### FW

#### All experiences are validated through how others react to them. Our agency is founded upon relations to others.

**Neuhouser** Frederick Neuhouser: Introduction to Foundations of Natural Right by Johann Fichte. Cambridge University Press, 2000.

The deduction's second theorem (§3) makes one of the Foundations's most original and exciting claims, and it is essential to Fichte's project of showing that rights are necessary conditions of self-consciousness. Its claim is that ascribing to oneself free efficacy (or agency) in the sensible world requires ascribing the same capacity to other rational beings. Fichte argues here that in order for a subject to be conscious of its own agency, it must first find that agency, as an object for its consciousness, in the external world. The thought here appears to be that the subject cannot come to an awareness of itself as practically free simply by seeing the results of its agency in the world, for in order to act freely, it would first have to know itself as free. The subject, then, must learn about its freedom in some other manner; it must somehow experience itself as free prior to any actual instances of its agency. Fichte's claim in §3 is that the only possible solution to this problem is to suppose that external evidence of one subject's agency is provided by another free subject. This occurs through a "summons" that one already formed subject makes to another. The summons is a call to act, a call to realize one's free efficacy, which takes the form of an imperative: You ought to "resolve to exercise [your] agency" (§3, III). Fichte concludes from this that the freedom of one subject (which includes consciousness of its freedom) requires the existence of others; free individuality is possible only in relation to other subjects, and so intersubjectivity is a necessary condition of self-consciousness. As Fichte sums up his result in the first Corollary to §3: "The human being . . . becomes a human being only among human beings;... it follows that if there are to be human beings, at all, there must be more than one."

#### And relationality starts from the Other—the indescribable and uninterpretable. Every interaction concedes the authority of the Other, for every motion to describe the self inevitably concludes with the Other

Butler 1 (Butler, Judith. “Giving an Account of Oneself.” Verso Press, Berkley University. 2003.)

In all the talk about the social construction of the subject, we have perhaps over- looked the fact that the very being of the self is dependent not just on the existence of the Other-in its singularity, as Levinas would have it, though surely that-but also on the possibility that the normative horizon within which the Other sees and listens and knows and recognizes is also subject to a critical opening. This opening calls into ques- tion the limits of established regimes of truth, where a certain risking of the self be- comes, as Levinas claims, the sign of virtue [see Foucault]. Whether or not the Other is singular, the Other is recognized and confers recognition through a set of norms that govern recognizability. So whereas the Other may be singular, if not radically personal, the norms are to some extent impersonal and indifferent, and they introduce a disorien- tation of perspective for the subject in the midst of recognition as an encounter. For if I understand myself to be conferring recognition on you, for instance, then I take seri- ously that the recognition comes from me. But in the moment that I realize that the terms by which I confer recognition are not mine alone, that I did not singlehandedly make them, then I am, as it were, dispossessed by the language that I offer. In a sense, I submit to a norm of recognition when I offer recognition to you, so that I am both subjected to that norm and the agency of its use.

#### Grievability is a precondition for precarity. The state of being rendered ungrievable is more than just being oppressed. Non-grievability separates death from having any impact on a social relationship, which reduces agency to something outside of precarity. Grievability is necessary to apprehend the vulnerability in our ontology.

**Butler 2** Butler, Judith. *Frames of War: When Is Life Grievable?* London: Verso, 2016. Print.// Uh-DD

“Over and against an existential concept of finitude that singularizes our relation to death and to life, precariousness underscores our radical substitutability and anonymity in relation both to certain socially facilitated modes of dying and death and to other socially conditioned modes of persisting and flourishing. It is not that we are born and then later become precarious, but rather that precariousness is coextensive with birth itself (birth is, by definition, precarious), which means that it matters whether or not this infant being survives, and that its survival is dependent on what we might call a social network of hands. Precisely because a living being may die, it is necessary to care for that being so that it may live. Only under conditions in which the loss would matter does the value of the life appear. Thus, grievability is a presupposition for the life that matters. For the most part, we imagine that an infant comes into the world, is sustained in and by that world through to adulthood and old age, and finally dies. We imagine that when the child is wanted, there is celebration at the beginning of life. But there can be no celebration without an implicit understanding that the life is grievable, that it would be grieved if it were lost, and that this future anterior is installed as the condition of its life. In ordinary language, grief attends the life that has already been lived, and presupposes that life as having ended. But, according to the future anterior (which is also part of ordinary language), grievability is a condition of a life's emergence and sustenance.7 The future anterior, "a life has been lived," is presupposed at the beginning of a life that has only begun to be lived. In other words, "this will be a life that will have been lived" is the presupposition of a grievable life, which means that this will be a life that can be regarded as a life, and be sustained by that regard. Without grievability, there is no life, or, rather, there is something living that is other than life. Instead, "there is a life that will never have been lived," sustained by no regard, no testimony, and ungrieved when lost. The apprehension of grievability precedes and makes possible the apprehension of precarious life. Grievability precedes and makes possible the apprehension of the living being as living, exposed to non-life from the start.” 14-15

