make a paper airplane with the actual product patent. “Without access to the knowhow, a third party will not be able to produce the invention in an efficient and commercially viable way,” writes Christopher Garrison, a legal adviser to the Medicines Law & Policy research center. “Practically speaking, the exploitation of the compulsory license would be frustrated. Even if an employee of the owner of the patent and know-how believed it unconscionable not to permit the third party to make and sell the product under a compulsory [patent] license lawfully granted on public health grounds, they would be restrained from disclosing the know-how through the threat of legal actions against them.” This works to the patent holder’s advantage in more ways than one. Historically, compulsory licensing has been deployed as a threat more than an actual weapon. When a government has all the information it needs to begin generic production of a drug, it has a decent chance of forcing the patent owner to join them at the negotiating table, giving both sides a chance to hammer out a compromise. In the first year of the pandemic, India used this power to force Gilead into issuing multiple licenses for the local production of discounted remdesivir. Most famously, it was the fulcrum used by South Africa and India in the battle to make AIDS combination therapies affordable to poor and middle-income countries. For this weapon of the weak to work, however, the threat has to be credible. If the drug company knows its invention is padlocked beyond reach by trade secrets and know-how, the threat of a compulsory license can be safely ignored — or, in the case of Thomas Cueni, dismissed with a subtly taunting reminder that some locks cannot be picked. The vaccines at the center of today’s IP debate illustrate the difference. Unlike HIV/AIDS antiretrovirals — classic “small molecule” drugs easily reverse-engineered and manufactured using existing technology — bio-based medicines and new-generation vaccines are more complex, with the needed technologies and manufacturing specs padlocked by trade secrets, along with biological materials like cell lines. Acquiring this information requires the active and willing participation of the patent owner to share its secrets to show exactly how they work, an aspect of licensing deals known as tech-transfer. The incredible shrinking utility of the traditional patent is a modern feature of all high-technology fields. Around 80 percent of license agreements now include technology transfer clauses covering trade secrets and other forms of undisclosed knowledge. The international IP consultant Robert Sherwood calls trade secrets the “workhorse of technology transfer.” More and more, you can’t build anything without trade secrets, and no policy tool short of a federal police raid can force companies to give them up. Let’s imagine a nation invokes its right to issue a compulsory license during a public health crisis. The government must first gather the political will and courage to challenge the combined weight of the multinational drug company and its allied embassies. The drug company that owns the patent has three options. It can try to block the compulsory license with legal challenges and private threats; it can offer to negotiate a compromise; and, if the threat involves a medicine surrounded by a trade secret moat , it can place its thumb on its nose and wag its fingers. In the third case, the scientists tasked with making the off-patent version must rely on the partial information found in public filings. Even if they can assemble a working recipe for the final product, they must do the same for every component and active ingredient, which may themselves be under padlock — a matryoshka doll of trade secrets. If the scientists clear these hurdles, they must then produce a functioning manufacturing design without access to hundreds and possibly thousands of trade secrets and pieces of technical know-how. Before the rise of trade secrets, patents were required to include all information related to the product’s “best production method.” Now, patentees are allowed to meet a much lower standard for production methods; it can keep the details of the “best method” secret until the end of time. Needless to say, the scientists will have to do all of this without the support and training the patent holder provides to its chosen licensees paying market rates. If its native or contracted scientists somehow overcome all of this, and manage to produce an exact molecular replica of the original patented medicine, our hypothetical government is still not done. Its scientists must now confront the big boss of pharmaceutical IP — the system’s last fail-safe against low-cost generic competition. He will usually be found with his feet up, sitting behind a desk at the country’s own regulatory agency. His name is Data.

## Advantage 1 is Drug Monopolies

#### Drug monopolies block competition and stifles innovation while harming drug accessibility and increasing inequality

Open Markets Institute No Date {The Open Markets Institute is a Washington, D.C.-based non-profit that uses research and journalism to expose the dangers of monopolization, identifies changes in policy and law to address them, and educates policymakers, academics, movement groups, and other influential stakeholders to establish open, competitive markets that support a strong, just, and inclusive democracy. By combining policy, legal, and market structure expertise with sophisticated communications and outreach efforts, Open Markets seeks not only to hold today’s monopolies accountable for abuse of power, but to rebuild an economic system where progress is easier to achieve, because power is far more widely and equitably distributed.} High Drug Prices & Monopoly — Open Markets Institute. “Open Markets Institute.”, Open Markets Institute, [www.openmarketsinstitute.org/learn/drug-prices-monopoly. Accessed 19 Aug. 2021](http://www.openmarketsinstitute.org/learn/drug-prices-monopoly.%20Accessed%2019%20Aug.%202021). // Edgemont AJ

