### CP

#### CP TEXT – The negative endorses the use of the one and done approach to patents as advocated by the aff for all medicine except Mental Health medications, practices and tools.

#### Net benefit of mental health -

#### Multiple and growing number of patents block spread of mental health meds to other nations freely now

KT-MINE, The Patents Behind Psychiatry February 7, 2019 https://www.ktmine.com/the-patents-behind-psychiatry/

Around [14 percent](https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers) of the American population experience mental health issues in a given year. In a search of patents related to pharmaceuticals within the [ktMINE](https://www.ktmine.com/products/patents/) platform, including keywords related to mental health disorders, show that the number of filed and granted patents has been on the rise. The pharmaceutical industry has also been growing, having a global value of about [1 trillion dollars](https://www.fool.com/investing/2016/07/31/12-big-pharma-stats-that-will-blow-you-away.aspx). The United States (U.S.) accounts for almost [46%](https://www.statista.com/statistics/272181/world-pharmaceutical-sales-by-region/) of the pharmaceutical industry’s revenue. This dominance of the U.S. can also be found in the analytics, reflected in the graphs below retrieved from the same patent search. Products that treat health issues almost guarantee a return on investments thanks to patents granted by the USPTO and market exclusivity approved by the FDA (Food and Drug Administration). Let’s examine the origin of the pharmaceutical industry with a focus on a division that’s increasingly being utilized by Americans now than ever before: psychiatry.

#### That’s good – we shouldn’t spread mental health meds bc Psychiatric care is unethical torture – reject it as it would empower horrible leader like [Ali Khamenei](https://www.google.com/search?rlz=1C1GCEV_enUS927US928&sxsrf=ALeKk02nuTCX2HqY4v3DLm4L_YiXHcEODA:1629940722397&q=Ali+Khamenei&stick=H4sIAAAAAAAAAONgVuLUz9U3MDIyySp6xGjCLfDyxz1hKe1Ja05eY1Tl4grOyC93zSvJLKkUEudig7J4pbi5ELp4FrHyOOZkKnhnJOam5qVmAgAhK7rlUwAAAA), from Iran, the tools to chemically castrate those that disagree with the regime

**Aubrecht and Fabris 14** (Erick Fabris, psychiatric survivor, and Katie Aubrecht, Postdoctoral Research Fellow at the Nova Scotia Centre on Aging, Mount Saint Vincent University, *Disability Incarcerated: Imprisonment and Disability in the United States and Canad*a, 185-199, Edited by Liat Ben-Moshe, Chris Chapman, and Allison C. Carey, 2014, ID)

