### 1

#### Interp – topical affs must fiat an action through the World Trade Organization.

#### Member nations of the WTO make policies as a whole –

WTO ND [(World Trade Organization) “What is the WTO?” https://www.wto.org/english/thewto\_e/whatis\_e/whatis\_e.htm] BC

The WTO is run by its member governments. All major decisions are made by the membership as a whole, either by ministers (who usually meet at least once every two years) or by their ambassadors or delegates (who meet regularly in Geneva).

#### Violation – they don’t – their just fiat “revolutionary medicine” without WTO as the actor. They also concede this during CX.

#### TVA solves: they could have read their aff through WTO action

#### Their carrol ’6 card literally says “this approach emphasizes the need for counter-hegemonic movement to walk on both legs TAKING UP STATE-CENTERED ISSUES as well as issues resident in national and transnational civil societies. Indeed, RECLAIMING THE STATE is elemental to counter hegemony today” — this proves their interp is bad because it means they need to engage state actors to solve their aff, which they straight up don’t

#### Prefer

#### Ground – justifies affs about any country reducing any IP protection on medicine – only our interp ensures link magnitude by ensuring it is an international reduction for IPP for medicine which is key to generics like the innovation DA, WTO bad, consult the WHO, and the IP NC -- privileges the aff by stretching pre-tournament neg prep too thin and precluding nuanced rigorous testing of aff.

#### Topic ed – WTO IP wavers are the core topic controversy – their aff is just rebo;yiond. Outweighs aff flex -- prep is determined by what is popular in the lit and we only have 2 months to debate the topic. ALSO provides better link magnitude to all your generics because this is the statis point the topic is centered around.

#### Paradigm issues:

#### Drop the debater – their abusive advocacy skewed the debate from the start

#### Competing interps – reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation

#### Fairness is a voter ­– necessary to determine the better debater

#### Education is a voter – why schools fund debate

### 2

#### Interpretation: medicines is a generic bare plural. The aff may not defend that member nations of the World Trade Organization reduce intellectual property protections for a subset of medicines.

Nebel 19 Jake Nebel [Jake Nebel is an assistant professor of philosophy at the University of Southern California and executive director of Victory Briefs.] , 8-12-2019, "Genericity on the Standardized Tests Resolution," Briefly, https://www.vbriefly.com/2019/08/12/genericity-on-the-standardized-tests-resolution/ SM

Both distinctions are important. Generic resolutions can’t be affirmed by specifying particular instances. But, since generics tolerate exceptions, plan-inclusive counterplans (PICs) do not negate generic resolutions. Bare plurals are typically used to express generic generalizations. But there are two important things to keep in mind. First, generic generalizations are also often expressed via other means (e.g., definite singulars, indefinite singulars, and bare singulars). Second, and more importantly for present purposes, bare plurals can also be used to express existential generalizations. For example, “Birds are singing outside my window” is true just in case there are some birds singing outside my window; it doesn’t require birds in general to be singing outside my window. So, what about “colleges and universities,” “standardized tests,” and “undergraduate admissions decisions”? Are they generic or existential bare plurals? On other topics I have taken great pains to point out that their bare plurals are generic—because, well, they are. On this topic, though, I think the answer is a bit more nuanced. Let’s see why. 1.1 “Colleges and Universities” “Colleges and universities” is a generic bare plural. I don’t think this claim should require any argument, when you think about it, but here are a few reasons. First, ask yourself, honestly, whether the following speech sounds good to you: “Eight colleges and universities—namely, those in the Ivy League—ought not consider standardized tests in undergraduate admissions decisions. Maybe other colleges and universities ought to consider them, but not the Ivies. Therefore, in the United States, colleges and universities ought not consider standardized tests in undergraduate admissions decisions.” That is obviously not a valid argument: the conclusion does not follow. Anyone who sincerely believes that it is valid argument is, to be charitable, deeply confused. But the inference above would be good if “colleges and universities” in the resolution were existential. By way of contrast: “Eight birds are singing outside my window. Maybe lots of birds aren’t singing outside my window, but eight birds are. Therefore, birds are singing outside my window.” Since the bare plural “birds” in the conclusion gets an existential reading, the conclusion follows from the premise that eight birds are singing outside my window: “eight” entails “some.” If the resolution were existential with respect to “colleges and universities,” then the Ivy League argument above would be a valid inference. Since it’s not a valid inference, “colleges and universities” must be a generic bare plural. Second, “colleges and universities” fails the upward-entailment test for existential uses of bare plurals. Consider the sentence, “Lima beans are on my plate.” This sentence expresses an existential statement that is true just in case there are some lima beans on my plate. One test of this is that it entails the more general sentence, “Beans are on my plate.” Now consider the sentence, “Colleges and universities ought not consider the SAT.” (To isolate “colleges and universities,” I’ve eliminated the other bare plurals in the resolution; it cannot plausibly be generic in the isolated case but existential in the resolution.) This sentence does not entail the more general statement that educational institutions ought not consider the SAT. This shows that “colleges and universities” is generic, because it fails the upward-entailment test for existential bare plurals. Third, “colleges and universities” fails the adverb of quantification test for existential bare plurals. Consider the sentence, “Dogs are barking outside my window.” This sentence expresses an existential statement that is true just in case there are some dogs barking outside my window. One test of this appeals to the drastic change of meaning caused by inserting any adverb of quantification (e.g., always, sometimes, generally, often, seldom, never, ever). You cannot add any such adverb into the sentence without drastically changing its meaning. To apply this test to the resolution, let’s again isolate the bare plural subject: “Colleges and universities ought not consider the SAT.” Adding generally (“Colleges and universities generally ought not consider the SAT”) or ever (“Colleges and universities ought not ever consider the SAT”) result in comparatively minor changes of meaning. (Note that this test doesn’t require there to be no change of meaning and doesn’t have to work for every adverb of quantification.) This strongly suggests what we already know: that “colleges and universities” is generic rather than existential in the resolution. Fourth, it is extremely unlikely that the topic committee would have written the resolution with the existential interpretation of “colleges and universities” in mind. If they intended the existential interpretation, they would have added explicit existential quantifiers like “some.” No such addition would be necessary or expected for the generic interpretation since generics lack explicit quantifiers by default. The topic committee’s likely intentions are not decisive, but they strongly suggest that the generic interpretation is correct, since it’s prima facie unlikely that a committee charged with writing a sentence to be debated would be so badly mistaken about what their sentence means (which they would be if they intended the existential interpretation). The committee, moreover, does not write resolutions for the 0.1 percent of debaters who debate on the national circuit; they write resolutions, at least in large part, to be debated by the vast majority of students on the vast majority of circuits, who would take the resolution to be (pretty obviously, I’d imagine) generic with respect to “colleges and universities,” given its face-value meaning and standard expectations about what LD resolutions tend to mean.

