# Speech 1NC Loyola Doubles vs Aadit 9-6 9AM

## 1

#### Interpretation: Debaters may not justify 1ar theory is dtd, no rvi, competing interps, and it’s the highest layer

#### Violation: its all in the underview

#### Standard: Infinite Abuse - their norm justifies the affirmative auto winning every round since they can read 500 risk free 1AR shell with DTD and Competing interps making it impossible for me to answer all of them letting them collapse in the 2ar. if I try to uplayer the shell and read meta theory to get an out in the 2NR I can’t since your shell is the highest layer. Answering the argument doesn’t solve because you can read infinite of these paradigm issues in the 1ac making it impossible.

## 2

#### Interp – if affs don’t defend the exact text of the resolution, they must provide a solvency advocate.

#### Violation – they don’t – here’s the brightline – it must have members of the WTO as the actor, intellectual property, and medicine.

1AC Feldman 3 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

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

#### 1] Feldman 3 says legislative changes to the FDA’s drug approval system but that’s only the US

#### 2] they reference drugs – that’s distinct from medicine.

Singh 18 [Arvind Singh (Banaras Hindu University). “What is the difference between a medicine and drug?” 30th Dec, 2018. Accessed 8/30/21. <https://www.researchgate.net/post/What-is-the-difference-between-a-medicine-and-drug> //Xu]

Medicine is a substance or preparation used in treating disease, while drug is any chemical compound either synthesized in laboratory or of plant, animal or marine origin which is intended to bring change in normal physiological functions of body. All medicines are drugs but all drugs are not medicines.

#### Prefer –

#### 1] Predictable Limits – not having a clear solvency advocate should be a signal that topic lit on this aff is marginal – allowing them to jettison random words in the rez lets them cherry pick the best and unpredictable aff with little neg ground which skews clash and prep.

#### 2] Shiftiness – a blurry advocacy means they aren’t held to a detailed interpretation of the topic – allows them to shift out of 1NC args, disincentivizes substantial case engagement, and causes circumvention cuz companies don’t know what the plan entails which is a terminal solvency deficit to the aff.

#### Fairness – you conceded the judge will fairly evaluate your argument

#### Education – it’s the only portable impact to debate

#### CI – a) brightlines are arbitrary and self-serving which doesn’t set good norms b) it collapses since weighing between brightlines rely on offense defense

#### No RVIs – A - Forcing the 1NC to go all in on the shell kills substance education and neg strat which outweighs on timeframe, B - discourages checking real abuse which outweighs on norm-setting and constituvisim C - Encourages baiting – outweighs because if the shell is frivolous, they can beat it quickly D – its illogical for you to win for proving you were fair – outweighs since logic is a litmus test for other arguments E- No RVI’s with a Brightline of two shells- solves time skew warrants since there’s only two shells to respond to F – No time skew since both sides have 13-13 each to win

#### Neg gets drop the debater – a) Prep skew –they can frontline every shell to be efficient at DAs to deflate theory b) 1AR Flex – you can moot all 6 min of my offense and restart the debate on unpredictable layers while kicking the arguments

#### 1NC theory first - 1] Abuse was self-inflicted- They started the chain of abuse and forced me down this strategy 2] Norming- We have more speeches to norm over whether it’s a good idea since the shell was read earlier. A] It’s the constitutive purpose of theory debating B] it’s a pre-requisite to actualizing any other voter like fairness or education

## 3

#### The ROB is to determine the truth of falsity of the resolution –

#### 1] Textuality – five dictionaries[[1]](#footnote-1) define to negate as to deny the truth of and affirm[[2]](#footnote-2) as to prove true.

#### That OW –

#### a] Jurisdiction – judges are constrained through their constitutive purpose and proves it’s a side constraint on what arguments they can vote on.

#### b] Predictability – people base prep off the pregiven terms in the resolution.

#### 2] Isomorphism – alternative ROBs aren’t binary truth/false because of topic lit biases which increases intervention and takes the debate out of the hands of debaters.

#### 3] Inclusion – any offense functions under it as long as debaters implicate their positions to prove the truth or falsity of the resolution which maximizes substantive clash through ground and is a sequencing question for engaging in debate.

#### 4] Logic – any statement relies on a conception of truth to function – for example, I’m hungry is the same as its true that I’m hungry – logic is a litmus test for any argument and proves your ROB collapse since it relies on truth.