The body can be restrained for long periods using psychiatric drugs. Psychiatric patients in the 1970s started to fight against such practices, used primarily on people considered “mentally disordered.” Some patients rejected the “mentally ill” label, calling themselves psychiatric survivors (Morrison 2005) in memory of eugenic practices like Nazi Germany’s T4 program (Friedlander 2001). They considered what psychiatrists call chemical restraint, which has been in use for centuries (Fennell 1996), to be a chemical straitjacket and a “prison of drugs” (Chamberlin 1978; Janet Gotkin, from a US Senate Hearing in 1975, cited in Whitaker 2001, 176). The links between chemical restraint and incarceration are not only physical ones. Chemical incarceration (Fabris 2011) is a term we use to describe mandatory drugging of people considered mad or mentally ill, but also anyone in an institution who is drugged without informed consent, with or without a diagnosis. In Tranquil Prisons (2011), Erick introduced this argument to show how **drug** treatment is often coercive, **and tranquilizing** drugs are **regularly** used to constrain. Psychiatric drugs may not be safe or effective, though they are a standard treatment response for distress or social conflict (Jackson 2005; Whitaker 2010). Major “neuroleptic” tranquilizers called antipsychotic medication do not usually stop hallucinations or delusions (**in fact** they **can** bring them on, especially during withdrawal). Furthermore they change the brain’s chemical processes and structure, resulting in a loss of attention, feeling, and will, as well as other negative effects such as nervous tremors and rapid weight gain (Whitaker 2010). These are primary effects, once thought to constitute therapeutic response as Whitaker (2010) shows; however, the use of drugs to restrain people, supposedly for the purpose of therapy, has become commonplace in schools, prisons, hospitals, and residential facilities. This is an unconstitutional and unethical form of restraint, and over time a biological form of detention (Fabris 2011). Erick’s experience as a mental patient informs his research. As a result of his experience, he questions the given narrative that says those labeled mentally ill are generally confused, noncompliant, and dangerous, as well as the idea that drugging people is less coercive than “locking them up.” While it could be argued that imposing drugs on people when they are violent is humane, the negative effects **of drugs can** last a lifetime. Drug withdrawal can make original distress treated with drugs much worse. Many people resign themselves to drugs to prevent withdrawal after they have been forced onto them. This preemptive coercion of drugs that starts the chain of dependency must be stopped. The dependency itself is a worse form of coercion than the actual restraint or “incarceration” of drugging, because it makes a person agreeable to being managed, despite what can be said of tranquilization as a form of help. Hence, it is not just the fact that drugs are ordered on patients that makes them coercive alone, but that they restrain the body and create dependency, using the body against the person, which results in an indefinite form of detention. Tranquil Prisons only shows the legal instruments of drug coercion, however, by looking at the legal orders used to keep people on “medications” after they leave a facility, such as the Community Treatment Order (CTO) in Canada and the Involuntary Outpatient Committal (IOC) in the United States. Coercion occurs in many ways. Katie’s experience of coercion in mental health treatment was just as frightening and restrictive as the more formal arrangements Erick discusses. She identifies as a disabled person and a psychiatric survivor, and relates to Mad identities and communities (Fabris 2011) as expressions of resistance to psychiatric oppression, and as such, political commitments. Her work seeks to understand the socially and historically transformative implications of resistances that erupt from within individuals, communities, institutions, and epistemologies (Aubrecht 2012; 2010; Titchkosky and Aubrecht 2009). Using a letter exchange based on a method of narrative inquiry used by Carola Conle (1999), we show how chemical constraint informs prescription, restraint, and constraint in any institution, facility, or home. These letters, which act as the main body of this chapter (and the conclusion), inform issues of identity, experience, and political theory. Jijian Voronka’s (2008; 2003) critical cultural analysis of the relations between the construction of mad carceral sites in Ontario and Canadian nation-building, and Geoffrey Reaume’s (2009) archival research on life in a mental hospital from a patient’s perspective, suggest a need to question how state-sanctioned responses to “madness” are situated historically and politically. Katie and Erick’s dialogue through letters explores how biomedical understandings and practices perpetuate inequity and the prison industry by making the lived experience of marginalization appear as an individual’s problem. We also explore how psychiatric medication offers an initiation into normalcy—a rite of passage that is represented as essential to survival within institutional settings. Implicit in the letter exchange is the understanding that **psychiatric survival is so much more than an “overcoming