#### Violation – they specify “revolutionary medicines”

#### It applies to medicines:

#### Upward entailment test – spec fails the upward entailment test because saying that nations ought to reduce IPP for one medicine does not entail that those nations ought to reduce IPP for all medicines

#### Adverb test – adding “usually” to the res doesn’t substantially change its meaning because a reduction is permanent

#### Vote neg:

#### Semantics outweigh:

#### T is a constitutive rule of the activity and a basic aff burden – they agreed to debate the topic when they came here

#### Jurisdiction – you can’t vote aff if they haven’t affirmed the resolution

#### It’s the only stasis point we know before the round so it controls the internal link to engagement – there’s no way to use ground if debaters aren’t prepared to defend it

#### Limits – there are countless affs accounting for thousands of medicines – unlimited topics incentivize obscure affs that negs won’t have prep on – limits are key to reciprocal prep burden – potential abuse doesn’t justify foregoing the topic and 1AR theory checks PICs

#### There are over 20,000 affs

FDA 11/18 [(U.S. Food and Drug Administration, federal agency of the Department of Health and Human Service) “Fact Sheet: FDA at a Glance,” 11/18/2020] JL

There are over 20,000 prescription drug products approved for marketing.

FDA oversees over 6,500 different medical device product categories.

There are over 1,600 FDA-approved animal drug products.

There are about 300 FDA-licensed biologics products.

#### Ground – spec guts core generics like innovation that rely on reducing IP for all medicines because individual medicines don’t affect the pharmaceutical industry broadly – also means there is no universal DA to spec affs

#### TVA solves – read as an advantage to whole rez

#### Paradigm issues:

#### Drop the debater – their abusive advocacy skewed the debate from the start

#### Comes before 1AR theory – NC abuse is responsive to them not being topical

#### Competing interps – reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation

#### No RVIs – fairness and education are a priori burdens – and encourages baiting – outweighs because if T is frivolous, they can beat it quickly

#### Fairness is a voter ­– necessary to determine the better debater

#### Education is a voter – why schools fund debate

### 3

#### The aff embraces medicine as the starting point for the revolution, which dooms their movement. The discursive terrain of health and specifically what is considered legitimate health science evidence is coursing through academia and determining what we understand as cost containment, health efficiency, & disease. Creating a regime of truth that relegates values as un-scientific, perpetuating micro-fascisms and marginalizing multiple forms of knowledge.