#### Presumption and permissibility negates – a) more often false than true since I can prove something false in infinite ways b) real world policies require positive justification before being adopted c) ought[[3]](#footnote-3) means “moral obligation” so the lack of that obligation means the aff hasn’t fulfilled their burden d) resolved[[4]](#footnote-4) indicates “firmly determined” which means they proactively did something, to negate that means that they aren’t resolved e) permissibility can’t affirm since then anything would be ok which would justify racism – we should be safe and do nothing. f) to negate[[5]](#footnote-5) means to deny the truth of which means if the aff is false you vote neg

#### Negate –

#### 1] member[[6]](#footnote-6) is “a part or organ of the body, especially a limb” but an organ can’t have obligations

#### 2] of[[7]](#footnote-7) is to “expressing an age” but the rez doesn’t delineate a length of time

#### 3] the[[8]](#footnote-8) is “denoting a disease or affliction” but the WTO isn’t a disease

#### 4] to[[9]](#footnote-9) is to “expressing motion in the direction of (a particular location)” but the rez doesn’t have a location

#### 5] reduce[[10]](#footnote-10) is to “(of a person) lose weight, typically by dieting” but IP doesn’t have a body to lose weight.

#### 6] for[[11]](#footnote-11) is “in place of” but medicines aren’t replacing IP.

#### 7] medicine[[12]](#footnote-12) is “(especially among some North American Indian peoples) a spell, charm, or fetish believed to have healing, protective, or other power” but you can’t have IP for a spell.

#### 8] External Worlds –

#### 9] Bonini’s Paradox –

#### 10] GSP –

#### 11] Moral Skep –

1. <http://dictionary.reference.com/browse/negate>, <http://www.merriam-webster.com/dictionary/negate>, <http://www.thefreedictionary.com/negate>, <http://www.vocabulary.com/dictionary/negate>, <http://www.oxforddictionaries.com/definition/english/negate> [↑](#footnote-ref-1)
2. *Dictionary.com – maintain as true, Merriam Webster – to say that something is true, Vocabulary.com – to affirm something is to confirm that it is true, Oxford dictionaries – accept the validity of, Thefreedictionary – assert to be true* [↑](#footnote-ref-2)
3. https://www.merriam-webster.com/dictionary/ought [↑](#footnote-ref-3)
4. https://www.google.com/search?q=resolved+definition&rlz=1C1CHBF\_enUS877US877&oq=resolved+definition&aqs=chrome..69i57.2078j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-4)
5. <http://dictionary.reference.com/browse/negate>, <http://www.merriam-webster.com/dictionary/negate>, <http://www.thefreedictionary.com/negate>, <http://www.vocabulary.com/dictionary/negate>, <http://www.oxforddictionaries.com/definition/english/negate> [↑](#footnote-ref-5)
6. https://www.google.com/search?q=member+definition&rlz=1C1CHBF\_enUS877US877&oq=member+definition&aqs=chrome.0.69i59j69i60l3.1863j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-6)
7. https://www.google.com/search?q=of+definition&rlz=1C1CHBF\_enUS877US877&oq=of+definition&aqs=chrome.0.69i59j69i61l3.1473j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-7)
8. https://www.google.com/search?q=the+definition&rlz=1C1CHBF\_enUS877US877&oq=the+definition&aqs=chrome..69i57j69i64j69i61j69i60l2.1976j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-8)
9. https://www.google.com/search?q=to+definition&rlz=1C1CHBF\_enUS877US877&oq=to+definition&aqs=chrome..69i57j69i60l3.1415j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-9)
10. https://www.google.com/search?q=reduce+definition&rlz=1C1CHBF\_enUS877US877&sxsrf=AOaemvI3lZsbmnXg5WHeL4m6rYGn8Vf6Aw%3A1630610232638&ei=OCMxYbCaJpO0tQb6wpGoCA&oq=reduce+definition&gs\_lcp=Cgdnd3Mtd2l6EAMyCQgjECcQRhD5ATIECAAQQzIECAAQQzIFCAAQgAQyBQgAEIAEMgUIABCABDIFCAAQgAQyBQgAEIAEMgUIABCABDIFCAAQgAQ6BwgAEEcQsAM6BwgAELADEEM6BwgjEOoCECc6BAgjECc6BQgAEJECOhEILhCABBCxAxCDARDHARDRAzoKCAAQsQMQgwEQQzoHCAAQsQMQQzoICAAQgAQQsQM6CAgAELEDEIMBOgoIABCABBCHAhAUSgQIQRgAUMLMBFjS3QRgnt8EaAJwAngDgAG2A4gB-heSAQozLjExLjEuMi4xmAEAoAEBsAEKyAEKwAEB&sclient=gws-wiz&ved=0ahUKEwiwlru9gOHyAhUTWs0KHXphBIUQ4dUDCA8&uact=5 [↑](#footnote-ref-10)
11. https://www.merriam-webster.com/dictionary/for#:~:text=English%20Language%20Learners%20Definition%20of,meant%20to%20be%20used%20with [↑](#footnote-ref-11)
12. https://www.google.com/search?q=medicine+definition&rlz=1C1CHBF\_enUS877US877&oq=medicine+definition&aqs=chrome.0.69i59.2986j0j7&sourceid=chrome&ie=UTF-8 [↑](#footnote-ref-12)