#### Thus, the standard is respecting the precarity of identity. Prefer the standard:

#### Political change only occurs through recognition, not abstract philosophizing—an embrace of the concrete, the lived, the specific, the Other

**Kolozova 15**: [Kolozova, Katerina. 2015. Toward a Radical Metaphysics of Socialism: Marx and Laruelle] \*\*\*Brackets original\*\*\* not recut lol - LHP SS

The only way to immanently revolt against the world is in the non-abstract. Revolting against concrete occurrences of subjugation and violence, rather than in the name of abstraction and in visions of world transformation, is political action affected by immanence. I would argue that immanence is also action determined by interests which are real and sensuous (or material), rather than abstract or philosophical. According to Marx, as discussed in the previous chapter, abstraction itself is what ought to be com- bated when one resists capitalism. A communist or Marxist socialist strives toward the creation of a world in consonance with the real or the material and immediate exigency. Laruelle would say that the world would always be made of philosophy, and that it would always already persecute the human in human (l’hom- me-en-homme). The permanent process of the democratic transformation of society, as envisaged by Marx, should be determined by real interests rather than abstraction. The goal would be that the world becomes a more just and happy place, one where persecution is minimalised by virtue of the reversed hierarchy between philosophy and the real, where the former would succumb to the dictate of the latter. Revolt is immanent when it is determined in the last instance by the lived of revolt, not by acting as a transcendental moral or political decision or reacting against another moral or political vision. The experience of revolt void of philosophy precedes language—and therefore also transcendence. The revolt in question is not temporal, and its independence from the linguistic does not imply a metaphysically construed separate universe. The purely experiential or the lived revolt can be caused by the act of language which in icts violence, whose reaction is rebellion that is an instantiation of conatus. As Spinoza expouds in Ethics, activity which increases life is the result of conatus, revolt, and the struggle that aims to maintain or intensify life by combating the life-decreasing activity of the body-mind suffered by an external or internal source of violence. Transforming violence into a law, into a “making sense” and the assumption of the position that accommodates the violence from one part of humanity over another, is what alienates one from suffering and joy. The function that enables the alienating operation of socio-economic repression is abstraction. Abstraction ands its purest form in capitalism—in the universe of pure speculation as the source of material domina- tion and an absolute domination over the material. The immanent rebellion that François Laruelle writes about consists in “ the struggle without a goal,” which is always already present in every human (not the human subject but the real of human, or in Laruelle’s vocabulary, “the human-in-human”). It is without a goal because its only source and tendency is to protect itself from violence through alienation; this defense of the hu- man-in-human is determined by radical vulnerability. [...] to struggle in an immanent way with the World, this is the theorem of the Future Christ. In the beginning was the struggle, and the struggle was with the World and the World did not know it [...] at is rebellion, its reasons and cause.1 Any political struggle that stems from the dictate of immanent rebellion is determined in this way. The struggle is one of radical singularity, but this does not mean that it cannot establish solidarity or that it is individualistic. On the contrary, it is pre-subjective whereas individualism presupposes subjectivity. The lived experience of vulnerability and struggle can be an experience of a collective, an experience that can be mute, pre-lingual, or radically sol- itary, insofar as it is only the witnesses of the experience that can communicate internally and according to the syntax of the real of what took place. e protestors of Istanbul in the summer of 2013 were faced with the challenge to formulate their political goals and convey the philosophical (or political) decision which determined their struggle, whereas the only truth they knew was “what took place” at Gezi park and the massive solidarity that it sparked. The brutality that Erdogan’s government demonstrated was the reason for the demand that he leave once. Only then could the protestors define a political agenda that was still not philosophical—one de- termined not by ideology, but the concrete demands dictated by experienced reality. Revolt took place, struggle against institutionalized violence rose, and the sheer experience of revolt-struggle proffered the foundation which created a political agenda: In order to clarify the stakes and the limits of rebellion we pose the problem outside of philosophical bad habits. Phi- losophy is always indi erent to man or, though this isn’t very di erent, too quickly compassionate. Su erings and alienation exist in the necessity of revolt and one concludes from this that there is evil, and o en evils, there too. Revolts are only ‘logical’ in this way—admirable vicious circle of uncertainty and the contingency of a desired rebellion in which no one believes.2