Yet there is a problem with this argument. In recent years, the prices Americans pay for drugs have only soared higher, even as innovation in the pharmaceutical industry slackens. The average number of new drugs approved each year has declined since the 1960s. The drop-off has been particularly steep since 1996, when 54 new drugs came on line, compared to only 30 in recent years. Moreover, today’s new pills typically have only modest, if any, proven therapeutic value over existing treatments. As a study in the Journal of the American Medical Association found, nearly half of the drugs approved by the Food and Drug Administration between 2005 and 2011 lacked any tangible health benefits, such as prolonging life or relieving symptoms. How is America managing to get the worst of all worlds when it comes to drugs? Many explanations trace to public policy changes that have led to the monopolization of the drug industry over the last generation. From the end of the WWII through the 1960s, Americans benefitted from an unprecedented parade of wonder drugs, from broad-spectrum antibiotics, steroids and antihistamines, to the first chemotherapies, and the oral contraceptive known as “the pill.” Though there were complaints about affordability, most of these wonder drugs were reasonably priced by today’s standards. This was largely the result of government policies that allowed for a comparatively open and efficient pharmaceutical market. These policies enforced standards for safety and effectiveness, provided funding for basic research, and critically, limited patent monopolies and mergers between drug-makers. But the U.S. has since largely abandoned the policies it previously used to foster healthy competition. The result is a highly dysfunctional pharmaceutical market that produces high prices and less and less innovation. ~ ~ ~ The government’s role in structuring the pharmaceutical marketplace dates to the early 1900s when unproven, deceptively marketed patent medicines harmed public health and eroded consumer confidence. Due to these concerns, Congress and President Theodore Roosevelt passed the Food and Drugs Act of 1906, creating the Bureau of Chemistry—the precursor to the Food and Drug Administration. In one infamous case, the bureau successfully fined Clark Stanley for “falsely and fraudulently” marketing his “snake oil liniment.” This was also, however, the era in which politicians in both parties first embraced the importance of “trust-busting.” In keeping with the wide, bi-partisan opposition to monopoly that lasted up until the 1960s, policymakers did not allow drug companies to combine or abuse their powers in ways that threatened competition. Government policies, for example, fostered competition by limiting the length of patent monopolies. In other instances, regulators forced drug companies to license their patents when they gained too much market share. Meanwhile, the threat of both civil and criminal antitrust suits kept drug companies from combining or colluding in ways that would significantly reduce competition. The market for antibiotics illustrates this regulatory regime’s success. After the World War II, many companies competed to sell Penicillin, and the market became less and less dominated by any one player. This helped drive down Penicillin’s price––from $3,995 a pound in 1945 to $282 a pound in 1950. The next decade saw industry efforts to drive prices back up through monopoly. In 1958, the Federal Trade Commission (FTC) authored a report on the antibiotics industry in which it found that a handful of companies had cornered the market and kept prices high for tetracycline, a broadly useful antibiotic. But these cartels were rolled back by protracted government countermeasures. After the report’s release, the FTC charged five drug companies with blocking new competitors and fixing prices for tetracycline. Though the FTC could never prove price-fixing in court, the FTC forced the companies to license out tetracycline at a low price. In so doing, the agency broke apart the emerging cartel and ensured a more competitive market for the new and powerful drug. But beginning in the 1980s, the U.S. started to move away from the policies that had fostered an open market for pharmaceuticals during the wonder drug era. One change was a retreat from antitrust enforcement, which eventually led to a much more concentrated industry. Between 1995 and 2015, 60 pharmaceutical companies merged into just 10. Congress and the courts also made several changes to patent law that similarly encouraged monopolization, higher prices, and less innovation. These changes have made it easier for drug companies to patent minor variations in drugs, thereby enhancing the power of patent monopolies to suppress competition. Other changes and loopholes in patent law allow drug companies to pay other firms to keep competing drugs off the market, prolonging their drugs’ exclusive position. The FTC has successfully prosecuted some of these “pay-for-delay” schemes, but drug companies have responded by trading valuables besides cash to achieve the same anti-competitive effects. In addition, companies with branded drugs will stop generic drugs from coming to market by refusing to hand over the samples and safety protocols needed to produce a generic drug. This tactic artificially extends drug companies’ patents and cuts against Congress’s intent to encourage generic drugs. Other policy changes have had similar effects. In 1980, Congress passed the Bayh-Dole Act, which allowed non-profit institutions to claim patents on discoveries funded by government research. This legislation allowed universities and research institutions to privatize and profit from public investment, closing off others’ access to the fruits of public spending and raising the price of drugs that would be markedly cheaper if they weren’t patented. Because this law encourages more researchers to patent more discoveries, Bayh-Dole also means that more drugs, and more research tools, are covered by patents today. That makes it even more difficult for underfunded researchers or small companies to begin developing new drugs, as more materials are locked away by big firms. These policy changes have resulted in many negative effects, starting with monopoly pricing. In the drug industry, as with any industry, consolidation facilitates collusion. When a few companies control a market, it becomes easier to maintain an effective cartel because no member can step out of the agreement without being quickly detected by the others. The market for insulin may be a case in point. Since 2010, the three American manufacturers of the drug have all raised their prices by 168 percent, 169 percent, and 325 percent, respectively. Even without forming cartels, monopolistic companies have a greater ability to raise prices because they don’t face the full pressure of a competitive market. Mylan Pharmaceuticals could raise the price of its Epipen by 450 percent precisely because it held about 90 percent of the market. And this applies to all kinds of drugs, branded and generic alike. Between 2010 and 2015, for instance, nearly a quarter of all generic drugs saw at least one price increase of 100 percent or more, and some saw increases of 1,000 percent or more. Monopolization also tends to discourage research spending and depress innovation. One reason: merging companies tend to cut research spending. Both Pfizer and Valeant Pharmaceuticals, for example, cut their R&D spending after acquisitions. Academic studies confirm that mergers tend to depress innovation among drug companies. Indeed, many drug companies have turned to mergers and acquisitions to make up for their lack of innovation—acquiring firms with promising or profitable drugs rather than developing such drugs in house. These developments and tactics have created the current American pharmaceutical landscape. Drug companies grow larger, pursue more mergers and acquisitions, and raise prices. Nearly all Americans have felt the effects of this skewed and unequal market.