Holmes & Murray 6 Dave Holmes RN PhD, Faculty of Health Sciences, School of Nursing, University of Ottawa, Ottawa, Stuart J Murray PhD, Department of English Ryerson University Toronto, Ontario, Canada, *International Journal of Evidence-Based Healthcare*, Deconstructing the evidence-based discourse in health sciences: truth, power and fascism, 2006; 4: 180–186

Background Drawing on the work of the late French philosophers Deleuze and Guattari, the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative with regards to scientific knowledge. As such, we assert that the evidence-based movement in health sciences constitutes a good example of microfascism at play in the contemporary scientific arena. Objective The philosophical work of Deleuze and Guattari proves to be useful in showing how health sciences are colonised (territorialised) by an all-encompassing scientific research paradigm – that of post-positivism – but also and foremost in showing the process by which a dominant ideology comes to exclude alternative forms of knowledge, therefore acting as a fascist structure. Conclusion The Cochrane Group, among others, has created a hierarchy that has been endorsed by many academic institutions, and that serves to (re)produce the exclusion of certain forms of research. Because ‘regimes of truth’ such as the evidence-based movement currently enjoy a privileged status, scholars have not only a scientific duty, but also an ethical obligation to deconstruct these regimes of power. We can already hear the objections. The term fascism represents an emotionally charged concept in both the political and religious arenas; it is the ugliest expression of life in the 20th century. Although it is associated with specific political systems, this fascism of the masses, as was practised by Hitler and Mussolini, has today been replaced by a system of microfascisms – polymorphous intolerances that are revealed in more subtle ways. Consequently, although the majority of the current manifestations of fascism are less brutal, they are nevertheless more pernicious. We believe that fascism is a concept that is not associated with any particular person or location. Therefore, we will use this term as defined by Deleuze and Guattari,1 and now used by a number of contemporary authors. Within the healthcare disciplines, a powerful evidence based discourse has produced a plethora of correlates, such as specialised journals and best practice guidelines. Obediently following this trend, many health sciences scholars have leapt onto the bandwagon, mimicking their medical colleagues by saturating health sciences discourses with concepts informed by this evidence-based movement.2 In the words of Michel Foucault, these discourses represent an awesome, but oftentimes cryptic, political power that ‘work[s] to incite, reinforce, control, monitor, optimize, and organize the forces under it’ (p. 136).3 Unmasking the hidden politics of evidence-based discourse is paramount, and it is this task that forms the basis of our critique. Drawing in part on the work of the late French philosophers Deleuze and Guattari,1,4 the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative with regards to scientific knowledge. As such, we assert that the evidence-based movement in health sciences constitutes a good example of microfascism at play in the contemporary scientific arena. The philosophical work of Deleuze and Guattari1 proves to be useful in showing how health sciences are colonised (territorialised) by an all-encompassing scientific research paradigm – that of post-positivism – but also and foremost in showing the process by which a dominant ideology comes to exclude alternative forms of knowledge, therefore acting as a fascist structure. Evidence-based health sciences: definition and deconstruction As a global term, EBHS (evidence-based health sciences) reflects clinical practice based on scientific inquiry. The premise is that if healthcare professionals perform an action, there should be evidence that the action will produce the desired outcomes. These outcomes are desirable because they are believed to be beneficial to patients.5 Evidence based practice derives from the work of Archie Cochrane, who argued for randomised controlled trials (RCTs being the highest level of evidences) as a means of ensuring healthcare cost containment, among other reasons.6 In 1993, the Cochrane Collaboration, serving as an international research review board, was founded to provide clinicians with a resource aimed at increasing clinician–patient interaction time by facilitating clinicians’ access to valid research.2 The Cochrane database was established to provide this resource, and it comprises a collection of articles that have been selected according to specific criteria.7 For example, one of the requirements of the Cochrane database is that acceptable research must be based on the RCT design; all other research, which constitutes 98% of the literature, is deemed scientifically imperfect.6 At first glance, EBHS seems beneficial for positive patient outcomes, which is a primary healthcare objective.8 As a consequence, it is easy for healthcare researchers and clinicians to assume that EBHS is the method to assure that patients receive optimal care.9 While EBHS does acknowledge that healthcare professionals possess discrete bodies of knowledge, EBHS advocates defend its rigid approach by rationalising that the process is not self-serving because improved healthcare and increased healthcare funding will improve patient outcomes.2,7,10 Consequently, EBHS comes to be widely considered as the truth. 