#### Agent-neutral calculations are inherently violent. Status quo systems inevitably prioritize some as being more grievable than others.

**Mignolo 07** Mignolo Walter, argentinian semiotician and prof at Duke, “The De-Colonial Option and the Meaning of Identity in Politics”

The rhetoric of modernity (from the Christian mission since the sixteenth century, to the secular Civilizing mission, to development and modernization after WWII) occluded—under its triumphant rhetoric of salvation and the good life for all—the perpetuation of the logic of coloniality, that is, of massive appropriation of land (and today of natural resources), massive exploitation of labor (from open slavery from the sixteenth to the eighteenth century, to disguised slavery, up to the twenty first century), and the dispensability of human lives from the massive killing of people in the Inca and Aztec domains to the twenty million plus people from Saint Petersburg to the Ukraine during WWII killed in the so called Eastern Front.4 Unfortunately, not all the massive killings have been recorded with the same value and the same visibility. The unspoken criteria for the value of human lives is an obvious sign (from a de-colonial interpretation) of the hidden imperial identity politics: that is, the value of human lives to which the life of the enunciator belongs becomes the measuring stick to evaluate other human lives who do not have the intellectual option and institutional power to tell the story and to classify events according to a ranking of human lives; that is, according to a racist classification.5

### Cont 1. Right to health

#### All people have a right to health that includes the affordable access to essential drugs

#### Baker 13 AFRICAN HUMAN RIGHTS LAW JOURNAL \* BA (UDW), BProc (UNISA), LLM (UDW), LLD (UKZN); vawday@ukzn.ac.za \*\* BA (Harvard), JD (Northeastern); b.baker@neu.edu (2013) 13 AHRLJ 55-81 Achieving social justice in the human rights/intellectual property debate: Realising the goal of access to medicines Yousuf A Vawda\* Associate Professor of Law, University of KwaZulu-Natal, South Africa Brook K Baker\*\* Professor of Law, Northeastern University, Boston MA, USA; Honorary Research Fellow, University of KwaZulu-Natal, South Africa

Although General Comment 14 refuses to specify the exact health facilities, goods and services that must be delivered by states, partially because of differing health needs among populations and partially because of differing levels of development, there is a basic ‘core’ obligation to guarantee access to essential medicines.48 Pursuant to General Comment 14, the right of equal and timely access to health facilities, goods and services includes the provision of a basic health service; appropriate treatment of prevalent disease; and the affordable supply of essential drugs.49 Delivering universal access to essential medicines, as defined by the WHO, is a core, non-derogable duty of all member states, as is providing progressively improving health services and other measures to prevent, treat and control epidemic and endemic diseases.50 At the most basic level, access to medicines refers to the ability of all persons to receive the medicines necessary for the treatment of any condition afflicting them, and that these medicines are available, accessible, acceptable, and of good quality. Availability requires that there must be sufficient quantities of the medicine and that shortages are avoided. Accessibility entails physical, informational and economic access. To ensure universal access to medicines, they have to be accessible to everyone, without discrimination, especially for the most vulnerable and marginalised sections of the population. However, they must be affordable as well, so that poorer households are not disproportionately burdened by health expenses.51 These obligations of accessibility and affordability might require states to be healthcognisant ‘when entering into bilateral or multilateral agreements with other states, international organisations and other entities, such as multilateral corporations’.52 Acceptability refers to a need for the observance of medical ethics and sensitivity to the cultural norms of individuals. Finally, medicines must be scientifically and medically appropriate and of good quality; the obligations on producers must be enhanced by rigorous drug registration standards; and there should be enforcement of good manufacturing practices and pharmaco-vigilance.53

#### IPP excludes the right to health from minority groups living in developing countries. This means that these lives are rendered ungreivable as profit is prioritized over their health and wellbeing.