story**” (Price 2011). It is a collaborative work of speaking with others, and of “bearing witness” (Mcguire 2010) to the subversive possibilities of Disability and Mad movements and studies working in solidarity to disrupt taken-for-granted relations to “progressive” social institutions and disciplinary practices. Bio-textual practices of distancing and division, like drugging, can be understood as what Mike Oliver and Jane Campbell refer to as “divide and rule” tactics (1996, 73). Such practices are “bio-textual” in the sense that the experience of the body comes to life through texts, whether legislative or medical, and ways of acting are enforced by texts. Bodily experiences are organized and ordered through diagnoses. Erick examines this in relation to the physical body and sensory and cognitive experiences, while Katie considers how formal and informal psychiatric prescriptions to be better selves alter how situations are understood and experienced. In both instances, the materiality of the body is made present by alienating the individual from experience, and the experience from the world. Such practices play an essential role in the individualization, dehistoricization, and depoliticization of marginalized people and communities. **Psychiatric prescriptions make it possible to define** social **suffering and dissent as signs or symptoms of** the existence of personal **disorder** and moral weakness, rather than embodied responses to inequitable social systems. Such practices also work to sanction and produce double and triple consciousnesses, which W. E. B. Du Bois (1903) and Frantz Fanon (1967) describe as the sense of having no single unified consciousness, but instead “of always looking at oneself through the eyes of others, of measuring one’s soul by the tape of a world that looks on with amused contempt and pity” (Du Bois 1903, 8–9; emphasis added). Critical race and anticolonial theory (Chapman 2010; 2012; De La Torre-MacNeill 2011; Dei and Asgharzadeh 2001; Fanon 1965; Freire 2005; Kempf 2009; Wane 2008), as well as post-structural feminisms (Haug 1999; Scott 1999) and feminist disability studies (Garland-Thomson 2005; 2001; Wendell 1989), have all demonstrated a need to examine the complex relations between consciousness of self and the societal values and power relations of the day. An anticolonial analysis of psychiatry thus offers an occasion to question how dominant conceptions of madness and disability have been used to maintain oppressive systems of power. It provides a theoretical framework for understanding the abuse of power, the rationalization of the abuse of others, and the extraction of some valued commodity or power. Implicit within this letter exchange is a commitment to resist the colonial imperative to pathologize resistance and interpret anguish, distress, and dissent as signs of personal deficiency, imbalance, and disorder. In The Wretched of the Earth, Frantz Fanon (1965) argues that it is often the case that the first buds of collective resistance emerge in what appear to be spontaneous defensive reactions to colonial domination and cultural repression—confusion, anger, aggression—what psychiatry refers to as acting out. Fanon also shows that such “reactions” do not simply demonstrate the truth of a naturally disturbed, culturally deficient, or chemically unbalanced individual. They are, rather, embodied performances of the violence of the colonial encounter (Aubrecht 2010; Fanon 1965). This encounter is lived not once, but repeatedly, many times over, met and re-met daily in ideas, images, and institutions that are structured by ableist ideals, and rationalities. In speaking of resistance we do not assume that all experiences and behaviors considered to be madness and labeled as “mental illness” represent self-conscious acts intended to challenge colonial violence; rather the implicit challenge to a normate world (Garland-Thomson 2005) in which “mad” embodiments are treated with carceratory techniques make this form of difference a critical challenge to the status quo. Psychiatry’s premise of reordering or curing identity (the disorderly “mad” body) leads to the apparent intent to immobilize it first, then to treat it. The corpus, chemically restrained for the purpose of “stabilization” (Fabris 2011), is made “ill” figuratively, and in everyday life. Drugging “side-effects” are the ledger of a two-sided truth: you don’t naturally belong, but you can stay if you prove that you are committed to wanting to belong. Disability studies theorist Rod Michalko (2002; 1998) discusses a similar insight in The Mystery of the Eye and the Shadow of Blindness and The Difference that Disability Makes; that is, a sense of what Michael Trask (2003) and David Theo Goldberg (2009) refer to as the “temporary temporality” of one’s place in the world. Psychiatry offers a way of understanding and treating the violence of contemporary forms of colonial capitalism, and the resulting confusion, anguish, anger, and distress this violence produces, as a transitional phase or “momentary detour” (Trask 2009) on the path to progress. However, in this chapter we argue that ableist, mentalist (Chamberlin 1978), and sanist (Birnbaum 2010) imprisonment is torture (Minkowitz 2006/07), in part because of its indefinite confinement by use of the body (Fabris 2006), but also its potential for deadly side effects (Whitaker 2010)