9 When only one method of knowledge production is promoted and validated, the implication is that health sciences are gradually reduced to EBHS. Indeed, the legitimacy of health sciences knowledge that is not based on specific research designs comes to be questioned, if not dismissed altogether. In the starkest terms, we are currently witnessing the health sciences engaged in a strange process of eliminating some ways of knowing. EBHS becomes a ‘regime of truth’, as Foucault would say – a regimented and institutionalised version of ‘truth’. The health sciences take their lead from institutional medicine, whose authority is rarely challenged or tested probably because it alone controls the terms by which any challenge or test would proceed. Once it was adopted by medicine, the health sciences accepted RCTs as the gold standard of evidence-based knowledge. It is deeply questionable whether EBHS, as a reflection of stratification and segmentation, promotes the multiple ways of knowing deemed important within most health disciplines. Moreover, we must ask whether EBHS serves a state or governmental function, where ready-made and convenient ‘goals-and-targets’ can be used to justify cuts to healthcare funding.6 We believe that health sciences ought to promote pluralism – the acceptance of multiple points of view.2 However, EBHS does not allow pluralism, unless that pluralism is engineered by the Cochrane hierarchy itself.7 Such a hegemony makes inevitable the further ‘segmentation’ of knowledge (i.e. disallowing multiple epistemologies), and further marginalise many forms of knowing/knowledge. Importantly, the evidence-based movement is neither ‘progressive’ nor a ‘natural’ development in health sciences: it is a trend that is engineered. As a response to this, a vigilant resistance must arise from within the health disciplines themselves, and one way of deploying such resistance is by using a tool called ‘deconstruction’. Drawing on the work of the late French philosopher, Jacques Derrida, deconstruction is notoriously difficult to define because it is a practice, and not a fixed concept based on abstract ‘facts’ or ‘evidence’. For our purposes, we might say that it is the critical practice of exposing the foundations that underpin the apparent truth-value of a certain concept or idea, challenging the way that it appears to us as self-evidently or ‘naturally’ so. In the words of one of Derrida’s early translators, the task of deconstruction is ‘to locate and “take apart” those concepts which serve as axioms or rules for a period of thought’.11 More precisely, deconstruction works to demonstrate how concepts or ideas are contingent upon historical, linguistic, social and political discourses, to name but a few. We deconstruct our taken-for-granted ‘truths’ by attending to how they came to be constructed in the first place. One method is to critically analyse the sets of binary oppositions that have informed the history of Western thought, for example, mind versus body. While each term is implicit in the definition of the other (suggesting they are not utterly discrete), Derrida argues that within such binaries, one term is always privileged at the expense of the other. Here, we might think of mind over body (matter), but to these we might add sets of correlative terms – essentially hierarchies – such as reason over emotion, male over female, logic over myth or even quantitative measure over qualitative measure. In the name of a justice-to-come, deconstruction looks towards the future by interrogating the hierarchical power that operates at the heart of these binaries. Thus, implicit in deconstruction is a suspicion of the essentialist and hierarchical nature of institutional knowledge. In a deconstructive vein, we must ask not only, ‘What constitutes evidence?’ but also, what is the ‘regime of truth’ (Kuhn would call this a ‘paradigm’ and Foucault an ‘épistèmé’) that dictates when or how one piece of evidence shall count as evidence, while another is denigrated or excluded altogether? In other words, what makes one piece of evidence so ‘self-evidently’ meaningful for us at this precise historical moment, while another appears so ‘self-evidently’ meaningless or nonsensical? Attending to this internal logic of exclusion is both democratising and, arguably, it is just better science! It is not insignificant that the word ‘evidence’ contains the Latin root videre, which means ‘to see’. The etymology of the term itself suggests a visual bias that still holds sway in the ‘enlightened’ empirical sciences today.12,13 But we might ask: what is the fate of that evidence that is invisible to us – invisible, and yet still marginally felt and attested to? Unmapping health sciences It is becoming increasingly evident that an unvarying, uniform language – an ossifying discourse – is being mandated in a number of faculties of health sciences where the dominant paradigm of EBHS has achieved hegemony.14 This makes it difficult for scholars to express new and different ideas in an intellectual circle where normalisation and standardisation are privileged in the development of knowledge. The critical individual must then resort to resistance strategies in front of such hegemonic discourses within which there is little freedom for expressing unconventional thoughts. Rather than risk being alienated from their colleagues, many scientists find themselves interpellated by hegemonic discourses and come to disregard all others. Unfortunately, privileging a single discourse (evidence-based medicine (EBM)) situated within a single scientific paradigm (postpositivism) confines the researcher to a yoke of exactly reproducing the established order. To a large degree, the dominant discourse represents the ladder of success in academic and research milieus where it establishes itself as a weapon used against those who praise the freedom of scientific inquiry and the free debate of ideas. When only one discursive formation (EBM) finds itself on the discursive terrain (health sciences), academics and researchers constitute a united community whose ways of speaking and thinking thwart both creativity and plurality in the name of efficiency and effectiveness. We believe that EBM, which saturates health sciences discourses, constitutes an ossified language that maps the landscape of the professional disciplines as a whole. Accordingly, we believe that a postmodernist critique of this prevailing mode of thinking is indispensable. Those who are wedded to the idea of ‘evidence’ in the health sciences maintain what is essentially a Newtonian, mechanistic world view: they tend to believe that reality is objective, which is to say that it exists, ‘out there’, absolutely independent of the