#### Forman 07 Trade Rules, Intellectual Property, and the Right to Health From: Ethics & International Affairs By: Lisa Forman Fall 2007

Given the adverse health impacts of the intellectual property protections contained in these free-trade agreements, why do countries consent to entering them at all? On the one hand, it is not surprising that governments may favor economic growth over critical health investments, especially considering how routinely health systems are underfinanced and how access to health care for marginalized and poor populations is so often neglected in both rich and poor countries.30 Governments may also assume that the aggregate economic benefits of these trade agreements outweigh and indeed justify any restrictions in access to medicines that they may cause. At the same time, trade negotiators may simply lack knowledge of the health implications of higher levels of intellectual property protection. There is, however, a degree of coercion that may accompany the finalization of these agreements. Peter Drahos suggests that developing countries have little room to refuse bilateral agreements, as trade negotiations take place alongside actual or threatened unilateral trade sanctions.32 Debates about the economic benefits of trade aside, from a human rights perspective sacrificing access to essential medicines for the poorest (those who most assuredly will be affected) in the service of broader economic growth is not an acceptable trade-off. Nor should it be a necessary trade-off. In Peru recently, largely due to the advocacy of Paul Hunt, the UN Special Rapporteur on Health, the government conducted an assessment of the potential impact of a free-trade agreement being negotiated with the United States. The assessment indicated that the agreement would limit access to medicines for approximately 700,000 people, and the government accordingly recommended implementing a fund from industries that would profit from the agreement to supplement this shortfall.33 While the Peruvian experience suggests that governments can mitigate the restrictive impact of trade rules on medicines access at the domestic level, impact assessments cannot directly challenge the injustices inherent in the current trade regime on medicines. Free-trade agreements and corporate and governmental challenges effectively turn TRIPS rights into powerful corporate entitlements that can be only rarely limited. This not only perpetuates the inaccessibility of present medicines but excludes poor people from accessing new therapeutic advances. INTERNATIONAL HUMAN RIGHTS ON HEALTH Since the global imposition and enforcement of stringent patent rights play a direct role in the high loss of life due to inaccessible medicines, such a system should be justifiable not simply from the perspective of intellectual property rights but from the perspective of human rights law. Access to essential medicines is a fundamental human rights claim under the rights to health and life.34 In accordance with international human rights law, it should therefore be seen as a core human rights entitlement to receive minimally adequate health care. Under these rights, governments have a range of duties with regard to medicines, which include, inter alia, ensuring the affordability of essential medicines and preventing restrictions on access. In this light, government use of TRIPS flexibilities to provide access to lifesaving medicines should be seen as necessary to fulfill their duties under rights to health and life. In cases where the adoption of patent provisions in TRIPS-plus free-trade agreements will result in the loss of life due to limited access to lifesaving drugs, this action should be seen as a violation of these duties. Support for the idea that the enforcement of trade-related intellectual property rights may violate human rights is found in the work of Thomas Pogge. Pogge argues that those who uphold social rules, such as trade and economic policies, can violate human rights when these rules 'Joreseeably and avoidably deprive human beings of secure access to the objects of their human rights."35 Pogge argues that the present international patent system fulfils these conditions.

### Cont 2. Privatized medicine

#### IPP protections have created a new regime of property under capitalism that through institutions like the WTO create worldwide conditions of whose lives are valuable based on their ability to afford medical care. By privatizing medicine via IPP the market determines what lives are greivable based on who can afford the medicine.

