# 1

#### Interpretation: The aff can’t specify a type of medicine or subset of medicines. To clarify, [] is not topical.

#### The upward entailment test and adverb test determine the genericity of a bare plural

Leslie and Lerner 16 [Sarah-Jane Leslie, Ph.D., Princeton, 2007. Dean of the Graduate School and Class of 1943 Professor of Philosophy. Served as the vice dean for faculty development in the Office of the Dean of the Faculty, director of the Program in Linguistics, and founding director of the Program in Cognitive Science at Princeton University. Adam Lerner, PhD Philosophy, Postgraduate Research Associate, Princeton 2018. From 2018, Assistant Professor/Faculty Fellow in the Center for Bioethics at New York University. Member of the [Princeton Social Neuroscience Lab](http://psnlab.princeton.edu/).] “Generic Generalizations.” Stanford Encyclopedia of Philosophy. April 24, 2016. <https://plato.stanford.edu/entries/generics/> TG

1. Generics and Logical Form

In English, generics can be expressed using a variety of syntactic forms: bare plurals (e.g., “tigers are striped”), indefinite singulars (e.g., “a tiger is striped”), and definite singulars (“the tiger is striped”). However, none of these syntactic forms is dedicated to expressing generic claims; each can also be used to express existential and/or specific claims. Further, some generics express what appear to be generalizations over individuals (e.g., “tigers are striped”), while others appear to predicate properties directly of the kind (e.g., “dodos are extinct”). These facts and others give rise to a number of questions concerning the logical forms of generic statements.

1.1 Isolating the Generic Interpretation

Consider the following pairs of sentences:

(1)a.Tigers are striped.

b.Tigers are on the front lawn.

(2)a.A tiger is striped.

b.A tiger is on the front lawn.

(3)a.The tiger is striped.

b.The tiger is on the front lawn.

The sentence pairs above are prima facie syntactically parallel—both are subject-predicate sentences whose subjects consist of the same common noun coupled with the same, or no, article. However, the interpretation of first sentence of each pair is intuitively quite different from the interpretation of the second sentence in the pair. In the second sentences, we are talking about some particular tigers: a group of tigers in ([1b](https://plato.stanford.edu/entries/generics/#ex1b)), some individual tiger in ([2b](https://plato.stanford.edu/entries/generics/#ex2b)), and some unique salient or familiar tiger in ([3b](https://plato.stanford.edu/entries/generics/#ex3b))—a beloved pet, perhaps. In the first sentences, however, we are saying something general. There is/are no particular tiger or tigers that we are talking about.

The second sentences of the pairs receive what is called an existential interpretation. The hallmark of the existential interpretation of a sentence containing a bare plural or an indefinite singular is that it may be paraphrased with “some” with little or no change in meaning; hence the terminology “existential reading”. The application of the term “existential interpretation” is perhaps less appropriate when applied to the definite singular, but it is intended there to cover interpretation of the definite singular as referring to a unique contextually salient/familiar particular individual, not to a kind.

There are some tests that are helpful in distinguishing these two readings. For example, the existential interpretation is upward entailing, meaning that the statement will always remain true if we replace the subject term with a more inclusive term. Consider our examples above. In ([1b](https://plato.stanford.edu/entries/generics/#ex1b)), we can replace “tiger” with “animal” salva veritate, but in ([1a](https://plato.stanford.edu/entries/generics/#ex1a)) we cannot. If “tigers are on the lawn” is true, then “animals are on the lawn” must be true. However, “tigers are striped” is true, yet “animals are striped” is false. ([1a](https://plato.stanford.edu/entries/generics/#ex1a)) does not entail that animals are striped, but ([1b](https://plato.stanford.edu/entries/generics/#ex1b)) entails that animals are on the front lawn (Lawler 1973; Laca 1990; Krifka et al. 1995).

Another test concerns whether we can insert an adverb of quantification with minimal change of meaning (Krifka et al. 1995). For example, inserting “usually” in the sentences in ([1a](https://plato.stanford.edu/entries/generics/#ex1a)) (e.g., “tigers are usually striped”) produces only a small change in meaning, while inserting “usually” in ([1b](https://plato.stanford.edu/entries/generics/#ex1b)) dramatically alters the meaning of the sentence (e.g., “tigers are usually on the front lawn”). (For generics such as “mosquitoes carry malaria”, the adverb “sometimes” is perhaps better used than “usually” to mark off the generic reading.)