human observer, and of the observer’s intentions and observations. They fondly point to ‘facts’, while they are forced to dismiss ‘values’ as somehow unscientific. For them, this reality (an ensemble of facts) corresponds to an objectively real and mechanical world. But this form of empiricism, we would argue, fetishises the object at the expense of the human subject, for whom this world has a vital significance and meaning in the first place. An evidence-based, empirical world view is dangerously reductive insofar as it negates the personal and interpersonal significance and meaning of a world that is first and foremost a relational world, and not a fixed set of objects, partes extra partes. Of course, we do not wish to deny the material and objective existence of the world, but would suggest, rather, that our relation to the world and to others is always mediated, never direct or wholly transparent. Indeed, the sociocultural forms of this mediation would play a large part in the way the world appears as full of significance. Empirical facts alone are quantities that eclipse our qualitative and vital being-in-the-world. For example, how should a woman assign meaning to the diagnosis she just received that, genetically, she has a 40% probability of developing breast cancer in her lifetime? What will this number mean in real terms, when she is asked to evaluate the meaning of such personal risk in the context of her entire life, a life whose value and duration are themselves impossible factors in the equation?15–18 From a variety of perspectives, those we label as ‘postmodern authors’ offer a robust critique of evidence-based health sciences and their objectivist world view. The French philosopher Jean-François Lyotard sees postmodernism as the end of universal or ‘meta-narratives [grands récits]’ that characterise the totalising Reason of Modernity.19 In broad strokes, postmodern authors provide a critique of the knowing subject, who is alleged to be a contextless, abstract and autonomous ego, implicitly male, white, Western and heterosexual. The clinician can often be considered such an institutional subject who is presumed both to know the truth of disease and to have the moral and intellectual authority to prescribe treatment. Foucault, for one, is critical of this power, which he describes with the metaphor of the ‘clinical gaze’ – a panoptic kind of ‘expert seeing’ that both determines in advance what will appear, and, more ominously, what will be silently internalised by the patient, and will govern his or her own inner experience and significant values. ‘That which is not on the scale of the gaze’, Foucault writes, ‘falls outside the domain of possible knowledge’ (p. 166).12 Thus, the authority of the clinician must be understood as a discursive power that shapes the realm of the possible and, in doing so, often ignores certain symptoms that would allow a more appropriate diagnosis. At the same time, the absolute authority of the gaze becomes the manner in which the patient will see him- or herself. Obvious examples here are the hysterisation of the female body and the pathologisation of homosexuality within medical discourse. In the face of such phenomena being now widely regarded as social/medical constructions, we might have hoped that health sciences would become more critical of its authority and the process through which it re/produces modern binaries (e.g. normal/pathological, male/female). A starting point for health sciences would be to promote the multiplicity of what Foucault describes as subjugated forms of knowledge (savoirs assujettis): these forms of knowledge are ways of understanding the world that are ‘disqualified as non-conceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, [and] knowledges that are below the required level of erudition or scientificity’ (p. 7).20 These forms of knowledge arise from below, as it were, in contradistinction to the top-down approach that characterises the hegemonic thrust of EBHS. For Foucault, a subjugated knowledge is not the same thing as ‘common sense’. Instead, it is ‘a particular knowledge, a knowledge that is local, regional, or differential’ (pp. 7–8).20 In our view, this positive process begins with a critique of EBHS and its hegemonic norms. As we have argued, according to postmodern authors, these norms institute a hidden political agenda through the very language and technologies deployed in the name of ‘truth’. Again, Foucault sums up this position in his critique of modern medicine: ‘Medicine, as a general technique of health even more than as a service to the sick or an art of cures, assumes an increasingly important place in the administrative system and the machinery of power’ (p. 176).21 Here, in such an ‘administrative system’ and a ‘machinery of power’, we find a classic allusion to what Hannah Arendt defines as totalitarianism or fascism, as we defined it earlier. For her, somewhat optimistically, totalitarian regimes are not the simple result of an innate evil in humankind; rather, totalitarianism is a political phenomenon that emerges from a confluence of socio-historical forces. She writes that 20th century totalitarianism is essentially an ideology that arose to fill a political vacuum in post-World War I Europe, when positive laws increasingly came to be replaced by terror.22 Arendt herself draws the link between totalitarian ideology and the modern sciences, and so we are justified to turn to her, among others, to find a trenchant critique of EBHS. The ‘regime of truth’ that has emerged from the EBM is an ideology that is supported by a number of contingent factors – contingencies that EBHS would mistakenly classify as ‘truths’. An ideology is monolithic: those who adhere to the ideology believe it ‘can explain everything and every occurence [sic] by deducing it from a single premise’ (p. 468).22 She warns that totalitarianism ‘is quite prepared to sacrifice everybody’s vital immediate interests to the execution of what it assume[s] to be the law of History or the law of Nature’ (pp. 461–462).22 But, as we have remarked, History and Nature are made; these forms therefore call for an ever-renewed critique.