#### Synthetic insulin patents have expired but undisclosed info makes it hard to copy

Johns Hopkins Medicine 15 (Johnss Hopkins Medicine is a top medical school and publication respected around the world)“Why People with Diabetes Can’t Buy Generic Insulin - 03/18/2015.” Hopkinsmedicine.org, 2015, www.hopkinsmedicine.org/news/media/releases/why\_people\_with\_diabetes\_cant\_buy\_generic\_insulin. Accessed 10 Aug. 2021.//AA

But the history of insulin highlights the limits of generic competition as a framework for protecting the public health.” More than 20 million Americans have diabetes, in which the body fails to properly use sugar from food due to insufficient insulin, a hormone produced in the pancreas. Diabetes can often be managed without drugs or with oral medications, but some patients need daily insulin injections. The drug can often cost from $120 to $400 per month without prescription drug insurance. “Insulin is an inconvenient medicine even for people who can afford it,” says Riggs, a research fellow in general internal medicine and the Berman Institute of Bioethics at Johns Hopkins. “When people can’t afford it, they often stop taking it altogether.” Patients with diabetes who are not taking prescribed insulin come to Riggs’ and Greene’s Baltimore-area clinics complaining of blurred vision, weight loss and intolerable thirst — symptoms of uncontrolled diabetes, which can lead to blindness, kidney failure, gangrene and loss of limbs. The two doctors decided to find out why no one makes generic insulin. A University of Toronto medical team discovered insulin in 1921, and in 1923, the university, which held the first patent, gave drug companies the right to manufacture it and patent any improvements. In the 1930s and 1940s, pharmaceutical companies developed long-acting forms that allowed most patients to take a single daily injection. In the 1970s and 1980s, manufacturers improved the purity of cow- and pig-extracted insulin. Since then, several companies have developed synthetic analogs. Biotech insulin is now the standard in the U.S., the authors say. Patents on the first synthetic insulin expired in 2014, but these newer forms are harder to copy, so the unpatented versions will go through a lengthy **F**ood and **D**rug **A**dministration approval process and cost more to make. When these insulins come on the market, they may cost just 20 to 40 percent less than the patented versions, Riggs and Greene write.

#### Insulin’s monopoly harms people along racial and economic lines and affects over 22 million Americans

Stoller 16 Stoller, Gary. {Journalist who pioneered investigative travel reporting; book packager, author and editor; ShortEscapes.net publisher; Forbes.com contributor. Journalist for Forbes, UOL, USA Today, CNBC, Fox Business, Forbes Brasil, Hartford Courant, St. Louis Post-Dispatch, Connecticut Post, The Journal News and more} “Low-Income Diabetics Paying High Price for Insulin.” Connecticut Health Investigative Team, 11 Apr. 2016, c-hit.org/2016/04/10/low-income-diabetics-paying-high-price-for-insulin/. Accessed 19 Aug. 2021.