#### Empirically, mental health services are a wealth creating industry which means money eager individuals in developing nations will jump on the option of spreading pill popping mental health approaches as we some this exact thing happen to Native populations as it created the worst forms of cultural and psychological destruction

**Walker 15** (David Edward, PhD, Missouri Cherokee psychologist, writer, and musician, He consults with the Yakama Indian Nation, “How the US Mental Health System Makes Natives Sick and Suicidal,” June 18, https://indiancountrymedianetwork.com/culture/health-wellness/how-the-us-mental-health-system-makes-natives-sick-and-suicidal/)

The intrusion of a new language upon a people can build bridges, tear them down, or serve **an oppressive agenda**. It can do all three at once. In the last 40 years, certain English words and phrases have become more acceptable to indigenous scholars, thought leaders, and elders for describing shared Native experiences. They include genocide, cultural destruction, colonization, forced assimilation, loss of language, boarding school, termination, historical trauma and more general terms, such as racism, poverty, life expectancy, and educational barriers. There are many more. One might expect such words to be common within the mental health system in Indian Country. Yet the major funder and provider of Native mental health, the Indian Health Service (IHS), **doesn’t** seem to **speak this language**. For example, the agency’s behavioral health manual mentions psychiatrist and psychiatric 23 times, therapy 18 times, pharmacotherapy, medication, drugs, and prescription 16 times, and the word treatment, a whopping 89 times. **But it only uses the word violence once**, and **you won’t find a single mention of genocide, cultural destruction, colonization, historical trauma**, etc.—**nor even racism, poverty, life expectancy or educational barriers**. **This federal** agency doesn’t acknowledge the reality of oppression within the lives of Native people. Instead, it uses another powerful word, depression. For about a decade, IHS has set as one of its goals the detection of Native depression. This has been done by seeking to widen use of the Patient Health Questionnaire-9 (PHQ-9), which asks patients to describe to what degree they feel discouraged, downhearted, tired, low appetite, unable to sleep, slow-moving, easily distracted or as though life is no longer worth living. The PHQ-9 was developed in the 1990s for drug behemoth Pfizer Corporation by prominent psychiatrist and contract researcher Robert Spitzer and several others. Although it owns the copyright, Pfizer offers the PHQ-9 for free use by primary health care providers. Why so generous? Perhaps because Pfizer is a top manufacturer of psychiatric medications, including its flagship antidepressant Zoloft® which earned the company as much as $2.9 billion annually before it went generic in 2006. Even with the discovery that the drug can increase the risk of birth defects, 41 million prescriptions for Zoloft® were filled in 2013. The most recent U.S. Public Health Service practice guidelines, **which IHS primary care providers are required to use**, states that “depression is a medical illness,” and in a nod to Big Pharma suppliers like Pfizer, serotonin-correcting medications (SSRIs) like Zoloft® “are frequently recommended as first-line antidepressant treatment options.” (iStock) The Pfizer PHQ-9’s lead developer, Dr. Spitzer, was the “task force leader” for the Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM III-R) when I started graduate training as a clinical psychologist in 1986. The DSM III-R created 110 new psychiatric labels, a number that had climbed by another 100 more by the time I started working at an IHS clinic in 2000. Around that time, Pfizer, like many other big pharmaceutical corporations, was pouring millions of dollars into lavish marketing seminars disguised as “continuing education” on the uses of psychiatric medication for physicians and nurses with no mental health training. I recall being asked if I was going to one of these seminars, held at the fanciest restaurant in a city north of the Yakama Nation Reservation. Although a government employee is technically not allowed to accept gifts of more than $20, this lavish (and free) meal seemed a grey area. After all, it was “educational.” I didn’t happen to drink alcohol, so I wasn’t interested. After this event, several primary care colleagues began touting their new expertise in mental health, and I was regularly advised that psychiatric medications were (obviously) the new “treatment of choice.” Since those days, affixing the depression label to Native experience has become big business. IHS depends a great deal upon this activity—follow-up “medication management” encounters allow the agency to pull considerable extra revenue from Medicaid. One part of the federal government supplements funding for the other. That’s one reason it might be in the best interest of **IHS** to **diagnose and treat depression, rather than acknowledge the emotional and behavioral difficulties resulting from chronic, intergenerational oppression**. The most recent U.S. Public Health Service practice guidelines, which IHS primary care providers are required to use, states that “depression is a medical illness,” and in a nod to Big Pharma suppliers like Pfizer, serotonin-correcting medications (SSRIs) like Zoloft® “are frequently recommended as first-line antidepressant treatment options.” **This means IHS considers Native patients with a positive PHQ-9 screen to be mentally ill with depression**. And in just the last four years, the Indian Health Service has spent over $1.1 billion to treat Mentally Ill Indians. In quiet ways, IHS admits to being obsessed on this point. For instance, in its National Behavioral Health Strategic Plan 2011-2015, IHS states an objective to “recognize the heavy influence of biomedical models” (it’s not certain what happens after recognition), but in its very next objective, notes a desire to “assist the Indian Health System to make needed prescribed psychotropic medications available to persons served.” There are many things wrong with this model. For instance, the biomedical theory IHS is still promoting is **obsolete**. After more than 50 years of research, **there’s no valid Western science to back up this theory of depression (or any other psychiatric disorder besides dementia and intoxication**). **There’s no chemical imbalance to correct**. Even psychiatrist Ronald Pies, editor-in-chief emeritus of Psychiatric Times, admitted “the ‘chemical imbalance’ notion was always a kind of urban legend.” Unhinged Trouble With Psychiatry Researchers, writers, and mental health professionals have sought to get word out about the deceptiveness of this false science for decades. In 2011, Marcia Angell, former editor of the New England Medical Journal, summarized the work of three such voices for the New York Review of Books. Angell reviewed The Emperor’s New Drugs by Harvard psychologist Irving Kirsch in which he concludes that there is no significant difference between the drugs and sugar pills for reducing depression. Angell also reviewed award-winning investigative journalist Robert Whitaker’s book, Anatomy of an Epidemic, in which he describes the pharmaceutical industry’s funding of “key opinion leaders” for promoting its medications and its profound influence on increasing the number of DSM “disorders” eligible for medicating. Dr. Angell closes with a review of Daniel Carlat’s Unhinged: The Trouble With Psychiatry. After Carlat thoroughly “follows the money” in pharmaceutical funding of psychiatry, he admits to nearly doubling his hourly income by seeing his patients for “psychopharmacology” instead of therapy. The Emperors New Drugs IHS continues to apply the PHQ-9 in its stated belief that “early identification of depression will contribute to reducing incidence” of suicide, violence, etc. while allowing “providers to plan interventions and treatment to improve the mental health and well being of American Indians and Alaska Natives.” Antidepressants do not reduce suicide. Much money has been spent on studies trying to support such an idea that either fail or are easily exposed for poor science and shoddy designs that result in retractions and back-pedaling. A 