#### Their aff is medical colonization and a form of empire building. As medicine expands access it will become a way to demonstrate the benevolence of US empire.

PATTON 11 Collen Hill, for over 25 years, has been a student of medicine, a nurse, a physician assistant, and an educator. She has been a registered nurse in small rural hospitals in Appalachia and large cities, with practice settings ranging from rural emergency rooms, to large military medical centers, and rural home health nursing in Alabama. IMAGES OF EXPERIENCE: DECOLONIZING MEDICINE, A Dissertation Submitted to the Graduate Faculty of Georgia Southern University in Partial Fulfillment of the Requirements for the Degree, DOCTOR OF EDUCATION, STATESBORO, GEORGIA

If we take the word Oriental and replace it with the word patient, this quotation still rings with truth and implications that we need to address, critique and investigate for the possibilities of change. Said (1979) also described the patient as also a “body of knowledge” (p. 43). Human being no longer represents the term used in medical teachings and practice. It has become, and remains today, an object to be judged, studied, and illustrated within a context not of its own making. Medicine has a very long and intricate relationship with imperialism and colonialism historically. Medicine was a part of the ideology as well as the accountancy of empire. D. Schoute once argued that when the British occupied the Dutch East Indies early in the nineteenth century they replaced the Dutch company’s narrowly ‘commercial’ medical outlook (aimed solely at keeping its European employees alive) with an ‘idealist’ vision of medicine in the service of the entire population, Indonesian and European alike. Even before the scientific breakthroughs of the late nineteenth century, imperial powers were beginning to use medicine as a demonstration of their benevolent and paternalistic intensions, as a way of winning support from a newly subject population, of balancing out the coercive features of colonial rule, and of establishing a wider imperial hegemony than could be derived from conquest alone. (Arnold, 1988, p. 16) Over time, medicine acquired an imperialism of its own. Today, Western medicine continues to dominate and colonize not only the patients within America, but within other regions and countries, in order to explore new therapies at the risk of those deemed less than us. It is true that we utilize the poorest in other countries to perform research for medications. Our country continues beyond the times of European colonialism to use medicine and healthcare as a method of “medical counterinsurgency operations” (Levy, 1978, p. 298). Providing care to our enemies who are wounded or captured is often methods of intelligence gathering. Yet I believe that American medicine, as an institution practiced at home, is a form of colonialism, even to those of us who reside within this country’s boundaries. I offer this quote by James Paul (1978): Medicine has from the beginning functioned in the service of imperialism, supporting logically the voracious search for ever wider markets and profitable deals.…We can also see how medical sciences, rather than eliminate the social roots of ill health, promotes a commodity-based disease therapy. And finally, we can better grasp the role of the doctor, not as benevolent practitioner of universal science but as purveyor of capitalist values and as enthusiastic agent of imperial rule. (p. 272) However, the anthropologist, Clifford Geertz, reminds us that “culture is not a power, something to which social events, behaviors, institutions, or processes can be causally attributed; it is a context, something within which they can be intelligibly—that is thickly—described” (Geertz, 1973, p. 14). In his text, The Interpretation of Cultures, Geertz explains the importance and awareness of looking beyond generalization. A thin description is one that focuses our attention on the superficial meaning or explanation of an act, word, gesture, or custom. As an American woman, I may explain a nod as a gesture of agreement or affirming. However, a nod in a nomadic tribe in Africa would mean something very negative or dismissive. As Geertz stated: Although one starts any effort at thick description, beyond the obvious and superficial, from a state of general bewilderment as to what the devil is going on—trying to find one’s feet—one does not start (or ought not) intellectually empty-handed. (Geertz, 1973, p. 27) My hope is that my varied experiences of medicine – as a student, a nurse, a physician assistant, and now an educator – provide me with an ability to go beyond bewilderment and to study and describe the experiences I have seen and what these meanings and actions may tell us about the world of the patient and medicine. “Theoretical ideas are not created wholly anew in each study;…they are adopted from other, related studies, and refined in the process, applied to new interpretive problems” (Geertz, 1973, p. 27). In choosing to study medicine through the theoretical ideas of Critical theory, Critical humanism, and Postcolonialism—the hope is for new understandings and interpretations—a true thick description.

### Case

#### The role of the ballot is to determine who did the best debating. Evaluate the plan relative to opportunity costs – anything else is self-serving and arbitrary. Anything else erases the question central to the debate which is if medical IP should be kept or not, crushing predictability and education in the round. Prior questions are regressive, unpredictable, and make generating offense impossible.

