# Disability aff normal text

## Framework

#### Subject formation relies on an autonomous separation of the body and the individual that excludes crips – within civil society, they can never express themselves as autonomous subjects able to move beyond their bodies – the only ethical demand is the end of subjectivity and to affirm crip subjectivity

**Braswell 11 (Harold Braswell, “Can there be a Disability Studies Theory of "End-of-Life Autonomy"?”,** [**http://dsq-sds.org/article/view/1704/1754)**](http://dsq-sds.org/article/view/1704/1754))

**While there are many competing conceptions of "autonomy" (Christman, 1998), there is common ground among philosophers in understanding "autonomy" to be a conception of subjectivity that defines the individual as a self-governing being(Buss, 2008). In this view, individuals are coherent, self-knowing entities with the capacity to understand and, ideally, to act on their own desires. These desires are, in turn, what is best for the individual: In other words, the individual him or herself is best able to determine his or her own conception of the "good life" (Emanuel, 1991, p. 81). This conception is considered independent of and, conceivably, even in opposition to society. The individual is thus prior to society, and while society can provide the means of realizing the individual's desires, it does not constitute them. The individual is master and creator of himself. As a conception of subjectivity, "autonomy" determines the organization and function of the state. In liberal democracy, the state adopts an attitude of "neutrality" with regard to its citizens (Emanuel 1991, p. 36). The state does not postulate a unified vision of the "good life," to which its citizens universally ascribe. Rather, by abstaining from proposing such a unifying public conception, the state allows its citizens, in the private sphere, to determine their own vision of the "good life" (Fineman, 2004, p. 19; Emanuel 1991, p. 36). The state is thus organized to avoid paternalism, which is "the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm" (Dworkin, 2010). Consequently, the liberal state fosters the "autonomy" of its citizens by abstaining from contact with them. This view is consistent with and dependent on the autonomous individual's originary asociality. Less commented on—but no less important—is the manner in which "autonomy" conceives of the individual's relation to his or her body. The autonomous individual is master of ~~his or her~~ (their) own body, but ~~his~~ (their) body is not synonymous with the self. Rather, the self owns the body like a piece of property(Andrews, 1986; Rao, 2000). He or she instrumentalizes it, using it as he sees fit, in accord with ~~his~~ (their) particular vision of the good life. The autonomous subject exerts mastery over his or her body; such mastery is, in fact, the mark of ~~his~~ (their) freedom—and any attempt to manipulate the individual's body against ~~his~~ (their) will would be the ultimate example of paternalistic domination. "Autonomy" thus reifies a Cartesian division between subjectivity and corporeality, postulating the individual as prior to ~~his or her~~ (their) body in a manner that parallels ~~his~~ (their) relation to society. Thus, just as society can impinge itself on the individual's autonomy, so too can the individual's body, if it resists ~~his~~ (their) commands. This presumptive conflict between subjectivity and corporeality is what makes the very concept of "end-of-life autonomy" possible. The Intersection of Political "Autonomy" and "End-of-Life Autonomy" How does the conception of end-of-life autonomy in bioethics relate to this broader definition of "autonomy" as a form of political subjectivity? Just as "autonomy" connotes the individual's self-realization in the absence of external political impairments, so "end-of-life autonomy" marks a space in the private sphere where the individual can make decisions about his own life without imposition from political authority. The state recognizes individual "autonomy," but, due to its neutrality, it is not understood to affect "autonomy" itself. Similarly, the relevant medical information tendered in "informed consent" is a precondition for patient autonomy, but does not compromise this autonomy in any way. Like the state, this information is considered to be of a neutral character. In this sense, "end-of-life autonomy" extends political neutrality to medical authority: The nullification of the doctor's own perspective of the "good life" and the presumed neutrality of medical data is parallel to the liberal state's coupling of a lack of a conception of a public good with its own neutral political structures. The "neutrality" of medical and political spheres is, in turn, only possible because "autonomy" conceives the individual to be primarily acorporeal and asocial. Thus, in a seeming paradox, the medical and political aspects of "autonomy" represent the individual as fundamentally independent of both medicine and politics. The autonomous individual's independence from body and society is reflected in the construction of the bioethical encounter, as well as that of social action more generally. Consequently, one cannot discuss "end-of-life autonomy" without implicitly commenting on the political organization of life in liberal democracy. My treatment of the disability studies rethinking of "autonomy" will move between these micro- and macro- levels, in recognition that any reformulation of "end-of-life autonomy" will necessarily also reformulate the relationship between individual, society, and the state. Rethinking Autonomy The first claim in a disability studies reformulation of autonomy is that "autonomy" is itself, prior to any application to persons with disabilities, saturated with ableist norms. Rosemarie Garland-Thomson has argued that the rise of liberal individualism—which, as Paul Root Wolpe notes, is synonymous with autonomy (Wolpe, 1998, p. 43)—was predicated on ideals of self-government that were prejudicial against the disabled (Garland-Thomson, 1997, p. 43). The deviant corporeality of the disabled body refused the dictates of the autonomous individual. Similarly, the visible dependence of persons with disabilities on social relations—whether incarnated in caretaking bonds or technological prostheses—was the denigrated opposite of the autonomous self's constitutive independence. As a reminder of the individual's dependence on both body and society, disability represented the destruction of the autonomy (p.44). Historically, then, the rise of the autonomous subject created disability as a pathology. For Garland-Thomson, the primordial asociality of the autonomous individual obscures the relational core of individual identity. A disability studies rethinking of autonomy, in contrast, highlights the role of relationships in the constitution of individual identity. Various sources exist for such an argument: Most recently, feminist physicist Karen Barad (2006) has analyzed the experiments of Niehls Bohr to argue that discrete relata do not preexist the relationships that bind them, but rather are a product of these relationships (p. 140). Barad's claims accord with Foucauldian accounts of the discursive production of the modern individual (Foucault, 1971, 1978). A clinical basis for such arguments can be found in the work of developmental psychologist Phillipe Rochat whose work Others in Mind postulates the primacy of culturally-formed caretaking relationships in the development of self-consciousness (Rochat, 2009). This theoretical, historical, and clinical literature demonstrates that the self is always already interpenetrated with the other. "Autonomy's" insistence on the necessarily coercive or instrumental character of relationships is thus untenable. But disability studies also raises questions about relational theories of subjectivity. Such theories cannot account for the possibility of "internalized discrimination"—a concept fundamental to disability critique (Campbell, 2009, p. 16; Charlton, 2000, p. 27). The problem of "internalized discrimination" supersedes debates about whether the self is primarily isolated or relational. Both phenomenologically oriented and intersubjective developmental psychologists, while disagreeing on the primacy of the "first-person perspective" (Zahavi, 2005), share a view of the subject as a coherent entity. This coherence may be relational or not, but, in either case, it eliminates