The high cost of insulin, which has risen by triple-digit percentages in the last five years, is endangering the lives of many diabetics who can’t afford the price tag, say Connecticut physicians who treat diabetics. The doctors say that the out-of-pocket costs for insulin, ranging from $25 to upwards of $600 a month, depending on insurance coverage, are forcing many of their low-income patients to choose between treatment and paying their bills. “Some of my patients have to make the choice between rent or insulin,” said Dr. Bismruta Misra, an endocrinologist with the Stamford Health Medical Group. “So they spread out taking insulin [injecting it less frequently than a doctor has prescribed] or don’t take it.” Experts and recent studies point to drug companies’ long-standing patents and the lack of generic or “biosimilar” insulin as key reasons why the drug is so expensive. A study by Philip Clarke, a professor of health economics at the University of Melbourne in Australia, reported that the price of insulin has tripled from 2002-2013. The findings were published in a research letter in the April 5 issue of the Journal of the American Medical Association. Studies report that the cost of insulin has risen by triple-digit percentages. In the United States. Just three pharmaceutical companies hold patents that allow them to manufacture insulin: Eli Lilly, Sanofi and Novo Nordisk. Put together, the three made more than $12 billion in profits in 2014, with insulin accounting for a large portion. All three hiked their prices in the last five years by 168 to 325 percent, says Dr. Kasia Lipska, an endocrinologist at the Yale School of Medicine. A diabetic needing insulin but unable to buy it “ultimately will hit our emergency room,” said Dr. Cunegundo Vergara, who specializes in internal medicine at Hartford Hospital. Vergara says “plenty” of low-income diabetics in the Hartford area are living without physician-prescribed insulin. Similarly, in New Haven, Dr. Anne Camp, an endocrinologist at the Fair Haven Community Health Center, said she has seen “many patients referred to me because their diabetes is out of control, and the major reason is that they can’t afford their insulin. Many other patients are prescribed insulin, and they don’t return for a follow-up, because they are too embarrassed to admit they can’t afford it.” About 257,000 Connecticut adults (8.9 percent) have been diagnosed with diabetes. Hispanics and African Americans are more than twice as likely to have the disease compared with whites and they are at greater risk of dying from diabetes-related causes, according to the latest data from state Department of Public Health. Diabetes was the seventh leading cause of death in Connecticut in 2013, killing 664 people. The U.S. Centers for Disease Control and Prevention reports that the number of Americans diagnosed with diabetes increased from 5.5 million in 1980 to 22 million in 2014. Type 2 diabetes is the most common form. The higher rates of Type 2 diabetes among African Americans and Hispanics “appear to be based on a number of factors, including [differences in] access to healthy foods, physical activity and genetics,” said Dana Marnane, a vice president for public relations at Greenwich Hospital. The hospital reported a 19.5 percent increase in patients discharged with diabetes as a primary or secondary diagnosis in fiscal year 2015, compared with 2014. Diabetes is a disease in which blood sugar levels are higher than normal. Insulin keeps blood sugar from rising too high. Without insulin for an extended period of time, a diabetic increases the likelihood of heart attack, stroke or death. Lipska, the Yale endocrinologist, criticized pharmacy benefit managers—who negotiate with drug companies on behalf of employer and government insurance programs—for being more focused on accepting rebates from drug manufacturers than on bargaining for lower drug prices. To make insulin more affordable, Lipska said, more competition is needed among insulin manufacturers, and biosimilar products must be made available for patients in the United States. There also is a need for better pricing transparency and regulation, she said. Eli Lilly spokeswoman Julie Williams said she could not disclose the average cost to manufacture, package and distribute insulin to each user, because manufacturing and distribution costs are proprietary. Eli Lilly introduced the world’s first commercial insulin in 1923. A biosimilar product hasn’t emerged from other manufacturers, she said, “because developing and manufacturing insulin requires billions of dollars in investment, along with deep scientific and technical expertise.” She said the reason people say insulin is expensive “are complex and go beyond the medicine’s list price,” Williams said. “One of the primary reasons is the advent of new insurance plan designs—particularly the increased use of high-deductible health plans, which shift more of the cost to the individual.” Many low-income Americans get insulin through Medicaid, and in Connecticut Medicaid covers insulin and diabetes supplies at no cost. Lilly offers patient- assistance programs that provide free medicine for one year to low-income patients who meet specific financial qualifications. But Williams acknowledged, “Additional solutions are needed so all patients have access to their medicine.” Novo Nordisk and Sanofi did not return calls seeking comment. The American Diabetes Association, which represents 441,000 people, says that no diabetic should go without insulin because of “prohibitive costs or accessibility issues.” The association says that “many parties, including pharmacy benefit managers, insurers and retailers are involved in the path of medications” from manufacturer to patient. The ADA advocates “transparency by all parties in their pricing policies and a continued dialogue” to develop lasting, affordable solutions.” At the Fair Haven clinic, many patients turn to discount retailers, such as Wal-Mart, where a cheaper but older type of insulin is sold, Camp said. But many doctors won’t prescribe it because it often isn’t as effective in managing and treating diabetes, Camp said. The retail cost for a month’s supply for a typical Fair Haven clinic patient who uses 100 units of insulin daily to treat Type 2 diabetes is about $600 to $800, Camp said. And diabetic patients commonly have other health problems, including high blood pressure and high cholesterol that also require medication and treatment. “What person making $30,000 a year can lay down $600 a month for insulin?’’ asked Camp, whose clinic treats about 16,000 patients annually, 72 percent Hispanic, 20 percent African American and 80 percent below the federal poverty level. About 25 percent of the clinic’s patients have no health insurance, and those with private insurance often have “enormous deductibles, such as $4,000 a year,” she said. Fair Haven participates in the federal 340B program, which requires drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced prices. “In this country,” Camp said, “we have the potential for really good diabetes treatment. Yet, sadly, because diabetes has become such a high-cost condition, many people can’t get access to it.”

#### Low ROI from low antibiotic patentability makes us vulnerable to ABR

Emanuel 19 [Ezekiel J. Emanuel, oncologist, a bioethicist, and a vice provost of the University of Pennsylvania, 05-23-2019, “Big Pharma’s Go-To Defense of Soaring Drug Prices Doesn’t Add Up,” Atlantic, https://www.theatlantic.com/health/archive/2019/03/drug-prices-high-cost-research-and-development/585253/]