#### their galloway 14 card “distrust their statistical data — its manufactured by corporations” — proves our medicalization DA is true

#### no solvency- they advocate for broad coalitions between health workers and patients — that presupposes that health workers are benevolent, which isn’t the case. almost all of COVID-19 disinformation has been spread by doctors who go on facebook, sharing conspiracy theories

#### they’ll have traitors to their movement and will be unable to form strong coalitions, as doctors and other high-profile figures deviate and cast doubt among the population which weakens the revolution

#### Turn: Cap environmental problems through property rights.

Navanit, Raj. [George Washington University],"Crisis: Capitalism, Economics and the Environment." Undergraduate Economic Review 8.1 (2010): 3. AJ

Argument 1: Tragic commons can be mitigated by quasi or fully established property rights. The free market solution to the tragic commons is to extend fully realizable, enforceable and transferable property rights to members of the commons so as to internalize the costs of resource use on the person using the resource. Extension of property rights thus mitigates the depletion and degradation of the natural resource without the theoretical cost of severely compromising the ingrained and necessary psychological constitution of the homo economicus agent that is required for markets to work efficiently (I.e. without violating the ‘self-interest’ clause of economic agents, a staple of most neo-classical models). My point here concerns economics as a science in general. Market based solutions are, on the whole, committed to the premise that agents do not act altruistically independent of an overarching self-interest and thus the notion of the extension of property rights gives the economist theoretical tools to tackle the dilemma of the tragic commons without violating what seems to be a fundamental tenet of the science.6

#### Turn: The Aff’s portrayal of a world with reduced IP protections as an “information commons” where disease and economic collapse is solved by deregulation perpetuates the neoliberal idea of increased competition ensuring a perfect market **Kapczynski 14** [(Amy, a Professor of Law at Yale Law School, Faculty Co-Director of the Global Health Justice Partnership, and Faculty Co-Director of the Collaboration for Research Integrity and Transparency. She is also Faculty Co-Director of the Law and Political Economy Project and cofounder of the Law and Political Economy blog. Her areas of research include information policy, intellectual property law, international law, and global health.) “INTELLECTUAL PROPERTY’S LEVIATHAN” Duke Law, Law & Contemporary problems, 2014. <https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=4710&context=lcp>] BC