the possibility that a person could, in some sense, be turned against him or herself. This view of the self as a coherent entity is fundamental to the autonomous subject. The hegemony of "autonomy" in bioethics explains why the field not only considers internalized discrimination to be irrelevant to determining autonomy, but in fact cannot conceive of it as a possibility. Disability studies must propose an alternative conception of subjectivity, one based not in coherence, but rather in conflict. Grounding the subject in conflict makes it possible to conceive of how persons with disabilities, because of the conflictive nature of life in an ableist society, can persistently devalue their own existence. At the same time, a conflict-based theory of subjectivity highlights that such internalized ableism is never total—and that it always possible for individuals to oppose it. Grounding the subject of disability studies in conflict thus makes it possible to conceive of not only internalized ableism, but also a world without it. The inability of the liberal conception of autonomy to imagine internalized discrimination relates to its model of civil society and the state. The liberal state provides the grounds for individual autonomy through the negative freedom of not interfering in the social order. This perspective naturalizes the social order as an entity that allows for the equal self-realization of its members. It cannot conceive of society as privileging some individuals over others (Felski, 1989, p. 168, cited in Slaughter, 2007, p. 146). As a result, this view is unable to conceive of ableism or, for that matter, or any form of power relations. In contrast, a disability studies rethinking of autonomy understands society to be defined, like the individual, by conflict—particularly (though not exclusively) the conflict between the able and disabled. This conflict manifests itself in and is mediated by individual psychology, just as individual psychology mediates social organization. Both must be considered, as both are fundamentally intertwined. This critique of the presumed neutrality of the liberal state applies as well to the procedures designed to determine whether a particular individual is acting "autonomously" or not. "Autonomy" presumes a radical separation between the individual and the procedural measures taken to ensure the autonomy of his decision. The framing of the choices presented to the individual, as well as the procedures that ensure that he is of "sound mind" (Werth, 1998, p. 5) are not considered to limit him, but rather to provide neutral vehicles for the realization of ~~his~~ (their) freedom. Thus, as I discussed earlier, "informed consent" is considered to be an essential precursor of autonomy because the medical information it supplies is considered to give the individual the possibility of choice, without determining which choice he or she would make. But, as Karen Barad (2006) has argued, Bohr's experiments rendered the presumed neutrality of the measuring apparatus highly suspect. Just as relata are a product of relationships, so too the scientific measure produces the very entities whose existence it presumes to catalog (p. 140). As a result, in Barad's view, the goal of science should not be to claim the neutrality of its measures but instead to scrutinize the seemingly discrete identities that its measures create (p. 393). A disability studies critique of "autonomy" would thus draw attention to how "autonomy's" neutral procedures produce the very autonomous subjectivity they claim to discover, and how the resulting "autonomous" subject is structured according to ableist norms. For example, Paul Root Wolpe (1998) has highlighted that the legal model for end-of-life autonomy is the private contract (p. 51). But, as Martha Albertson Fineman (2004) has pointed out, the private contract obscures the public nature of the private sphere (p. 226). This false division skews decision-making in bioethics and liberal politics more generally. While the negative freedom of autonomy leaves individuals presumably free from public forces, it does not enable them to make demands on the state and society. Thus physician-assisted suicide is legitimized as an "autonomous" choice due to its private nature, but an individual demand for healthcare would not be protected as an exercise in "autonomy" (Wolpe, 1998, p. 53). Similarly, the presumably neutral category of the "removal of life-sustaining treatment" creates an articulation of subjectivity in which individuals exist separate from and prior to technological prostheses. An alternative, as illustrated by Fiona Kumari Campbell as well as Barad, would be to adopt the view that technology—including end-of-life technology—is expressive of and constitutive of individual character (Campbell, 2009, p. 53; Barad, 2006, p. 158-9). The seemingly "neutral" measure of the individual's desire to remove treatment is what enacts their separation, producing the asocial autonomous subject it claims to discover. The same is true of the conception of causation underpinning "autonomy." Here, the individual's desire to die must be traced to a discrete medical cause. Were it shown that this desire were due to social or psychological factors—such as poverty or, for example, a desire to enact vengeance on a father figure—then its "autonomy" would be nullified. But this very understanding of causation presumes that medical data are discrete entities readily isolable from social, economic, and psychological forces. In fact, the central concern of the disability rights movement has been to show the social valorizations implicit in purportedly neutral medical measures (Charlton, 2000, p. 23-36). By treating medical data as neutral facts, "informed consent" separates both them and the deciding individual from any mediation by society. The result is a conception of not only medicine, but also individual subjectivity as atomized entities. Autonomy's criterion of "consistency of character" is especially problematic. In an ableist society, individuals will, by default, tend to be consistently ableist. They will frequently have derogatory perceptions about life with disability, and will be particularly fearful of living with the open acknowledgement of their dependence on others. The achievement of such acknowledgement would not be a form of "consistency of character;" rather, it would be an active development of one's character towards a heightened understanding and experience of life as a social being. But the criterion of "consistency of character" will, in an ableist society, always be prejudiced against such realizations—considering them deformations of the individual's "consistent" self. Its seeming neutrality enforces ableism. Finally, "autonomy" enacts a split between the individual and his or her body. The autonomous individual's consideration of his body as property precludes a consideration of the body's role in constituting subjectivity. This self/body split is inherently prejudiced against individuals who, while living, cannot express themselves in terms that render them legible as autonomous subjects. Thus, persons in persistent vegetative states cannot be recognized as autonomous beings; rather, their autonomous decision must be determined by the information on their advanced directives, which refers to a time when they were "autonomous" (Olick, 2004, p. xviii). As "vegetative" bodies, they do not figure as legal or medical subjects. This obfuscation of the living body is a product of autonomy's acoporeal construction of the self. Thus, rather than neutral, the very measuring apparatus of "autonomy" produces a conception of the individual that, in its self-coherence and independence from both technological and biological processes, is constituted by ableist norms. This conception of the individual is buoyed by an understanding of medical data as asocial markers of objective truth, and an understanding of society as a coherent and power-free sphere that gives all its members equal opportunity for self-realization. Such a conception of subjectivity is, I have argued, inherently ableist, and it should be abandoned by disability studies. Nevertheless, though I think that we should abandon this liberal conception of "autonomy," I do not think that we can give up on "autonomy" itself. In the following section, I argue that disability studies scholars must appropriate "autonomy" for our own ends, and explain how we can do so.**