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The increasing privatisation of knowledge and the products of knowledge have been a significant feature of the capitalist system from its earliest phases. It was typified by the ‘enclosure movement’,106 the design to fence off public spaces and bring them under private ownership and control. This culminated in according proprietary status to the products of the intellect – the recognition of intellectual property rights. In more recent times, the harmonisation and integration of intellectual property rights, through institutions such as the WIPO and WTO, signify a new wave of the enclosure movement, with intellectual property right protection now having a global reach. Protagonists of this approach have argued that the new property regime has given rise to ‘unparalleled expansion of productive possibilities’.107 But for whose benefit? Life-saving medicines and medical devices, critical to the health and well-being of individuals and societies alike, have not escaped appropriation as private assets. Medicines are thus often viewed as private commodities because of various factors, including, amongst others: • Reigning bioethical models with their focus on patient autonomy have emphasised individual aspects of health care, reinforced by the fact that medicines are privately consumed.108 • The market pre-selects consumers of highly-priced medicines, by excluding those individuals who cannot afford them. But medicines are – at least partially – public goods in the sense that they have significant implications for public health, are also global in their development and impact, and are prone to regulation in their development, manufacture, allocation and use.109 The public dimensions of medicines are well known, directly from their role in public health vaccination measures, as well as in the treatment of epidemic and endemic diseases. The public dimension also entails the public consequences emanating from choices made in research and development of new medicines, and the profiteering surrounding lifestyle drugs which draws resources away from research into socalled ‘neglected’ diseases. In contrast to private goods, ‘public goods’ are goods that are essentially social in character, even though (like medicines) they may be intended for private consumption.110 Public goods also often have positive externalities, meaning that their broad accessibility and use benefit the public at large, not just those who use them. This public benefit is most obvious in the instance of vaccination, where herd immunity develops because of wide diffusion. However, the same dynamic can be seen with respect to the prevention and treatment of infectious diseases. Indeed, because healthier populations have increased capacity in the economic, cultural, political and self actualising sphere, there are positive externalities for treating chronic and even temporary disease conditions. Medicines, therefore, cannot merely be regarded as private goods. Drug development itself has assumed a global character. It may be true that most innovation in this area emanates from laboratories in developed countries. However, developing countries make a significant contribution to the development of medicines in several ways, including sharing knowledge of indigenous plants and their properties, and controversially, being involved as research participants in clinical trials for medicines, from which they sometimes may not themselves benefit.111 A major change in the recent discourse on global health concerns the ‘framing, norms, and policy approaches to addressing the problem of globally inequitable access to drugs, diagnostics, vaccines and other health technologies’.112 This development is due, in no small part, to the global political and social mobilisation on the issue of access to affordable anti-retrovirals, which has fomented a re-think of the traditional approaches to understanding medicines as private goods, has focused attention on the global demand for access to health technologies for all (as opposed to merely ‘neglected’ diseases), and has highlighted the need for new, more inclusive governance mechanisms to manage pharmaceutical and related innovation.113

### Cont 3. South Africa

#### Human rights are not distributed equally, globally disadvantaged groups have less access to their human right to health than wealthy white Americans. The AIDS epidemic sparked by a lack of access to affordable medicine in south Africa disproportionately affects minority groups rendering their lives as ungreivable.

**George 11** The Human Right to Health and HIV/AIDS: South Africa and South-South Cooper South-South Cooperation t ation to Reframe Global Intellectual Pr ame Global Intellectual Property Principles and Promote Access to Essential Medicines Erika George University of Utah, S. J. Quinney College of Law

Human rights are understood to be universal. Everyone, everywhere is entitled to enjoy the fundamental rights contained in international legal instruments such as the Universal Declaration of Human Rights; the International Covenant on Economic, Social, and Cultural Rights; the International Convention on the Rights of the Child; and the African Charter of Human and Peoples' Rights. Each of these instruments recognizes health as a fundamental human right. International institutions such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have partnered to promote public health. However, despite its recognition in international law and its promotion by international institutions, the human right to health remains unrealized for many. The international AIDS pandemic has had an especially devastating and disproportionate impact in the Global South.' Across all countries the disease seems to affect or infect the most vulnerable people in a population-women, children, and members of disfavored or disadvantaged groups. The strong intersection between identity and infection across countries and within societies implicates deep global inequalities. For example, to be infected in South Africa is very different than being infected in the United States of America; life expectancy varies greatly, as does access to treatment. 2 One of the most difficult public health challenges for certain countries in the Global South is ensuring access to affordable treatment and medicines for people who are HIV-positive. While access to medicines is an essential component of the right to health, globally almost two billion people lack access to essential medicines.3 In December 2009, only thirty-six percent of people living with HIV in low- and middle-income countries were receiving treatment.4 Individuals who do not receive treatment early can become resistant to first-line medications that treat HIV, requiring second-line treatments that can cost up to nine times as much as earlier treatment options.5

#### And the impact is wide spread and growing as more and more populations of women, queer folk, and the drug afflicted are continuously impacted by the lack of medical care.