Exorbitant drug prices have two bad effects. First, high costs mean that lots of patients are unable to take their medications. A recent study in the Journal of Clinical Oncology assessed patients’ access to 38 different oral cancer drugs and found that 13 percent of cancer patients did not buy approved chemotherapy drugs if they had a co-payment of $10 a month, while 67 percent did not when they had to pay $2,000 or more. Another study showed that 25 percent of diabetic patient underuse their insulin because of cost. Second, the high drug prices distort research priorities, emphasizing financial gains and not health gains. Cancer drugs are routinely priced at about $120,000 to $150,000 a year, and more than 600 cancer drugs are now being tested on humans. This can lead to great societal benefits: The United States is expected to face 1.76 million new cancer cases and more than 600,000 cancer deaths in 2019 alone. But many of the drugs that companies are pursuing have low promise, where the health gains are small—weeks of added life, not big cures. While even this short extra time can be valuable to individual families, too much investment in oncology means not enough in drugs for other illnesses whose treatments cannot be so highly priced. Consider antibiotics. The Centers for Disease Control and Prevention ranks antibiotic-resistant infections as one of the nation’s top health threats. An estimated 2 million Americans become infected with such bacteria each year, and 23,000 die. A superbug that is resistant to all known antibiotics is an imminent threat. Yet because antibiotics are generally cheap, for most pharmaceutical and biotechnology companies they are not a primary focus. The Pew Charitable Trusts reports that only about 42 new antibiotics with the potential to treat serious bacterial infections were in clinical development for the U.S. market in December 2018. Six hundred drugs for cancer and only 42 for serious infections seems like profit maximization, not a case of sensible research priorities that reflects “value in preventing and treating disease.” The simple explanation for excessive drug prices is monopoly pricing. Through patent protection and FDA marketing exclusivity, the U.S. government grants pharmaceutical companies a monopoly on brand-name drugs. But monopolies are a recipe for excessive prices. A company will raise prices until its profits start to drop. To address the problem of high prices and reduced access to drugs, Johnson & Johnson advocates eliminating rebates to pharmacy benefit managers and insurers, which would increase price transparency and lower patient co-pays. But it would not necessarily lower total drug prices. The proposal avoids the standard economic response to monopoly pricing: price regulation. Every other developed country regulates drug prices, often through price negotiations pegged to cost-effectiveness analysis or some other measure of clinical benefit. Will R&D go down if the United States follows this model? Not necessarily. Remember, the high drug prices fund R&D but also marketing, manufacturing, administrative expenses, and profits at the companies. Lower revenue from lower drug prices could reduce marketing, administration, and excessive profits before R&D costs have to be reduced. Where cuts are made is up to drug companies. Their claims of lower R&D costs appear designed to generate fear, but as some former executives themselves have acknowledged, there is no necessary link between a decline in drug prices and a decline in R&D. Drug companies could make other choices that maximally improve the health of all Americans.

#### Disease causes extinction — defense is wrong

Piers Millett 17, Consultant for the World Health Organization, PhD in International Relations and Affairs, University of Bradford, Andrew Snyder-Beattie, “Existential Risk and Cost-Effective Biosecurity”, Health Security, Vol 15(4), <http://online.liebertpub.com/doi/pdfplus/10.1089/hs.2017.0028>

Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world’s population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity’s favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6 While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and theWestern Abenaki (which suffered a staggering 98% loss of population). In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-2

## Disclosure

#### Interpretation: At all TOC bid distributing tournaments, debaters must disclose their 1NC positions on the 2021 LD wiki

#### Violation – They have nothing on their wiki page except contact and I emailed then. Screenshot in Doc

A picture containing graphical user interface

Description automatically generatedGraphical user interface, text, application

Description automatically generated

#### A] Debate resource inequities—you’ll say people will steal cards, but that’s good—it’s the only way to truly level the playing field for students with less resources

**B] Engagement it’s the only way we can properly engage in round and it’s only fair if you know my aff then you at least give past NCs on the wiki so we can have an educational debate – contacting before round doesn’t solve, responses take time my screenshot proves – 30 minutes prior k2 fair engagement practices AND I did contact they didn’t respond I stopped checking after 13 min**

**C] They have prep round prep but I don’t – this tips the scales in their favor**

**Fairness is the strongest internal link to education making it a voter because education is the only terminal impact of debate**

**Drop the debater – dropping them for disclosure is the same as dropping their NC because it’s a prereq to what they read**

#### No RVIs – its not logical to win for being fair or having good practices && that incentives theory bait which chills checking abuse – that outweighs

## Method

#### Scenario analysis is pedagogically valuable – enhances creativity and self-reflexivity, deconstructs cognitive biases and flawed ontological assumptions, and enables the imagination and creation of alternative futures.

Barma et al. 16 – (May 2016, [Advance Publication Online on 11/6/15], Naazneen Barma, PhD in Political Science from UC-Berkeley, Assistant Professor of National Security Affairs at the Naval Postgraduate School, Brent Durbin, PhD in Political Science from UC-Berkeley, Professor of Government at Smith College, Eric Lorber, JD from UPenn and PhD in Political Science from Duke, Gibson, Dunn & Crutcher, Rachel Whitlark, PhD in Political Science from GWU, Post-Doctoral Research Fellow with the Project on Managing the Atom and International Security Program within the Belfer Center for Science and International Affairs at Harvard, “‘Imagine a World in Which’: Using Scenarios in Political Science,” International Studies Perspectives 17 (2), pp. 1-19, <http://www.naazneenbarma.com/uploads/2/9/6/9/29695681/using_scenarios_in_political_science_isp_2015.pdf>)