**Society views those who don’t fit perfect mold as lesser human being. Thus the only way to truly understand Societal Oppression is through Disability.**

**Siebers 10 [Tobin Siebers, Department of English Language and Literature at the University of Michigan; “The Aesthetics of Human Disqualification”; University of Michigan Press; 10/28/2010; accessed 07/30/19 // WHSRS]**

**Disqualification as a symbolic process removes individuals from the ranks of quality human beings, putting them at risk of unequal treatment, bodily harm, and death. That people may be subjected to violence if they do not achieve a prescribed level of quality is an injustice rarely questioned. In fact, even though we may redefine what we mean by quality people, for example as historical minorities are allowed to move into their ranks, we have not yet ceased to believe that nonquality human beings do exist and that they should be treated differently from people of quality. Harriet McBryde Johnson’s debate with Peter Singer provides a recent example of the widespread belief in the existence of nonquality human beings (Johnson). Johnson, a disability activist, argues that all disabled people qualify as persons who have the same rights as everyone else. Singer, a moral philosopher at Princeton University, claims to the contrary that people with certain disabilities should be euthanized, especially if they are thought to be in pain, because they do not qualify as persons. Similarly, Martha Nussbaum, the University of Chicago moral philosopher, establishes a threshold below which “a fully human life, a life worthy of human dignity,” is not possible (181). In particular, she notes that the onset of certain disabilities may reduce a person to the status of former human being: “we may say of some conditions of a being, let us say a permanent vegetative state of a (former) human being, that this just is not a human life at all” (181). Surprisingly little thought and energy have been given to disputing the belief that nonquality human beings do exist. This belief is so robust that it supports the most serious and characteristic injustices of our day. Disqualification at this moment in time justifies discrimination, servitude, imprisonment, involuntary institutionalization, euthanasia, human and civil rights violations, military intervention, compulsory sterilization, police actions, assisted suicide, capital punishment, and murder. It is my contention that disqualification finds support in the way that bodies appear and in their specific appearances—that is, disqualification is justified through the accusation of mental or physical inferiority based on aesthetic principles. Disqualification is produced by naturalizing inferiority as the justification for unequal treatment, violence, and oppression. According to Snyder and Mitchell, disability serves in the modern period as “the master trope of human disqualification.” They argue that disability represents a marker of otherness that establishes differences between human beings not as acceptable or valuable variations but as dangerous deviations. Douglas Baynton provides compelling examples from the modern era, explaining that during the late nineteenth and early twentieth centuries in the United States disability identity disqualified other identities defined by gender, race, class, and nationality. Women were deemed inferior because they were said to have mental and physical disabilities. People of color had fewer rights than other persons based on accusations of biological inferiority. Immigrants were excluded from entry into the United States when they were poor, sick, or failed standardized tests, even though the populations already living there were poor, sick, and failed standardized tests. In every case, disability identity served to justify oppression by amplifying ideas about inferiority already attached to other minority identities. Disability is the trope by which the assumed inferiority of these other minority identities achieved expression. The appearance of lesser mental and physical abilities disqualifies people as inferior and justifies their oppression. It is now possible to recognize disability as a trope used to posit the inferiority of certain minority populations, but it remains extremely difficult to understand that mental and physical markers of inferiority are also tropes placed in the service of disability oppression. Before disability can be used as a disqualifier, disability, too, has to be disqualified. Beneath the troping of blackness as inbuilt inferiority, for example, lies the troping of disability as inferior. Beneath the troping of femininity as biological deficiency lies the troping of disability as deficiency. The mental and physical properties of bodies become the natural symbols of inferiority via a process of disqualification that seems biological, not cultural—which is why disability discrimination seems to be a medical rather than a social problem. If we consider how difficult it is at this moment to disqualify people as inferior on the basis of their racial, sexual, gender, or class characteristics, we may come to recognize the ground that we must cover in the future before we experience the same difficulty disqualifying people as inferior on the basis of disability. We might also recognize the work that disability performs at present in situations where race, sexuality, gender, and class are disqualify people as physically or mentally inferior. Aesthetics studies the way that some bodies make other bodies feel. Bodies, minimally defined, are what appear in the world. They involve manifestations of physical appearance, whether this appearance is defined as the physical manifestation itself or as the particular appearance of a given physical manifestation. Bodies include in my definition human bodies, paintings, sculpture, buildings, the entire range of human artifacts as well as animals and objects in the natural world. Aesthetics, moreover, has always stressed that feelings produced in bodies by other bodies are involuntary, as if they represented a form of unconscious communication between bodies, a contagious possession of one body by another. Aesthetics is the domain in which the sensation of otherness is felt at its most powerful, strange, and frightening. Whether the effect is beauty and pleasure, ugliness and pain, or sublimity and terror, the emotional impact of one body on another is experienced as an assault on autonomy and a testament to the power of otherness. Aesthetics is the human science most concerned with invitations to think and feel otherwise about our own influence, interests, and imagination. Of course, when bodies produce feelings of pleasure or pain, they also invite judgments about whether they should be accepted or rejected in the human community. People thought to experience more pleasure or pain than others or to produce unusual levels of pleasure and pain in other bodies are among the bodies most discriminated against, actively excluded, and violated on the current scene, be they disabled, sexed, gendered, or racialized bodies. Disabled people, but also sex workers, gay, lesbian, bisexual, and transgendered people, and people of color, are tortured and killed because of beliefs about their relationship to pain and pleasure (Siebers 2009). This is why aesthetic disqualification is not merely a matter for art critics or museum directors but a political process of concern to us all. An understanding of aesthetics is crucial because it reveals the operative principles of disqualification used in minority oppression. Oppression is the systematic victimization of one group by another. It is a form of intergroup violence. That oppression involves “groups,” and not “individuals,” means that it concerns identities, and this means, furthermore, that oppression always focuses on how the body appears, both on how it appears as a public and physical presence and on its specific and various appearances. Oppression is justified most often by the attribution of natural inferiority—what some call “in-built” or “biological” inferiority. Natural inferiority is always somatic, focusing on the mental and physical features of the group, and it figures as disability. The prototype of biological inferiority is disability. The representation of inferiority always comes back to the appearance of the body and the way the body makes other bodies feel. This is why the study of oppression requires an understanding of aesthetics—not only because oppression uses aesthetic judgments for its violence but also because the signposts of how oppression works are visible in the history of art, where aesthetic judgments about the creation and appreciation of bodies are openly discussed. One additional thought must be noted before I treat some analytic examples from the historical record. First, despite my statement that disability now serves as the master trope of human disqualification, it is not a matter of reducing other minority identities to disability identity. Rather, it is a matter of understanding the work done by disability in oppressive systems. In disability oppression, the physical and mental properties of the body are socially constructed as disqualifying defects, but this specific type of social construction happens to be integral at the present moment to the symbolic requirements of oppression in general. In every oppressive system of our day, I want to claim, the oppressed identity is represented in some way as disabled, and although it is hard to understand, the same process obtains when disability is the oppressed identity. “Racism” disqualifies on the basis of race, providing justification for the inferiority of certain skin colors, bloodlines, and physical features. “Sexism” disqualifies on the basis of sex/gender as a direct representation of mental and physical inferiority. “Classism” disqualifies on the basis of family lineage and socioeconomic power as proof of inferior genealogical status. “Ableism” disqualifies on the basis of mental and physical differences, first selecting and then stigmatizing them as disabilities. The oppressive system occults in each case the fact that the disqualified identity is socially constructed, a mere convention, representing signs of incompetence, weakness, or inferiority as undeniable facts of nature. As racism, sexism, and classism fall away slowly as justifications for human inferiority—and the critiques of these prejudices prove powerful examples of how to fight oppression—the prejudice against disability remains in full force, providing seemingly credible reasons for the belief in human inferiority and the oppressive systems built upon it. This usage will continue, I expect, until we reach a historical moment when we know as much about the social construction of disability as we now know about the social construction of race, class, gender, and sexuality. Disability represents at this moment in time the final frontier of justifiable human inferiority.**