2010 study of sales of antidepressants in Norway, Finland, Sweden and Denmark from 1975 to 2006 found no relationship between suicide rates and the great popularity of psychiatric drugs. In an astonishing twist, researchers working with the World Health Organization (WHO) concluded that building more mental health services is a major factor in increasing the suicide rate. **This finding** may feel implausible, but it’s been **repeated several times across large studies**. WHO first studied suicide in relation to mental health systems in 100 countries in 2004, and then did so again in 2010, concluding that: “[S]uicide rates… were increased in countries with mental health legislation, there was a significant positive correlation between suicide rates, and the percentage of the total health budget spent on mental health; and… suicide rates… were higher in countries with greater provision of mental health services, including the number of psychiatric beds, psychiatrists and psychiatric nurses, and the availability of training in mental health for primary care professionals.” Global Suicide Rates World Health Organization In fact, authors of the 2010 study stated rather specifically that the suicide rate climbed alongside the increased “availability of training in mental health for primary care professionals.” This describes the very strategy IHS has been using to try to reduce suicide. Mental health folks didn’t care for such findings and wanted to try again. A 2013 follow-up study by Anto Rajkumar and colleagues using similar WHO data gathered from 191 countries found, “Countries with better psychiatric services experience higher suicide rates.” It might be beside the point to mention that research repeatedly demonstrates physicians commit suicide at twice the rate of other people. After all, they have more legal access to drugs. Despite what’s known about their significant limitations and scientific groundlessness, antidepressants are still valued by some people for creating “emotional numbness,” according to psychiatric researcher David Healy. Research undertaken at the University of Washington in 2004 suggested people will quit using antidepressants because of feeling numb while others continue for the same reason. The side effect of antidepressants, however, in decreasing sexual energy (libido) is much stronger than this numbing effect—sexual disinterest or difficulty becoming aroused or achieving orgasm occurs in as many as 60 percent of consumers. Such a side effect can in itself increase **anxiety**, **depressed mood** and **hopelessness**. In this way, IHS has become complicit in reducing sexual interest while having a potentially negative impact on intimate relationships within the communities it serves. The agency has been spreading lies about faulty brains with “chemical imbalances” for years now and recasting reactions to oppressive social conditions and life challenges as **a pathological illness** to be **numbed** or **sedated**. Dr. David Healy is better known for his research showing that antidepressant medication increases suicide and violence in certain people. When I mentioned his early work to IHS primary care colleagues, I met great skepticism. But Healy’s work has withstood the test of time, including repeated scrutiny by major scientific authorities worldwide, even by a reluctant FDA that dragged its heels before mandating a “black box warning” about suicide and violence potential. Over the years, I’ve thought about Dr. Healy’s work when incidents of mass violence have occurred at Red Lake, Tule River and Marysville. A formal report on IHS internal “Suicide Surveillance” data issued by Great Lakes Inter-Tribal Epidemiology Center states the suicide rate for all U.S. adults currently hovers at 10 for every 100,000 people, while for the Native patients IHS tracked, the rate was 17 per 100,000. This rate varied widely across the regions IHS serves—in California it was 5.5, while in Alaska, **38.5**. It’s important to note that IHS has experienced chronic difficulties in getting its providers to comply with entering all the suicides they encounter in their practices for this project. Yet there are crucial lessons to learn from what has been tallied. Suicides for all U.S. youth in the age range of 15 to 24 nearly tripled from 1958 to 1982, but since 1999, this rate has remained stable at between 10 and 11 per 100,000. The IHS Suicide Surveillance data reveals the rate for Native youth to be climbing . Over 52 percent of suicides described in the Great Lakes report were by young Native people aged 10 to 24. Between 2005 and 2010, the average suicide rate for Native 14 to 24 year olds greatly exceeded even the overall Native rate. According to the Center for Disease Control, the Native youth and young adult suicide rate hit an all-time high in 2014 at 31 per 100,000. That’s triple the U.S. youth rate. According to the Center for Disease Control, the Native youth suicide rate hit an all-time high in 2014 at 31 per 100,000. That’s triple the U.S. youth rate. (National Suicide Prevention Strategic Plan) National Suicide Prevention Strategic Plan According to the Center for Disease Control, the Native youth suicide rate hit an all-time high in 2014 at 31 per 100,000. That’s triple the U.S. youth rate. It’s not surprising that alcohol was involved in 82 percent of reported suicide attempts. It’s a shocker, however, that medication overdose was the primary method people used. Fifty-nine percent of Native people attempting suicide favored overdosing on meds—well beyond use of firearms, hanging, intentional car wrecks, or other means. Nearly one in four of these suicidal medication overdoses used psychiatric medications. The majority of these medications originated through the Indian Health Service itself and included amphetamine and stimulants, tricyclic and other antidepressants, sedatives, benzodiazepines, and barbiturates. The Suicide Surveillance report doesn’t specify what “other prescription medications” make up an additional 22 percent of medication overdoses and may have also originated at IHS. **Despite what IHS may say**, there’s **no evidence** to suggest that psychiatric medication reduces either suicide or what it prefers to call depression. **However**, **there’s solid evidence** the agency’s expansion of its biomedical model and the drugs it promotes may be increasing the Native youth suicide rate—these drugs are being favored as a means of taking one’s life. What’s truly remarkable is that this is not the first time the mental health movement in Indian Country has helped to destroy Native people. Today’s making of a Mentally Ill Indian to “treat” is just a variation on an old idea, a fitting example of George Santayana’s overused adage: “Those who cannot remember the past are condemned to repeat it.” The Native mental health system has been a tool of cultural genocide for over 175 years—seven generations. Long before there was this Mentally Ill Indian to treat, this movement was busy creating and perpetuating the Crazy Indian, the Dumb Indian, and the Drunken Indian. **We need to expose what has been made invisible and forgotten**. We need to revisit the displaced and poverty-stricken ancestors subjected to Indian Lunacy Determinations and sent away from their homes and families. We need to learn more about the Hiawatha Asylum for Insane Indians, where people were kept shackled until the cuffs of their chains meshed with their skin. We need to open the skeleton’s closet through which mental health first entered the boarding schools, determined stilted curricula for generations of children, and used its methods to sterilize those it deemed inferior. We must make peace with the fabled Firewater Myth, a false tale of heightened susceptibility to alcoholism and substances that even Native people sometimes tell themselves. There are forgotten heroes to know, ancestors of those currently trapped by the Native mental health system—a Lakota diagnosed with “horse-stealing mania,” a Cherokee laying claim to the land of Sweden, and a Mohawk, the first Indian psychologist, stepping up to challenge the white man’s labeling of his community’s children as feebleminded. English will necessarily be the shared language of inquiry, but let’s use it to be accurate about these seven generations of harm. Because it’s oppression, plain and simple.