Over the past decade, the “cult of irrelevance” in political science scholarship has been lamented by a growing chorus (Putnam 2003; Nye 2009; Walt 2009). Prominent scholars of international affairs have diagnosed the roots of the gap between academia and policymaking, made the case for why political science research is valuable for policymaking, and offered a number of ideas for enhancing the policy relevance of scholarship in international relations and comparative politics (Walt 2005,2011; Mead 2010; Van Evera 2010; Jentleson and Ratner 2011; Gallucci 2012; Avey and Desch 2014). Building on these insights, several initiatives have been formed in the attempt to “bridge the gap.”2 Many of the specific efforts put in place by these projects focus on providing scholars with the skills, platforms, and networks to better communicate the findings and implications of their research to the policymaking community, a necessary and worthwhile objective for a field in which theoretical debates, methodological training, and publishing norms tend more and more toward the abstract and esoteric.¶ Yet enhancing communication between scholars and policymakers is only one component of bridging the gap between international affairs theory and practice. Another crucial component of this bridge is the generation of substantive research programs that are actually policy relevant—a challenge to which less concerted attention has been paid. The dual challenges of bridging the gap are especially acute for graduate students, a particular irony since many enter the discipline with the explicit hope of informing policy. In a field that has an admirable devotion to pedagogical self-reflection, strikingly little attention is paid to techniques for generating policy-relevant ideas for dissertation and other research topics. Although numerous articles and conference workshops are devoted to the importance of experiential and problem-based learning, especially through techniques of simulation that emulate policymaking processes (Loggins 2009; Butcher 2012; Glasgow 2012; Rothman 2012; DiCicco 2014), little has been written about the use of such techniques for generating and developing innovative research ideas.¶ This article outlines an experiential and problem-based approach to developing a political science research program using scenario analysis. It focuses especially on illuminating the research generation and pedagogical benefits of this technique by describing the use of scenarios in the annual New Era Foreign Policy Conference (NEFPC), which brings together doctoral students of international and comparative affairs who share a demonstrated interest in policy-relevant scholarship.3 In the introductory section, the article outlines the practice of scenario analysis and considers the utility of the technique in political science. We argue that scenario analysis should be viewed as a tool to stimulate problem-based learning for doctoral students and discuss the broader scholarly benefits of using scenarios to help generate research ideas. The second section details the manner in which NEFPC deploys scenario analysis. The third section reflects upon some of the concrete scholarly benefits that have been realized from the scenario format. The fourth section offers insights on the pedagogical potential associated with using scenarios in the classroom across levels of study. A brief conclusion reflects on the importance of developing specific techniques to aid those who wish to generate political science scholarship of relevance to the policy world.¶ What Are Scenarios and Why Use Them in Political Science?¶ Scenario analysis is perceived most commonly as a technique for examining the robustness of strategy. It can immerse decision makers in future states that go beyond conventional extrapolations of current trends, preparing them to take advantage of unexpected opportunities and to protect themselves from adverse exogenous shocks. The global petroleum company Shell, a pioneer of the technique, characterizes scenario analysis as the art of considering “what if” questions about possible future worlds. Scenario analysis is thus typically seen as serving the purposes of corporate planning or as a policy tool to be used in combination with simulations of decision making. Yet scenario analysis is not inherently limited to these uses. This section provides a brief overview of the practice of scenario analysis and the motivations underpinning its uses. It then makes a case for the utility of the technique for political science scholarship and describes how the scenarios deployed at NEFPC were created.¶ The Art of Scenario Analysis¶ We characterize scenario analysis as the art of juxtaposing current trends in unexpected combinations in order to articulate surprising and yet plausible futures, often referred to as “alternative worlds.” Scenarios are thus explicitly not forecasts or projections based on linear extrapolations of contemporary patterns, and they are not hypothesis-based expert predictions. Nor should they be equated with simulations, which are best characterized as functional representations of real institutions or decision-making processes (Asal 2005). Instead, they are depictions of possible future states of the world, offered together with a narrative of the driving causal forces and potential exogenous shocks that could lead to those futures. Good scenarios thus rely on explicit causal propositions that, independent of one another, are plausible—yet, when combined, suggest surprising and sometimes controversial future worlds. For example, few predicted the dramatic fall in oil prices toward the end of 2014. Yet independent driving forces, such as the shale gas revolution in the United States, China’s slowing economic growth, and declining conflict in major Middle Eastern oil producers such as Libya, were all recognized secular trends that—combined with OPEC’s decision not to take concerted action as prices began to decline—came together in an unexpected way.¶ While scenario analysis played a role in war gaming and strategic planning during the Cold War, the real antecedents of the contemporary practice are found in corporate futures studies of the late 1960s and early 1970s (Raskin et al. 2005). Scenario analysis was essentially initiated at Royal Dutch Shell in 1965, with the realization that the usual forecasting techniques and models were not capturing the rapidly changing environment in which the company operated (Wack 1985; Schwartz 1991). In particular, it had become evident that straight-line extrapolations of past global trends were inadequate for anticipating the evolving business environment. Shell-style scenario planning “helped break the habit, ingrained in most corporate planning, of assuming that the future will look much like the present” (Wilkinson and Kupers 2013, 4). Using scenario thinking, Shell anticipated the possibility of two Arab-induced oil shocks in the 1970s and hence was able to position itself for major disruptions in the global petroleum sector.¶ Building on its corporate roots, scenario analysis has become a standard policymaking tool. For example, the Project on Forward Engagement advocates linking systematic foresight, which it defines as the disciplined analysis of alternative futures, to planning and feedback loops to better equip the United States to meet contemporary governance challenges (Fuerth 2011). Another prominent application of scenario thinking is found in the National Intelligence Council’s series of Global Trends reports, issued every four years to aid policymakers in anticipating and planning for future challenges. These reports present a handful of “alternative worlds” approximately twenty years into the future, carefully constructed on the basis of emerging global trends, risks, and opportunities, and intended to stimulate thinking about geopolitical change and its effects.4 As with corporate scenario analysis, the technique can be used in foreign policymaking for long-range general planning purposes as well as for anticipating and coping with more narrow and immediate challenges. An example of the latter is the German Marshall Fund’s EuroFutures project, which uses four scenarios to map the potential consequences of the Euro-area financial crisis (German Marshall Fund 2013).