**Thus ROB is to vote for the debater who best challenges ableism**

**Prefer –**

1. **Assumptions of ableism are inherent in systems of knowledge production thus ableism is an a priori question \*A Campbell 13\*C**

**Campbell 13 (Fiona Kumari Campbell, Adjunct Professor in the Department of Disability Studies at Griffith University. Wednesday 27 November 2013. Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence. Keynote speech at Disability at the Margins: Vulnerability, Empowerment and the Criminal Law)**

What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. **Ableism is** deeply **seeded at the level of knowledge systems** of life, personhood and liveability. **Ableism is not just** a matter of ignorance or **negative attitudes** towards disabled people; **it is a schema of perfection**, **a** deep **way of thinking about bodies**, wholeness and permeability.6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. **Compulsory ablebodiedness is implicated in the** very **foundations of social theory**, therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy. Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, the concept of **abledness is predicated on** some **preexisting notion about the nature of typical** species **functioning** that is beyond culture and historical context. **Ableism** does not just stop at propagating what is typical for each species. An ableist imaginary **tells us what** a healthy body means – a normal mind, the pace, the tenor of **thinking and** the kinds of **emotions** and affect that **are suitable to express**. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. This abled imaginary relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability and compulsoriness of the norms of ableism. Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication. Studies in Ableism (SiA) inverts traditional approaches, by shifting our concentration to what the study of disability tells us about the production, operation and maintenance of ableism. In not looking solely at disability, we can focus on how the abled able-bodied, non-disabled identity is maintained and privileged. Disability does not even need to be in the picture. SiA’s interest in abledness means that the theoretical foundations are readily [is]applicable to the study of difference and the dividing practices of race, gender, location and sexual orientation. **Reframing our focus** from disability to ableism prompts different preoccupations: • What does the study of the politics of ‘vulnerability’ tells us about what it me ty ans to be ‘non-vulnerable’? • Indeed how is the very conceptualisation of ‘autonomy’ framed in the light of discourses of ‘vulnerability’? • In representing vulnerabilias universal does this detract from the specificity of disability experiences? SiA examines the ways that concepts of wellbeing, vulnerability and deficiency circulate throughout society and impact upon economic, social, legal and ethical choices. Principally SiA focuses on the limits of tolerance and possessive individualism. Extending the theorization of disability, studies in ableism **can enrich our understanding of the** production of vulnerability and the **terms of engagement in** civic **life** and the possibilities of social inclusion. I now turn to unpacking the nuances and structure of a theory of ableism.