**DA**

1. **Sustained economic growth and recovery driven by business investment and Biden-led certainty that builds business-confidence**

**Chaney-Cambon 6/27/21**

(Sarah, “Capital-Spending Surge Further Lifts Economic Recovery,” pg online @ <https://www.wsj.com/articles/capital-spending-surge-further-lifts-economic-recovery-11624798800> //um-ef)

Business investment is emerging as a powerful source of U.S. economic growth that will likely help sustain the recovery. Companies are ramping up orders for computers, machinery and software as they grow more confident in the outlook. Nonresidential fixed investment, a proxy for business spending, rose at a seasonally adjusted annual rate of 11.7% in the first quarter, led by growth in software and tech-equipment spending, according to the Commerce Department. Business investment also logged double-digit gains in the third and fourth quarters last year after falling during pandemic-related shutdowns. It is now higher than its pre-pandemic peak. Orders for nondefense capital goods excluding aircraft, another measure for business investment, are near the highest levels for records tracing back to the 1990s, separate Commerce Department figures show. “Business investment has really been an important engine powering the U.S. economic recovery,” said Robert Rosener, senior U.S. economist at Morgan Stanley. “In our outlook for the economy, it’s certainly one of the bright spots.” Consumer spending, which accounts for about two-thirds of economic output, is driving the early stages of the recovery. Americans, flush with savings and government stimulus checks, are spending more on goods and services, which they shunned for much of the pandemic. **Robust capital investment will be key to ensuring that the recovery maintains strength after the** spending boost from fiscal stimulus and business reopenings eventually fades, according to some economists. Rising business investment helps fuel economic output. It also lifts worker productivity, or output per hour. That metric grew at a sluggish pace throughout the last economic expansion but is now showing signs of resurgence. The recovery in business investment is shaping up to be much stronger than in the years following the 2007-09 recession. “The events especially in late ’08, early ’09 put a lot of businesses really close to the edge,” said Phil Suttle, founder of Suttle Economics. “I think a lot of them said, ‘We’ve just got to be really cautious for a long while.’” Businesses appear to be less risk-averse now, he said. After the financial crisis, businesses grew by adding workers, rather than investing in capital. Hiring was more attractive than capital spending because labor was abundant and relatively cheap. Now the supply of workers is tight. Companies are raising pay to lure employees. As a result, many firms have more incentive to grow by investing in capital. Economists at Morgan Stanley predict that U.S. capital spending will rise to 116% of prerecession levels after three years. By comparison, investment took 10 years to reach those levels once the 2007-09 recession hit. Company executives **are increasingly confident** in the economy’s trajectory. The Business Roundtable’s economic-outlook index—a composite of large companies’ plans for hiring and spending, as well as sales projections—increased by nine points in the second quarter to 116, just below 2018’s record high, according to a survey conducted between May 25 and June 9. In the second quarter, the share of companies planning to boost capital investment increased to 59% from 57% in the first. “We’re seeing really strong reopening demand, and a lot of times capital investment follows that,” said Joe Song, senior U.S. economist at BofA Securities. Mr. Song added that less uncertainty regarding trade tensions between the U.S. and China should further underpin **business confidence** and investment. “At the very least, businesses will understand the strategy that the Biden administration is trying to follow and will be able to plan around that,” he said. Some of the recent increases in capital spending reflect a silver lining to the shortages of raw materials that many manufacturers have faced in recent months. “The flip side of the supply-chain bottlenecks that we’re seeing right now is that order backlogs are building,” said Mr. Rosener, which he said in turn has led to higher manufacturing activity. Demand for manufactured goods strengthened in May, while customer inventories hit an all-time low, according to the Institute for Supply Management’s manufacturing survey. Manufacturing is a particularly capital-intensive industry. It requires more spending to build a car than to serve a restaurant meal, Mr. Rosener said. Production could remain strong for several quarters as companies rebuild inventories, he said. The longer-term outlook for capital spending is bright. Though economic uncertainty tends to damp capital spending, an economic disruption such as Covid-19 can support investment. The pandemic forced companies to minimize contact between consumers and workers, resulting in a rapid increase in spending on productivity-enhancing digital technology that many economists predict will endure. “Every part of the service economy is using technology more aggressively,” said Mr. Suttle. “Obviously it’s hard to do that without buying more product.”

1. **Waivers crush business confidence**

#### Empirically intellectual property protection is directly related to the high levels of business confidence

[Xinhua](http://www.xinhuanet.com/english2010/), Singapore best in Asia for intellectual property protection 19:14, September 06, 2013 http://en.people.cn/90777/8392530.html

Singapore is the best in Asia for intellectual property protection and the second best in the world, the Intellectual Property Office of Singapore said Friday, citing a report by the World Economic Forum. The latest Global Competitiveness Report, with intellectual property protection as one of the criteria, covered nearly 150 countries and regions. It is the third year in a row for Singapore to retain the top ranking in Asia. Singapore's Intellectual Property Office said its business- friendly intellectual property regime has bolstered business confidence of international conglomerates and attracted long-term investment in research and development by multinationals. Singapore came in the second place in the overall global competitiveness ranking, trailing Switzerland. China's Hong Kong was the seventh, while Japan came in the 9th.

#### Business confidence drives economic recovery.

Mortgage Medics, 6-15-2021, [mortgage consulting firm, "How business and consumer confidence will drive the recovery", https://www.mortgage-medics.com/how-business-and-consumer-confidence-will-drive-the-recovery/ //Weese]