**Allinder 19** The World’s Largest HIV Epidemic in Crisis: HIV in South Africa April 2, 2019 WRITTEN BY [Sara M. Allinder](https://www.csis.org/people/sara-m-allinder) Senior Associate (Non-resident), Global Health Policy Center [Janet Fleischman](https://www.csis.org/people/janet-fleischman) Senior Associate (Non-resident), Global Health Policy Center

In some communities of KwaZulu-Natal Province, South Africa, [60 percent](https://www.sexrightsafrica.net/wp-content/uploads/2018/10/HIPSS-Baseline-findings-2015.pdf) of women have HIV. Nearly 4,500 South Africans are newly infected every week; one-third are adolescent girls/young women (AGYW) ages 15-24. These are staggering figures, by any stretch of the imagination. Yet, the HIV epidemic is not being treated like a crisis. In February, we traveled to South Africa, to understand what is happening in these areas with “hyper-endemic” HIV epidemics, where prevalence rates exceed 15 percent among adults. We were alarmed by the complacency toward the rate of new infections at all levels and the absence of an emergency response, especially for young people. This is no time for business as usual from South Africa or its partners, including the U.S. government through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The epidemic is exacerbated by its concentration in 15-49-year-olds, those of reproductive and working age who are the backbone of South Africa. Without aggressive action to reduce the rate of new infections in young people, HIV will continue to take a tremendous toll on the country for years and generations to come. Collective action is needed to push beyond the complacency and internal barriers to implement policies and interventions that directly target HIV prevention and treatment for young people. PEPFAR should ensure its programs support those efforts. South Africa remains the epicenter of the HIV pandemic as the largest AIDS epidemic in the world—20 percent of all people living with HIV are in South Africa, and 20 percent of new HIV infections occur there too. The country also faces a high burden of tuberculosis (TB), including multi-drug resistant TB, which amplifies its HIV epidemic. Of particular concern are South Africa’s [hyper-epidemics](http://data.unaids.org/pub/manual/2007/20070306_prevention_guidelines_towards_universal_access_en.pdf), many in KwaZulu-Natal and Mpumalanga provinces, and the concentration in specific populations like AGYW. Of the estimated 7.2 million South Africans living with HIV, nearly 60 percent are women over the age of 15. HIV prevalence in other key populations—female sex workers, men who have sex with men, transgender women, and people who inject drugs—remains unacceptably high, in some cases double the [national prevalence rate of approximately 19 percent](http://aidsinfo.unaids.org/). After the early years of denial, the South African government now finances [close to 80 percent](https://www.hfgproject.org/consolidated-spending-on-hiv-and-tb-in-south-africa_aug2018/) of the HIV response, an unparalleled commitment in sub-Saharan Africa, and provides more than 4 million people with life-prolonging anti-retroviral treatment (ART). In 2018, President Cyril Ramaphosa called for [an increase of 2 million South Africans on ART](https://www.gov.za/speeches/president-cyril-ramaphosa-2018-state-nation-address-16-feb-2018-0000) by December 2020 through increased testing and treatment. The problem facing South Africa’s HIV response is that treatment scale-up has stalled, and while [new infections have gone down by 42 percent,](http://aidsinfo.unaids.org/) the rate is not fast enough to bend the curve of the epidemic. New infections in young men and women remain alarmingly high (nearly 87 percent of the total) and viral suppression rates, a key to preventing those living with the virus from passing it on, are under 50 percent for those 15-24 years old. With [approximately 45 percent of the population under the age of 25](https://population.un.org/wpp/DataQuery/), the sheer numbers of those becoming infected and overall prevalence of HIV will stay alarmingly high without a massive decline in the new HIV infection rate.

### Advocacy

#### Thus, we affirm the resolution: Resolved **the member nations of the World Trade Organization ought to reduce intellectual property protections for medicines CX checks all T and theory violations otherwise grant me an I meet on their interp**

#### Intellectual property protections when discussing medicines refers to patents

**Oxfam** https://www.oxfamamerica.org/explore/issues/economic-well-being/intellectual-property-and-access-to-medicine/

Intellectual property (IP) has different forms; in the case of access to medicines, we are talking about patents. Patents are a public policy instrument aimed at stimulating innovation. By providing a monopoly through a patent—which gives inventors an economic advantage—governments seek to provide an incentive for R&D. At the same time, the public benefits from technological advancement.