1. **Sociological subjectivity** 
   1. **Rule following – Only implications of social norms can determine how we ought to follow moral principles since there is nothing inherent about rules that definitionally tell you how to follow them.**
   2. **And, Disabled bodies are excluded from knowledge production leading to flawed epistemology and epistemic violence. \*A Silvers 15 \*C**

**Silvers 15 Anita. “Feminist Perspectives on Disability.” Stanford Encyclopedia of Philosophy, Stanford University, 4 May 2009,** <https://plato.stanford.edu/archives/spr2015/entries/feminism-disability/#FemEpiDisSta>

**The experiences of people** diagnosed **with** cognitive **impairments** also usually **are dismissed as** epistemologically **defective**, judged against the philosophical ideal of the rational thinker. Some people described as cognitively impaired have anomalous patterns of cognitive skills, in some ways failing to attain, but in other ways exceeding, levels typical for the species. For example, individuals with Down Syndrome, who think abstractly only with difficulty or not at all, sometimes have greater than usual skills in perceiving, and remembering, the concrete details of what they see or hear. And people with Williams Syndrome quite often have greater social and emotional intelligence than is species-typical for humans, as well as unusual musical facility. This is not even to mention the innovative insightfulness and creativity achieved by individuals with diagnoses of various kinds of psychoses and similar so-called mental disabilities, conditions experienced by many famed artists, writers and musicians. Such **individuals** usually **are exempted from philosophy's scope** as, **for example, when epistemological theory discounts the judgments of blind people as irrelevant** or unimportant **to** philosophical **accounts of** empirical **knowledge**, as philosopher Magee dismisses philosopher Milligan.. And people who lack abstract thinking skills, thereby diverging from the kind of human capability philosophers themselves exercise so well and enjoy so greatly, usually are dismissed as unimportant, that is, as not rising to philosophical considerability. **People whose** cognitive **anomalies impede** them from **arriving at** and articulating **complex** and rationalized **accounts of their own good** very often are not accorded full status, and sometimes even **are denied considerability**, by moral and political theories, including pluralistic liberal theories committed to respecting citizens' diverse values. (See McMahan **2005** and Kittay 2005) Yet, as Francis and Silvers (Francis and Silvers 2007, Silvers and Francis 2009) have pointed out, normally autonomous individuals do not arrive at, nor do they express, notions of their own good in isolation from, or independent of, their interactions with other people. Conceptualizations of the good of cognitively impaired people, developed through structurally similar collaborative interactions between them and others, deserve equal consideration in moral and political philosophy. To account for the misfit between philosophical paradigms and their realities, **the testimony** or example **of outliers such as blind people**, and people with Down Syndrome or Williams Syndrome, typically is **[are] disallowed on the ground that it must be inherently flawed** where it challenges or deviates from philosophical theory. Yet to disregard the standpoints, and thereby the performances and reports of the experienced world, of unusual people impoverishes philosophizing by diminishing the epistemological adequacy of philosophical accounts. Further, as an application of Miranda Fricker's analysis of epistemic injustice shows, the practice of systematically discounting belief claims made by people with disabilities should be condemned as testimonial injustice: **individuals are wronged based on their disability status when they aspire to roles as knowers** (see Fricker 2009). **No**r, to apply a lesson from feminist philosophy of science, can objective **knowledge about disability** **[can] be produced unless disabled people,** including people with cognitive disabilities, **are fully respected members of the community** of inquirers (see Longino 2001). Francis and Silvers have proposed an approach to constructing ideas of the good with full respect for and inclusion of the viewpoints of severely disabled persons (Francis and Silvers 2006, Silvers and Francis 2009).

1. **Ideal Theory fails -**
   1. **Every inclusive framework leaves someone out but our framework starts with the starting point of exclusion which means collapses to the aff framework and changing the framework moots 6 mins of offense and skews my time 7-13**
   2. **Infinitely Regressive: an ideal theory requires another ideal theory and so on and on to justify itself – only non-ideal theory can have a grounded stasis point – empirical reality.**
2. **Suppose a sentence p asserts its truth or falsity. In this instance, either P is true, or P is false, if it is true, it is what it says it is, so it is true, if it is false, it is what it says it is, so it is true. The very denial of the idea that truth claims exist presupposes the truth value of the statement.**

#### Challenging ableism in educational spaces is an ethical responsibility

**McLean 8 (Margaret McLean, “Teaching about disability: an ethical responsibility?”, International Journal of Inclusive Education, Vol. 12, Nos. 5-6, p. 605-606)**

**This paper claims that identifying, confronting, and changing ableist and oppressive views of disability through adult education is an ethical responsibility for educators. This can be construed as requiring changes to the kind of in-service education currently provided for professionals in the fields of special education and disability support. It requires a context for both adult educators and students to examine and challenge their assumptions and participate in a process of change leading to the disestablishment of beliefs in ableist superiority. The paper illustrates the effect of some prac- tices, which enable reflection and critique on ableist assumptions while promoting opportunities for disabled and non-disabled people to get to know one another as both teachers and learners. Introduction For more than a decade, disability-related discrimination has been one of the nine legal grounds in New Zealand for making a complaint to the Human Rights Commission. Yet a recent comprehensive assessment of the status of human rights in New Zealand identified disabled people as remaining ‘among the most disadvantaged citizens’ who continue to experience the ‘greatest barriers’ in attaining full and equal social partic- ipation in education, income and employment (Human Rights Commission, 2004a, p. 29; 2004b, p. 3). Access to full citizenship status continues to be impeded by conflicting political and social understandings of the meaning and experience of disablement. Similar confusions have been documented in other developed nations influenced by theories of rights and equality on the one hand and those of neo- liberalism on the other (Rioux & Valentine, 2006). Shaped by the views expressed by international organisations such as the World Bank and the Organisation for Economic Co-operation and Development (OECD), the political view of education is instrumental and economic; the stated means to achieve the political goals of sustain- able economic and social development (Dale, 2008; Ministry of Education, 2007). In contrast, education can also be viewed as an ethical undertaking that seeks to enhance human dignity and potential. As Freire (1997) noted, ‘The ethical require- ments are becoming more and more critical in a world that is becoming less and less ethical’ (p. 313). His argument is that teaching has a dimension beyond means-end instrumentality and a role in the promotion of social justice. Related views are expressed in recent philosophical writing examining understandings of disability and considerations of teaching as an ethical endeavour, a craft or activity with ‘moral’ importance (Applebaum, 2004; Baglieri & Knopf, 2004; Hansen, 2004; MacIntyre, 1999; Tom, 1980). Similarly the understandings offered by critical social science about how power works may assist educators to recognise the ways in which their teaching may unintentionally support systemic oppression by maintaining narrow criteria of normalcy (Young, 1990).**

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**Advocacy**

#### Plan text: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines during pandemics. CPs, Ks, and PICs affirm because they do not disprove my general thesis.