Confidence: we’re not talking here about standing up to make a speech, rather about business confidence and consumer confidence. Over the last 12 months we’ve heard the terms a lot, as confidence plunged when the first lockdown was announced and then rose again as the vaccine roll-out began. But what is confidence? And why does it matter? If we look at business confidence first, a good example, and one that is often quoted on the financial pages, is the Purchasing Managers’ Index (PMI). So what is it? And how does it work? The PMI is a measure of business confidence, showing whether business expects the economy and prevailing business conditions to be favourable or unfavourable. The PMI is based on a monthly survey sent to senior executives across a broad spread of industries and asks questions about new orders, inventory levels, production, deliveries and employment. The ‘headline’ number, the one you will often see quoted, can be anywhere between 0 and 100. In ‘normal times’ it hovers around 50, with any figure above indicating that business is confident about the future, whilst a figure below 50 suggests the opposite. To give you an example of the PMI in action, last April the PMI in the Eurozone crashed to 13.5 as the economic impact of the pandemic became apparent. The UK fared even worse, with the PMI falling to a record low of 12.3 in the services sector. Twelve months later, with the vaccine rollout gathering pace, the PMI for the UK had risen to 61.0. As noted in the above example, you may also see PMI figures quoted for different sectors of the economy, such as manufacturing and services. Consumer confidence has a similar numerical value, although that is expressed in plus or minus terms. In April the Consumer Confidence Index rose to minus 15, up from minus 16 in March. Although negative, that was the highest figure since March of last year, with the Index having been as low as minus 34 in May 2020. Why is confidence important? When consumers feel confident they are more likely to spend and more likely to borrow, both of which are likely to boost the economy. A very simple example is home improvements: we are unlikely to spend the money on a new bathroom, which would benefitting the bathroom supplier and the plumber, unless we feel confident about our future prospects and employment. The search for confidence, or at least, stability, is almost certainly the reason so many people have left the hospitality sector during the last year (with many outlets now struggling to find staff to re-open). Similarly, when businesses feel confident they will invest in both equipment and new members of staff. Clearly any potential “third wave” of the virus would dent confidence again: that is one of the reasons why the Government is so keen to avoid any further lockdowns. It needs to rebuild not just the economy, but our confidence in the economy. Perhaps then we will start to spend the billions of pounds that we, as consumers, have saved over the past year.

1. **Impact Story**

#### Modern economic decline bread a new an increasingly tense world – each decline exponentially increases risk of world war which could go nuclear

Sundaram 19 [Jomo Kwame Sundaram, a former economics professor, was United Nations Assistant Secretary-General for Economic Development, and received the Wassily Leontief Prize for Advancing the Frontiers of Economic Thought in 2007. Vladimir Popov, a former senior economics researcher in the Soviet Union, Russia and the United Nations Secretariat, is now Research Director at the Dialogue of Civilizations Research Institute in Berlin. Economic Crisis Can Trigger World War. February 12, 2019. www.ipsnews.net/2019/02/economic-crisis-can-trigger-world-war/]

KUALA LUMPUR and BERLIN, Feb 12 2019 (IPS) - Economic recovery efforts since the 2008-2009 global financial crisis have mainly depended on unconventional monetary policies. As fears rise of yet another international financial crisis, there are growing concerns about the increased possibility of large-scale military conflict. More worryingly, in the current political landscape, prolonged economic crisis, combined with rising economic inequality, chauvinistic ethno-populism as well as aggressive jingoist rhetoric, including threats, could easily spin out of control and ‘morph’ into military conflict, and worse, world war. Crisis responses limited The 2008-2009 global financial crisis almost ‘bankrupted’ governments and caused systemic collapse. Policymakers managed to pull the world economy from the brink, but soon switched from counter-cyclical fiscal efforts to unconventional monetary measures, primarily ‘quantitative easing’ and very low, if not negative real interest rates. But while these monetary interventions averted realization of the worst fears at the time by turning the US economy around, they did little to address underlying economic weaknesses, largely due to the ascendance of finance in recent decades at the expense of the real economy. Since then, despite promising to do so, policymakers have not seriously pursued, let alone achieved, such needed reforms. Instead, ostensible structural reformers have taken advantage of the crisis to pursue largely irrelevant efforts to further ‘casualize’ labour markets. This lack of structural reform has meant that the unprecedented liquidity central banks injected into economies has not been well allocated to stimulate resurgence of the real economy. From bust to bubble Instead, easy credit raised asset prices to levels even higher than those prevailing before 2008. US house prices are now 8% more than at the peak of the property bubble in 2006, while its price-to-earnings ratio in late 2018 was even higher than in 2008 and in 1929, when the Wall Street Crash precipitated the Great Depression. As monetary tightening checks asset price bubbles, another economic crisis — possibly more severe than the last, as the economy has become less responsive to such blunt monetary interventions — is considered likely. A decade of such unconventional monetary policies, with very low interest rates, has greatly depleted their ability to revive the economy. The implications beyond the economy of such developments and policy responses are already being seen. Prolonged economic distress has worsened public antipathy towards the culturally alien — not only abroad, but also within. Thus, another round of economic stress is deemed likely to foment unrest, conflict, even war as it is blamed on the foreign. International trade shrank by two-thirds within half a decade after the US passed the Smoot-Hawley Tariff Act in 1930, at the start of the Great Depression, ostensibly to protect American workers and farmers from foreign competition! Liberalization’s discontents Rising economic insecurity, inequalities and deprivation are expected to strengthen ethno-populist and jingoistic nationalist sentiments, and increase social tensions and turmoil, especially among the growing precariat and others who feel vulnerable or threatened. Thus, ethno-populist inspired chauvinistic nationalism may exacerbate tensions, leading to conflicts and tensions among countries, as in the 1930s. Opportunistic leaders have been blaming such misfortunes on outsiders and may seek to reverse policies associated with the perceived causes, such as ‘globalist’ economic liberalization. Policies which successfully check such problems may reduce social tensions, as well as the likelihood of social turmoil and conflict, including among countries. However, these may also inadvertently exacerbate problems. The recent spread of anti-globalization sentiment appears correlated to slow, if not negative per capita income growth and increased economic inequality. To be sure, globalization and liberalization are statistically associated with growing economic inequality and rising ethno-populism. Declining real incomes and growing economic insecurity have apparently strengthened ethno-populism and nationalistic chauvinism, threatening economic liberalization itself, both within and among countries. Insecurity, populism, conflict Thomas Piketty has argued that a sudden increase in income inequality is often followed by a great crisis. Although causality is difficult to prove, with wealth and income inequality now at historical highs, this should give cause for concern. Of course, other factors also contribute to or exacerbate civil and international tensions, with some due to policies intended for other purposes. Nevertheless, even if unintended, such developments could inadvertently catalyse future crises and conflicts. Publics often have good reason to be restless, if not angry, but the emotional appeals of ethno-populism and jingoistic nationalism are leading to chauvinistic policy measures which only make things worse. At the international level, despite the world’s unprecedented and still growing interconnectedness, multilateralism is increasingly being eschewed as the US increasingly resorts to unilateral, sovereigntist policies without bothering to even build coalitions with its usual allies. Avoiding Thucydides’ iceberg Thus, protracted economic distress, economic conflicts or another financial crisis could lead to military confrontation by the protagonists, even if unintended. Less than a decade after the Great Depression started, the Second World War had begun as the Axis powers challenged the earlier entrenched colonial powers.