¶ Several features make scenario analysis particularly useful for policymaking.5 Long-term global trends across a number of different realms—social, technological, environmental, economic, and political—combine in often-unexpected ways to produce unforeseen challenges. Yet the ability of decision makers to imagine, let alone prepare for, discontinuities in the policy realm is constrained by their existing mental models and maps. This limitation is exacerbated by well-known cognitive bias tendencies such as groupthink and confirmation bias (Jervis 1976; Janis 1982; Tetlock 2005). The power of scenarios lies in their ability to help individuals break out of conventional modes of thinking and analysis by introducing unusual combinations of trends and deliberate discontinuities in narratives about the future. Imagining alternative future worlds through a structured analytical process enables policymakers to envision and thereby adapt to something altogether different from the known present.¶ Designing Scenarios for Political Science Inquiry¶ The characteristics of scenario analysis that commend its use to policymakers also make it well suited to helping political scientists generate and develop policy-relevant research programs. Scenarios are essentially textured, plausible, and relevant stories that help us imagine how the future political-economic world could be different from the past in a manner that highlights policy challenges and opportunities. For example, terrorist organizations are a known threat that have captured the attention of the policy community, yet our responses to them tend to be linear and reactive. Scenarios that explore how seemingly unrelated vectors of change—the rise of a new peer competitor in the East that diverts strategic attention, volatile commodity prices that empower and disempower various state and nonstate actors in surprising ways, and the destabilizing effects of climate change or infectious disease pandemics—can be useful for illuminating the nature and limits of the terrorist threat in ways that may be missed by a narrower focus on recognized states and groups. By illuminating the potential strategic significance of specific and yet poorly understood opportunities and threats, scenario analysis helps to identify crucial gaps in our collective understanding of global politicaleconomic trends and dynamics. The notion of “exogeneity”—so prevalent in social science scholarship—applies to models of reality, not to reality itself. Very simply, scenario analysis can throw into sharp relief often-overlooked yet pressing questions in international affairs that demand focused investigation.¶ Scenarios thus offer, in principle, an innovative tool for developing a political science research agenda. In practice, achieving this objective requires careful tailoring of the approach. The specific scenario analysis technique we outline below was designed and refined to provide a structured experiential process for generating problem-based research questions with contemporary international policy relevance.6 The first step in the process of creating the scenario set described here was to identify important causal forces in contemporary global affairs. Consensus was not the goal; on the contrary, some of these causal statements represented competing theories about global change (e.g., a resurgence of the nation-state vs. border-evading globalizing forces). A major principle underpinning the transformation of these causal drivers into possible future worlds was to “simplify, then exaggerate” them, before fleshing out the emerging story with more details.7 Thus, the contours of the future world were drawn first in the scenario, with details about the possible pathways to that point filled in second. It is entirely possible, indeed probable, that some of the causal claims that turned into parts of scenarios were exaggerated so much as to be implausible, and that an unavoidable degree of bias or our own form of groupthink went into construction of the scenarios. One of the great strengths of scenario analysis, however, is that the scenario discussions themselves, as described below, lay bare these especially implausible claims and systematic biases.8¶ An explicit methodological approach underlies the written scenarios themselves as well as the analytical process around them—that of case-centered, structured, focused comparison, intended especially to shed light on new causal mechanisms (George and Bennett 2005). The use of scenarios is similar to counterfactual analysis in that it modifies certain variables in a given situation in order to analyze the resulting effects (Fearon 1991). Whereas counterfactuals are traditionally retrospective in nature and explore events that did not actually occur in the context of known history, our scenarios are deliberately forward-looking and are designed to explore potential futures that could unfold. As such, counterfactual analysis is especially well suited to identifying how individual events might expand or shift the “funnel of choices” available to political actors and thus lead to different historical outcomes (Nye 2005, 68–69), while forward-looking scenario analysis can better illuminate surprising intersections and sociopolitical dynamics without the perceptual constraints imposed by fine-grained historical knowledge. We see scenarios as a complementary resource for exploring these dynamics in international affairs, rather than as a replacement for counterfactual analysis, historical case studies, or other methodological tools.¶ In the scenario process developed for NEFPC, three distinct scenarios are employed, acting as cases for analytical comparison. Each scenario, as detailed below, includes a set of explicit “driving forces” which represent hypotheses about causal mechanisms worth investigating in evolving international affairs. The scenario analysis process itself employs templates (discussed further below) to serve as a graphical representation of a structured, focused investigation and thereby as the research tool for conducting case-centered comparative analysis (George and Bennett 2005). In essence, these templates articulate key observable implications within the alternative worlds of the scenarios and serve as a framework for capturing the data that emerge (King, Keohane, and Verba 1994). Finally, this structured, focused comparison serves as the basis for the cross-case session emerging from the scenario analysis that leads directly to the articulation of new research agendas.¶ The scenario process described here has thus been carefully designed to offer some guidance to policy-oriented graduate students who are otherwise left to the relatively unstructured norms by which political science dissertation ideas are typically developed. The initial articulation of a dissertation project is generally an idiosyncratic and personal undertaking (Useem 1997; Rothman 2008), whereby students might choose topics based on their coursework, their own previous policy exposure, or the topics studied by their advisors. Research agendas are thus typically developed by looking for “puzzles” in existing research programs (Kuhn 1996). Doctoral students also, understandably, often choose topics that are particularly amenable to garnering research funding. Conventional grant programs typically base their funding priorities on extrapolations from what has been important in the recent past—leading to, for example, the prevalence of Japan and Soviet studies in the mid-1980s or terrorism studies in the 2000s—in the absence of any alternative method for identifying questions of likely future significance.¶ The scenario approach to generating research ideas is grounded in the belief that these traditional approaches can be complemented by identifying questions likely to be of great empirical importance in the real world, even if these do not appear as puzzles in existing research programs or as clear extrapolations from past events. The scenarios analyzed at NEFPC envision alternative worlds that could develop in the medium (five to seven year) term and are designed to tease out issues scholars and policymakers may encounter in the relatively near future so that they can begin thinking critically about them now. This timeframe offers a period distant enough from the present as to avoid falling into current events analysis, but not so far into the future as to seem like science fiction. In imagining the worlds in which these scenarios might come to pass, participants learn strategies for avoiding failures of creativity and for overturning the assumptions that prevent scholars and analysts from anticipating and understanding the pivotal junctures that arise in international affairs.