#### Here’s spec – enforcement through limited IP waivers solve – patent term extensions are normal means and solves innovation and scale-up.

Young and Potts-Szeliga 21 [Roberta; Counsel in Seyfarth’s Litigation department and Intellectual Property and Patent Litigation practice groups in Los Angeles; Jamaica Potts-Szeliga; Partner in Seyfarth’s Litigation department and Intellectual Property and Patent Litigation practice groups in Washington, DC. She also provides advice on FDA regulatory issues and is part of the firm’s Health Care, Life Sciences, and Pharmaceuticals team; “A Third Option: Limited IP Waiver Could Solve Our Pandemic Vaccine Problems,” IP Watch Dog; 7/21/21; <https://www.ipwatchdog.com/2021/07/21/third-option-limited-ip-waiver-solve-pandemic-vaccine-problems/id=135732/>] Justin

Limited Waiver Approach

This article suggests a third option, between voluntary vaccine donation and the full IP waiver proposal, that may offer a way forward. The third proposed solution is incentivized limited IP waivers that could encourage (or require) private companies to engage in licensing agreements with nations to share some, but not all, of the knowledge and designs covering the COVID-19 vaccines to the developing world. The limited IP waivers could cover the minimum necessary portions of the technology to produce basic COVID-19 vaccines. The waivers could be limited in time to the duration of the pandemic, or another term agreed to by the WTO. The term could also be defined as ending when widespread vaccination and immunity goals are achieved. The incentive for pharmaceutical companies to support such limited IP waivers could be provided in the form of patent term extensions for the technology covered by the limited IP waivers.

Extensions of patent term are already known and widely used. In the U.S., patent term adjustments are automatically added on to the patent lifespan to account for any delays by the USPTO in the patent prosecution process. In some cases, these mechanisms may extend the patent term for years. Patent term extensions also are available for regulatory delays (35 U.S.C. § 156). In particular, patents covering, inter alia, drug products approved by the United States Food & Drug Administration may be eligible for up to five years of additional patent term to give back time required to complete the regulatory review process. Both patent term adjustments and patent term extensions arise from activities beyond the control of the pharmaceutical companies. A pandemic patent term extension fashioned after such known extensions could be made used to compensate for the current pressing global health needs.

This third proposal may be achievable at the WTO. Hurdles remain and it could be months or years before the WTO reaches an agreement on any waiver of IP protections, and years before countries build factories, gather materials, and gain the expertise to produce the vaccines. A steep hurdle is that mRNA is a new technology, with no machines or experts for hire. Nonetheless, the third solution offers hope to find a middle ground that may begin to be implemented before the end of the current pandemic and be in place for the future.

The patent term extension could be provided for countries with patent offices and could be adapted based on laws and conditions in each country. Pandemic-related patent term extensions could be given for a period of time that the compulsory license is in force. With current pandemic projections of six months to two years for sufficient distribution, providing a patent term extension is reasonable and in line with the time period of many patent term extensions. Given that most pharmaceutical patents are prosecuted in multiple countries, this provides an incentive to participate in a limited waiver program.

Let’s Not Repeat Past Mistakes

It’s been a century since the last pandemic devastated the globe and the only certainty is that this will not be the last pandemic. Solutions created today lay a foundation for mitigation of the next pandemic. It’s been said that those who refuse to learn from history are doomed to repeat it, a thought too painful to contemplate with a pandemic. The industrial nations of the world have technology that others are literally dying to obtain—a high price to pay. Incentivized limited IP waivers may offer a compromise to bridge the gap between maintaining IP rights (and thus relying on charity alone) and arbitrary compulsory licensing that could deter the technological investment to create life-saving solutions in the future.

## Offense

#### Pharma companies profit off the disabled identity

**Johnson 2014**. Johnson, Merri, and Robert Mcruer. "Cripistemologies: Introduction." Journal of Literary & Cultural Disability Studies 8, no. 2 (2014): 127-48. doi:10.3828/jlcds.2014.12. (WL BFI)

**Neoliberal disability epistemologies are highly lucrative**—this much we know for sure**. Disability identity is now part of capitalism’s array of target markets; a “crip economy” akin to the globalized queer pink economy is emergent** (materializing out-and-proud disabled consumers, in and out of the academy), even if crip dollars, pounds, and euros are not yet as thoroughly in circulation as pink dollars, pounds, and euros. What we might term **the debility dollar**, however, **is one of the most sought-after currencies in the world; in  the United States alone, money spent on actual or seeming impairments represents 17.6 percent of the GDP. Hypostasized beneath neoliberalism, a global psychopharmaceutical industry compels  targeted consumers to know about and from a space of impairment: “Ask your doctor,” Big Pharma instructs the consumer, “if Cymbalta is right for you.”** We argue that all too many ways of knowing disability are beholden to the debility or crip dollar, caught up in economies that actively closet what Lisa Duggan (in the roundtable that follows this introduction) identifies as crip forms of “intellectual, political, and affective creativity.” But the closeting of crip creativity can never be complete, as the history of crip activism, performance art, and theory richly demonstrate, and as the term’s origin story also illustrates.

#### Patents protect 80% of revenue for pharma - removing them combined with increasing R+D costs guts their financial solvency and ability to make drugs.