#### Nuclear war means extinction

**Starr 15** (Steven Starr, Oct.14, 2015, "Nuclear War, Nuclear Winter, and Human Extinction," Federation Of American Scientists, <https://fas.org/pir-pubs/nuclear-war-nuclear-winter-and-human-extinction/>) doolittle

While it is impossible to precisely predict all the human impacts that would result from a nuclear winter, it is relatively simple to predict those which would be most profound. That is, **a nuclear winter would cause most humans and large animals to die from nuclear famine in a mass extinction event similar to the one that wiped out the dinosaurs.** Following the detonation **(in conflict) of US and/or Russian launch-ready strategic nuclear weapons, nuclear firestorms would burn simultaneously over a total land surface area of many thousands or tens of thousands of square miles**. These mass fires, many of which would rage over large cities and industrial areas, would release many tens of millions of tons of black carbon soot and smoke (up to 180 million tons, according to peer-reviewed studies), which would rise rapidly above cloud level and into the stratosphere. [For an explanation of the calculation of smoke emissions, see Atmospheric effects & societal consequences of regional scale nuclear conflicts.] The scientists who completed the most recent peer-reviewed studies on nuclear winter discovered that the sunlight would heat the smoke, producing a self-lofting effect that would not only aid the rise of the smoke into the stratosphere (above cloud level, where it could not be rained out**), but act to keep the smoke in the stratosphere for 10 years or more**. The longevity of the smoke layer would act to greatly increase the severity of its effects upon the biosphere. Once in the stratosphere, the smoke (predicted to be produced by a range of strategic nuclear wars) would rapidly engulf the Earth and form a dense stratospheric smoke layer. The smoke from a war fought with strategic nuclear weapons would quickly prevent up to 70% of sunlight from reaching the surface of the Northern Hemisphere and 35% of sunlight from reaching the surface of the Southern Hemisphere. **Such an enormous loss of warming sunlight would produce Ice Age weather conditions on Earth in a matter of weeks**. For a period of **1-3 years following the war, temperatures would fall below freezing every day** in the central agricultural zones of North America and Eurasia. [For an explanation of nuclear winter, see Nuclear winter revisited with a modern climate model and current nuclear arsenals: Still catastrophic consequences.] Nuclear winter would cause average global surface temperatures to become colder than they were at the height of the last Ice Age. **Such extreme cold would eliminate growing seasons for many years, probably for a decade or longer.** Can you imagine a winter that lasts for ten years? The results of such a scenario are obvious. **Temperatures would be much too cold to grow food, and they would remain this way long enough to cause most humans and animals to starve to death.** Global nuclear famine would ensue in a setting in which the infrastructure of the combatant nations has been totally destroyed, resulting in massive amounts of chemical and radioactive toxins being released into the biosphere. **We don’t need a sophisticated study to tell us that no food and Ice Age temperatures for a decade would kill most people and animals on the planet**. Would the few remaining survivors be able to survive in a radioactive, toxic environment? It is, of course, debatable whether or not nuclear winter could cause human extinction. There is essentially no way to truly “know” without fighting a strategic nuclear war. Yet while it is crucial that we all understand the mortal peril that we face, it is not necessary to engage in an unwinnable academic debate as to whether any humans will survive. What is of the utmost importance is that this entire subject –the catastrophic environmental consequences of nuclear war – has been effectively dropped from the global discussion of nuclear weaponry. The focus is instead upon “nuclear terrorism”, a subject that fits official narrati

ves and centers upon the danger of one nuclear weapon being detonated – yet the scientifically predicted consequences of nuclear war are never publically acknowledged or discussed. Why has the existential threat of nuclear war been effectively omitted from public debate**? Perhaps the leaders of the nuclear weapon states do not want the public to understand that their nuclear arsenals represent a self-destruct mechanism for the human race?** Such an understanding could lead to a demand that nuclear weapons be banned and abolished. Consequently, the nuclear weapon states continue to maintain and modernize their nuclear arsenals, as their leaders remain silent about the ultimate threat that nuclear war poses to the human species.