#### Our heuristic means we learn about the State without being it. It won’t entrench dominant norms BUT WE ALSO don’t’ invert the error and NEVER learn about them

Zanotti 14 (Dr. Laura Zanotti is an Associate Professor of Political Science at Virginia Tech. Her research and teaching include critical political theory as well as international organizations, UN peacekeeping, democratization and the role of NGOs in post-conflict governance.“Governmentality, Ontology, Methodology: Re-thinking Political Agency in the Global World” – Alternatives: Global, Local, Political – vol 38(4):p. 288-304,. A little unclear if this is late 2013 or early 2014 – The Stated “Version of Record” is Feb 20, 2014, but was originally published online on December 30th, 2013. Obtained via Sage Database.)

By questioning substantialist representations of power and subjects, inquiries on the possibilities of political agency are reframed in a way that focuses on power and subjects’ relational character and the contingent processes of their (trans)formation in the context of agonic relations. Options for resistance to governmental scripts are not limited to ‘‘rejection,’’ ‘‘revolution,’’ or ‘‘dispossession’’ to regain a pristine ‘‘freedom from all constraints’’ or an immanent ideal social order. It is found instead in multifarious and **contingent struggles** that are constituted **within** the scripts of **government**al **rationalities** and at the same time exceed and **transform them**. This approach questions oversimplifications of the complexities of liberal political rationalities and of their interactions with non-liberal political players and nurtures a radical skepticism about identifying universally good or bad actors or abstract solutions to political problems. International power interacts in complex ways with diverse political spaces and within these spaces it is appropriated, hybridized, redescribed, hijacked, and tinkered with. **Government**ality **as a heuristic** focuses on performing complex diagnostics of events. It invites historically situated explorations and careful differentiations rather than overarching demonizations of ‘‘power,’’ romanticizations of the ‘‘rebel’’ or the ‘‘the local.’’ More broadly, theoretical formulations that conceive the subject in non-substantialist terms and focus on processes of subjectification, on the ambiguity of power discourses, and on hybridization as the terrain for political transformation, open ways for reconsidering political agency beyond the dichotomy of oppression/rebellion. These alternative formulations also **foster** an ethics of political engagement, to be continuously taken up through plural and uncertain practices, that demand continuous attention to ‘‘what happens’’ instead of fixations on ‘‘what ought to be.’’83 Such ethics of engagement would not await the revolution to come or hope for a pristine ‘‘freedom’’ to be regained. Instead, it would constantly attempt to twist the working of power by playing with whatever cards are available and would require intense processes of reflexivity **on the consequences** of political choices. To conclude with a famous phrase by Michel Foucault ‘‘my point is not that everything is bad, but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do. So **my position leads not to apathy but to hyper and pessimistic activism.**’’84

## 1AC – Underview

#### 1] Yes 1AR theory – anything else allows infinite abuse – drop the debater, competing interps, and the highest layer – 1AR are too short to make up for the time trade-off – no RVIs – 6 min 2NR means they can brute force me every time.

#### 2] Reasonability on 1NC theory with the brightline of link and impact turn ground – there are infinite bidirectional interps that I can never meet – the four minute 1AR doesn’t have enough time to line by line every argument, make offense, and go for substance.

**3] Reject skep/permissibility – it’s an abhorrent view of the world that makes the debate space horrible - solves – Olson says waiting and denial hold minority groups back- this outweighs on accessibility –**