**CRS 12** [CRS, 10/28/2021, “Drug Patent Expirations: Potential Effects on Pharmaceutical Innovation”, Congressional Research Service, https://www.everycrsreport.com/files/20121128\_R42399\_8beca70723872957efe4a267a5ae0df4805469ad.pdf] /Triumph Debate

A critical component of many of these federal efforts concerns patents.3 **Patent ownership can provide an economic incentive for companies to take the results of research and make the often substantial investment necessary to bring new goods and services** to the marketplace**.** The grant of a patent provides the inventor with a mechanism to capture the returns to his invention through exclusive rights on its practice for a limited time. In the pharmaceutical industry, patents are perceived as particularly important to innovation due, in part, to the ease of duplicating the invention. **Recently, patents on a significant number of “blockbuster”4 drugs have expired.** At the end of 2011, Lipitor, with 2010 retail sales in the United States of $5.8 billion5 and the world’s best selling medication, lost patent protection. Between 2012 and 2016, branded pharmaceuticals with an estimated $117.2 billion in U.S. sales are expected to go off patent.6 **Once patent protection is lost, these drugs are expected to lose up to 80% of the revenue generated for the innovator companies. “In the case of the top selling drugs, generics are capturing most of the market within weeks of their launch.”**7 Innovator companies depend on the funds generated from sales of blockbuster drugs to invest in additional R&D leading to new products that can improve the health and welfare of the public. **At the same time, generic versions of these pharmaceuticals benefit the public due to their lower cost and greater availability;** according to one estimate, **over the 10 years between 2001 and 2010, generic drugs “saved the U.S. health care system more than $931 billion.**”8 However, “while consumers and companies [that] provide health benefits could gain from the substantial slashes in costs, big pharma has to look at new ways and strategies to fill the [revenue] gap” created by the unprecedented number of patent expirations on blockbuster drugs.

## UV

1. **Conflict scenarios don’t turn the case—that simplistic reading furthers ableism**

**Ben-Moshe 2018 – Liat Ben-Moshe is an assistant professor of disability studies at the University of Toledo. Beginning in 2019, she will be joining the Department of Criminology, Law, and Justice at the University of Illinois-Chicago (“Weaponizing Disability,” https://socialtextjournal.org/periscope\_article/weaponizing-disability/) bhb**

**This analysis is necessary and timely. But the circulation of the above image (as it went viral all over the world) and its interpretation also merit analysis. Specifically, I worry that calls to end war and occupation because they are disabling can also be taken up as a biopolitical tool. An effective/affective strategy to demonstrate the futility of war is putting the disabled body and mind and forces of debilitation on display. This often reproduces a zero sum game of two nodes of disability exceptionalism–disability as assimilation (rehabilitation, rights, as Puar masterfully critiques) or prevention (in this case, as prevention of the conditions of debilitation). The issue is that we still can’t account for ways of effectively living with disability. Disability studies and culture offer the counter narrative of disability and illness as enabling, productive. Not everything disability produces is beautiful but as a productive force, in the Foucauldian sense, disability produces specific sensibilities and discourses.**

1. **Affirm as method of accomplishment**

**Calm Clinic 15** (Calm Clinic is an informational blog designed to educate the public on anxiety and assist those with anxiety. *Calm Clinic:* “Common Anxiety Triggers for Anxiety and Panic” copyright 2009-2015. Accessed July 24th, 2015.<http://www.calmclinic.com/anxiety/causes/triggers>) TheFedora

Lack of Goal Setting The mind and body often need certain emotions to stay sane. **Accomplishment and the idea that you're working towards something are actually a valuable tool** for keeping your anxiety at bay. If you're not goal setting and letting each day pass without a plan, you may find that you stop thinking about the future, and that can put you too much in the present.

1. **ROB comes before Theory** 
   1. **Theory speaks to a fair and educational space but my ROB evidence says that those spaces can’t exist prior to the aff because they’re grounded in ableism**
   2. **Offense- the ROB constrains what is and isn’t offensive so theory must be contextualized to the framing or else it’s not offensive so you can’t vote on it**

#### 

1. No neg analytics – it's reciprocal and turns their offense as disabled debaters are always behind within normative forms of communication. Anything else is ableist parasitism that furthers able occupation and the expense of disabled death.

#### 

1. **If I win one layer, vote aff** 
   1. **they have 7 minutes to uplayer and nullify my offense**
   2. **disabled education since forces the neg to interact with my offense with the aff since they have to defend all arguments which means they read better ones.**
2. **Neg interps are counter interps: Society already views disability as an abject which we much means are views are already coded on us thus Neg needs to win RVI to win theory.**
3. **CP/PIC affirm because they don’t disprove the general premise of the resolution**

## 1ar

**Notions of pain justify the disqualification of disabled bodies.**

**Patsavas 2014** Patsavas, Alyson. "Recovering a Cripistemology of Pain." Journal of Literary & Cultural Disability Studies 8, no. 2 (2014): 203-18. doi:10.3828/jlcds.2014.16. (WL BFI)

Likewise, Tobin Siebers argues that **the presence of pain (real or assumed) justifies the pity and disqualification of disabled lives. Pain plays a major role**, according to Siebers, “**as a motive force [used] to justify disability oppression”** (“In the Name,” 184**). Siebers and Carlson both detail the violence carried out “in the name of ” relieving pain and suffering**. Indeed, disability scholars, activist organizations, and the disability community have long challenged this over-determined relationship between disability, pain, and the (supposed) desire to die. **Yet these concepts remain culturally cemented together, reinforcing the perception of chronic pain as a devastating tragedy. The belief that all disabled people experience pain and that all pain leads to suffering runs through popular discourses to create entrenched ways of “knowing” pain and disability**. These ways of knowing shape how we experience pain:

#### Reject innovation DA: Their understanding of the economy creates ableist subjects that upholds the “standard model consumer” of society

Taufick 21 [Roberto; 1/19/2021; Largo de São Francisco Law School, University of Sao Paulo; "Critical Antitrust Theory. Biased Disruption and Antitrust's Biased Consumer Approach," <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3769456>; SML]