Over the last decade or so, a powerful set of critiques has emerged to contest the dominant account just sketched out as well as the contemporary state of IP law.12 These arguments have come from many directions, some even arising from scholars who previously were champions of the dominant account.13 The most prominent and potent line of theoretical critique in the legal literature has come in the guise of arguments for free culture and the “information commons” and has been most influentially articulated by Lawrence Lessig and Yochai Benkler.14 Both have stressed the problems with expansive exclusive rights regimes in information and have also sketched a set of actually existing alternatives to market-based exclusionary forms of information and cultural production. Lessig has written a series of influential books that have made him a “rock star of the information age,”15 particularly for young Internet and free-culture activists. He has argued powerfully, for example, that existing copyright law is in deep conflict with the radical new possibilities for creativity in the digital age. As he points out, when a mother posting a video of her toddler dancing to a Prince song on YouTube is threatened with a $150,000 fine for copyright infringement, something has gone seriously awry.16 Lessig also contends that copyright law today is too long, too expansive, and instantiates a “permission culture” that is antithetical to free expression in the age of the remix.17 As he puts it, “the Internet has unleashed an extraordinary possibility for many to participate in the process of building and cultivating a culture that reaches far beyond local boundaries,” creating the possibility of markets that “include a much wider and more diverse range of creators,” if not stifled by incumbents who use IP law to “protect themselves against this competition.”18 Benkler’s work has also been extraordinarily formative in the field, particularly for his insights into the multiplicity of modes of information production. As he has stressed, the conventional justification for IP does not account for the many successful and longstanding modes of market nonexclusionary information production.19 For example, attorneys write articles to attract clients, software developers sell services customizing free and opensource software for individual clients, and bands give music away for free to increase revenues from touring or merchandise.20 More pathbreaking still is Benkler’s account of the importance of “commons-based peer production,” a form of socially motivated and cooperative production exemplified by the volunteer network that maintains Wikipedia or the groups of coders who create open-source software products such as the Linux operating system.21 In the digital networked age, as Benkler describes, the tools of information production are very broadly distributed, “creating new opportunities for how we make and exchange information, knowledge, and culture.”22 These changes have increased the relative role in our information economy of nonproprietary production and facilitate “new forms of production [that] are based neither in the state nor in the market.”23 Because commons-based peer production is not hierarchically organized and is motivated by social dynamics and concerns, it also offers new possibilities for human development, human freedom, a more critical approach to culture, and more democratic forms of political participation.24 This line of critique has been profoundly generative and has helped launch an important new conceptualization of the commons as a paradigm. That paradigm, as a recent book puts it, “helps us ‘get outside’ of the dominant discourse of the market economy and helps us represent different, more wholesome ways of being.”25 Proponents of the commons concept draw upon contemporary articulations of successful commons-based resource management by Elinor Ostrom and her followers.26 They do mobilize retellings of the political and economic history of the commons in land in Europe before enclosure,27 and recent evidence from psychology and behavioral economics that suggests that humans have deep tendencies toward cooperation and reciprocation.28 They argue that A key revelation of the commons way of thinking is that we humans are not in fact isolated, atomistic individuals. We are not amoebas with no human agency except hedonistic “utility preferences” expressed in the marketplace. No: We are commoners—creative, distinctive individuals inscribed within larger wholes. We may have unattractive human traits fueled by individual fears and ego, but we are also creatures entirely capable of self-organization and cooperation; with a concern for fairness and social justice; and willing to make sacrifices for the larger good and future generations.29 This stands, of course, as a powerful rebuke to the neoliberal imaginary, which “constructs and interpellates individuals as . . . rational, calculating creatures whose moral autonomy is measured by their capacity for ‘self-care’— the ability to provide for their own needs and service their own ambitions.”30 III Given this radical—and, in my view, critically important—attempt to rethink the subject at the core of neoliberal accounts, it is all the more striking that proponents of the commons often appear to adopt a neoliberal image of the state. For example, the introduction to a recently edited volume that gathers writings on the commons from seventy-three authors in thirty countries (entitled, tellingly, The Wealth of the Commons: A World Beyond Market and State) has this to say: The presumption that the state can and will intervene to represent the interests of citizens is no longer credible. Unable to govern for the long term, captured by commercial interests and hobbled by stodgy bureaucratic structures in an age of nimble electronic networks, the state is arguably incapable of meeting the needs of citizens as a whole.31 The commons, they suggest, is a concept that seeks not only to liberate us from predatory and dysfunctional markets, but also from predatory and dysfunctional states. Something immediately seems incongruous here. If people are inherently cooperative reciprocators, why are states irredeemably corrupt? After all, as Harold Demsetz famously wrote in his 1967 attack on Arrow’s optimism about state production of information, “[g]overnment is a group of people.”32 Lessig, one of the progenitors of the language of the commons in the informational domain, often leads with a similar view of the state: [I]f the twentieth century taught us one lesson, it is the dominance of private over state ordering. Markets work better than Tammany Hall in deciding who should get what, when. Or as Nobel Prize-winning economist Ronald Coase put it, whatever problems there are with the market, the problems with government are more profound.33 Lessig reveals his own sense of the power of this conception of the state when he seeks to tar IP law with the same brush; we should rebel against current IP law, he suggests, because we should “limit the government’s role in choosing the future of creativity.”34 Benkler is more measured but admits as well to viewing the state as “a relatively suspect actor.”35 We should worry, he suggests, that direct governmental intervention “leads to centralization in the hands of government agencies and powerful political lobbies,”36 a view that echoes the neoliberal account described above. It should perhaps not surprise us that leading critics of neoliberal information policy embrace a neoliberal conception of the state. After all, neoliberalism is not merely an ideology, but also a set of policy prescriptions that may have helped to call forth the state that it has described. As David Harvey puts it, “[t]he neoliberal fear that special-interest groups would pervert and subvert the state is nowhere better realized than in Washington, where armies of corporate lobbyists . . . effectively dictate legislation to match their special interests.”37 There are, it must be said, few areas of law that better exemplify this problem than IP law. For example, Jessica Litman has documented the astonishing process through which the 1976 Copyright Act was drafted, in which Congress delegated most of the drafting to interest groups that were forced to negotiate with one another.38 Other scholars have offered similarly startling accounts of the genesis of the most important IP treaty today, the TradeRelated Aspects of Intellectual Property Rights (TRIPS) Agreement. TRIPS came into force in 1996, revolutionizing international IP law by both imposing new standards and by rendering them enforceable through the WTO’s disputeresolution system, which authorizes trade retaliation to enforce its judgments. Most countries in the world are members of TRIPS, and the Agreement introduced, for developing countries in particular, substantial new obligations, such as the obligation to grant patents on medicines and food-related inventions. Several excellent histories of the treaty have been written, documenting its beginnings as a brash idea proposed by “twelve chief executive officers (representing pharmaceutical, entertainment, and software industries).”39 As Susan Sell has described, the TRIPS Agreement was a triumph of industry organizing. Through TRIPS, Industry revealed its power to identify and define a trade problem, devise a solution, and reduce it to a concrete proposal that could be sold to governments. These private sector actors succeeded in getting most of what they wanted from a global IP agreement, which now has the status of public international law.