### UV

#### PICs don’t negate because they don’t disprove my general thesis, we affirm the resolution as a general praxis that it is a good idea on balance and PICs are infinitely regress theirs an infinite number of possible things you could exclude or combinations of things you could exclude exploding neg ground and allowing them to craft unbeatable neg strategies.

#### 1ar theory

#### AFF gets it because otherwise the neg can engage in infinite abuse which outweighs their arguments because infinite abuse justifies the aff never being able to engage the neg so it’s a internal link to any other standard

#### Improving human lives solves existential risk

Kaczmarek 17 Patrick Kaczmarek, PhD at the University of Glasgow, a Senior Researcher at Effective Giving, Visiting Researcher at the Future of Humanity Institute at the University of Oxford and a Visiting Scholar at the Department of Philosophy at the University of Pittsburgh. [How Much is Rule-Consequentialism Really Willing to Give Up to Save the Future of Humanity? Utilitas, 29(2), [https://www.cambridge.org/core/journals/utilitas/article/how-much-is-ruleconsequentialism-really-willing-to-give-up-to-save-the-future-of-humanity/F867301151A79F7DA566A14DF71749B3]//BPS](https://www.cambridge.org/core/journals/utilitas/article/how-much-is-ruleconsequentialism-really-willing-to-give-up-to-save-the-future-of-humanity/F867301151A79F7DA566A14DF71749B3%5d//BPS)

Notice, the problem can be cast two different ways. First, the loss associated with humanity's premature extinction is so great that even if the probability of a catastrophic event is very low, an expected value calculation suggests that we should strive to prevent its possible occurrence. And yet, there is something deeply puzzling about ruining the lives of all actual persons for the sake of humanity eking out a longer stay in the universe. Second, you may have realized that the above implication bears close resemblance to the dreaded Repugnant Conclusion. The Repugnant Conclusion states that for any population, all with a very high quality of life, there must be some larger imaginable population whose existence, all else being equal, would be better despite their lives being barely worth living.19The mistake, as countless critics have noted, is that quantity (that is, size of population) should not be able to compensate for a stark reduction to their average quality of life. I'm inclined to agree that this looks worrisome. For some, if this were the end of the story, it would surely act as a reductio ad absurdum of the view. But this is not the full story. In setting out our earlier comparison of the two populations it was assumed that only costs go up, never benefits. That is to say, A was fixed and the total sum of goods went up merely because the size of the population grew, despite internalization costs reducing average quality of life. Colouring in the picture, this corresponds to the scenario where, all else being equal, existential threats are directly targeted. To illustrate, this could amount to putting a lot of resources towards asteroid deflection programmes.20 I now wish to argue that we could instead reduce existential risk by indirect means, and in so doing make the world in two ways go better. As noted earlier, we would prolong humanity's place in the cosmos. Furthermore, an indirect approach improves the average welfare of persons, particularly the worse-off in our population. Certainly, it would be a mistake to concentrate exclusively on indirectly lowering the probability of doomsday. Returning to our earlier example, reducing global poverty cannot prevent an Earth-bound asteroid the size of Texas from making impact. Nevertheless, if we were also to adopt an indirect approach, then this would contribute to existential risk reduction by curbing the negative ripple effects of readily preventable illnesses, global hunger, and so forth. Ripple effects are a class of phenomena that affect the far future in significant ways, shaping how our history unfolds over time.21A ripple effect is initiated by a particular event that has some causal influence on the course of events that follow it. These events, in turn, may have their own impact on how further events play out. And so on it goes, reaching wider and wider as time passes. Consider the following example. A doctor is in a position to cure some infant's blindness. Sure, the infant will probably have a better life after the operation. Most of us are quick to hone-in on this feature of the situation. And many other goods go unacknowledged by us as a result. Just a few of the proximate advantages we might reasonably expect to find after curing the infant's blindness include: her parents will be less worried about her, subsequently finding more free time to develop their own personal projects; the government will spend fewer resources on providing her education; this child will grow up with more opportunities, as well as perhaps being inspired to start a grassroots initiative or develop an anti-malarial drug. All of these consequences will have some role in shaping our future due to their own ripple effects. This network of ripple effects might go so far as causing '[her] country's economy to develop very slightly more quickly, or make certain technological or cultural innovations arrive more quickly'.22