We as a society have failed to think innovatively beyond the narrow scope of the 'standard model citizen,' a paradigm that has perpetuated despite the formal recognition that we should all have the same basic opportunities to thrive. There is compelling evidence throughout history that all minorities have been treated as bearing some sort of disability that has put them in a position of inferiority and that as superior in race, gender, wealth and traits the 'standard model citizen' has channeled innovation for his own sake. That is why the dispersion, the disaggregation and the atomization of economic power is the preferred path towards more diverse solutions. Solutions created by minorities having in mind the need of minorities and sharing their unique vision of the world (Nagel (1974)) is the natural way out of this vicious cycle where every minority must dress, eat, shower, consume, study things and solutions that have been designed to better serve the 'standard model citizen.' Underinvestment in minorities has a bitter taste of historical disconnect between the acknowledgement of someone as an ordinary human being and the absence of the corresponding environmental adaptations needed to perform even the most ordinary routines. Because innovations have as addressed the 'standard model citizen,' we have denied minorities access to better products and services that could be instrumental to their most fundamental 'right to live in the world' (tenBroek(1966)). But, worse, we have often willfully created hurdles to minorities and chosen the 'standard model citizen' over them whenever minorities' rights stood in the way of marginal improvements to the living conditions of the latter. And because we, as empowered 'standard model citizens,' often do not see them (Johnson (2010), p. 181) -- or, even when we do, we do not see as they do (Nagel (1974)) -- our 'lack of a disability perspective' (Johnson (20100, p. 181) is instrumental in the process that perpetuates marginalization. And marginalization in the digital markets is smoother and, probably as a consequence, less perceptible. Marginalization affects not only its immediate victims -- the minorities -, but society as a whole. Diversification of perspectives gives humanity a broader view of the problems and possible solutions. Some even defend that recent broad harmful financial events have been the result of a single perspective of the financial world which could have been avoided if black people were better represented quantitatively (Cook (2020)).

# Disability aff accessible formatting

### Framework

#### Subject formation relies on an autonomous separation of the body and the individual that excludes crips – within civil society, they can never express themselves as autonomous subjects able to move beyond their bodies – the only ethical demand is the end of subjectivity and to affirm crip subjectivity Braswell 11

**subjectivity defines the individual as a self-governing being The autonomous is master of (their) own body, (their) body is not synonymous with the self. "autonomy" is, prior to any application to persons with disabilities, saturated with ableist norms. deviant corporeality of the disabled body refused the dictates of the autonomous individual. visible dependence of persons with disabilities on social relations was opposite of the autonomous self's constitutive independence. disability represented destruction of autonomy Disability studies must propose an alternative conception of subjectivity, one based not in coherence, but rather in conflict. persons with disabilities, because of the conflictive nature of life in an ableist society, persistently devalue their own existence. neutral procedures produce the "autonomous" subject according to ableist norms. creates an articulation of subjectivity in which individuals exist separate and prior to prostheses. This self/body split is prejudiced against individuals who, cannot express themselves in terms that render them legible as autonomous subjects.**

**Society views those who don’t fit perfect mold as lesser human being. Thus the only way to truly understand Societal Oppression is through Disability.**

**Siebers 10**

**disabilities reduce person to former being: as “the master trope of disqualification to justify oppression by amplifying inferiority to minority identities. Aesthetics studies that, when bodies produce feelings they invite judgments in the community.. Disabled people, are killed because of beliefs aesthetics reveals disqualification in oppression prototype of inferiority is disability “Ableism” disqualifies differences, stigmatizing them as disabilities. in the frontier of inferiority.**

**Thus ROB is to vote for the debater who best challenges ableism**

**Prefer –**

1. **Assumptions of ableism are inherent in systems of knowledge production thus ableism is an a priori question \*A Campbell 13\*C**

**Ableism is** **seeded at the level of knowledge systems** **Ableism is not just** **negative attitudes it is a schema of perfection**, **a** **way of thinking about bodies**, **Compulsory ablebodiedness is implicated in the** **foundations of social theory**, **abledness is predicated on** **preexisting notion about the nature of typical** **functioning** **Ableism** **tells us what** **thinking and** **emotions are suitable to express**. **Reframing our focus** **can enrich our understanding of the terms of engagement in** **life**

1. **Sociological subjectivity** 
   1. **Rule following – Only implications of social norms can determine how we ought to follow moral principles since there is nothing inherent about rules that definitionally tell you how to follow them**
   2. **hijacks their fwk- if a subject is socially excluded, only rectifying the mechanisms of the code which produced those conditions allows for any solvency.**
2. **Ideal Theory fails -**
   1. **Every inclusive framework leaves someone out but our framework starts with the starting point of exclusion which means collapses to the aff framework and changing the framework moots 6 mins of offense and skews my time 7-13**
   2. **Infinitely Regressive: an ideal theory requires another ideal theory and so on and on to justify itself – only non-ideal theory can have a grounded stasis point – empirical reality**
3. **Suppose a sentence p asserts its truth or falsity. In this instance, either P is true, or P is false, if it is true, it is what it says it is, so it is true, if it is false, it is what it says it is, so it is true. The very denial of the idea that truth claims exist presupposes the truth value of the statement.**

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**McLean 8**

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**CRS 12**

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society failed to think beyond the scope of the 'standard model citizen, that has perpetuated despite the recognition that we should all have the same basic opportunities to thrive the dispersion and the atomization of economic power is the preferred path towards more diverse solutions Solutions created by minorities is the natural way out of this vicious cycle Because innovations have addressed the 'standard model citizen denied minorities access to better products , we have willfully created hurdles to minorities and chosen the 'standard model citizen' over them 'lack of a disability perspective' is instrumental in the process that perpetuates marginalization Marginalization affects society as a whole.

Is ought fallacy – just because policies use it doesn’t mean they should – it’s not unfeasible to K politics one can demand radical change through infiltrating politics.