#### It applies to “medicines” – 1] upward entailment test – “nations ought to reduce IP for medicines” doesn’t entail that nations ought to reduce IP for all products because the arguments for tech patents are completely separate, 2] adverb test – adding “usually” to the res doesn’t substantially change its meaning because any reduction big or small is still a reduction

#### Precision outweighs pragmatics A) All pragmatic arguments concede the authority of semantics in order to convey pragmatic messages B) Key to predictability- the topic is the only thing that we have beforehand. Explodes neg prep burden and outweighs every other pragmatic consideration C) Jurisdiction – it’s not in the judge’s jurisdiction to vote for an illegitimate aff. Independent voter -- even if they prove pragmatics they lose for not defending the resolution.

#### Violation:

#### Standards:

1. Limits – Any life-saving drug can be an independent aff including things like insulin, penicillin, ether, morphine, asprin plus vaccines like covid, smallpox, polio and independent medicines. There’s no universal DA because smaller medicines don’t require innovation, they just need to be distributed plus it kills our ability to read things like biodefense DA, vaccine imperialism, and more. That explodes neg prep burdens and kills engagement – even if generics solve, it’s a horrible model that leads to the same stale debates.

# **2**

#### CP Text: The member nations of the World Trade Organization ought to reduce Patent and Copyright protection for Diabetes Medicines. To clarify – this is a PIC out of the Aff’s reduction of Trademark Protection – it competes per 1AC WIPO – any Perm is severance.

#### CP solves the Aff – 1AC Barker is about Patents and Ctl-F of the Aff has Trademarks showing up twice – once in the WIPO spec card and once when talking about the “U.S. Patent and Trademark Office” – any solvency deficit in the 1AR is new and un-warranted which requires a new card since the 1AC evidence all supports the PIC.

#### Trademark Protection solves Counterfeit Drugs.

Magdun 21 Melanie Magdun, Trademark Enforcement of Counterfeit Drugs: A Guardian of the Rich and Poor Alike, 9 Ind. J.L. & Soc. Equality 281 (2021). (Indiana University Maurer School of Law)//Elmer

III. STRONGER TRADEMARK ENFORCEMENT: A POSSIBLE SOLUTION OR AT LEAST A STEP IN THE RIGHT DIRECTION? Consumers are at the core of this whole problem, but that means they are important in helping to stop the issues. Many attempts by governments and pharmaceutical companies have so far only addressed the supply side with the complicated supply chain, which has not been a perfect solution due to its high level of complication and high costs. On the other hand, it could be **cheaper and** more **effective** **to** try to **control what the consumer already knows**—the **appearance of** their **medicine** **and** the **trademarked information** associated with it. For brand name drugs, **trademarks** are especially **important** as they **convey** to the customer that their **product is high quality and one to be trusted.**172 Trademarks seek to protect exactly what counterfeiters target: brand recognition.173 Medicines can have many different trademarks. Marks can be obtained on the name, design, and symbols on the packaging, along with the color and shape of the pill.174 In this way, pharmaceutical companies can **protect** **every unique aspect of the appearance of their medicine** in addition to any other intellectual property the company has for the drug.175 Typically, patents on pharmaceuticals are the first line of defense, but in practice, they are less effective at stopping counterfeiters. 176 As discussed in Part I, the counterfeit drugs are not a copy of the active ingredient (what would be patented) but are imposters made of cheaper ingredients.177 Further, **trademark protection** is **available to generic drug manufacturers** whereas patent rights are not.178 Unlike in many patent lawsuits, “in many countries trademark owners can have the counterfeit goods and accompanying documents, and even sometimes manufacturing equipment immediately seized at the outset of [a] lawsuit,” allowing for quicker relief than waiting for a decision in a patent trial that could last years.179 Finally, trademarks are the cheaper option and are usually less time consuming than patent prosecution or litigation.180 Especially for developing countries that need quicker relief and have fewer resources to expend on securing and enforcing IPRs, trademarks seem to be the better remedy. In an ideal world, these trademarks on pharmaceuticals would be strictly enforced, and knockoffs would be prosecuted and removed from the market. However, it is not that simple. Right now, many **consumers** are **buying counterfeit drugs** **believing them to be legitimate**, and they are doing so **due to the high-quality packaging and appearance** of the counterfeit medicine, making it difficult, sometimes impossible, for consumers to be able to spot fake drugs.181 **In order for companies**, especially in developing countries, **to invest in trademark protection**, **they need assurance that they are not wasting their money on something that will not be enforced**, and if it is enforced, it will have meaningful relief for them. With stronger trademark enforcement comes more trust from consumers and companies, which will both deter people from buying fake drugs and encourage companies to develop their trademark portfolios. In the United States, trademark owners have had federal causes of action against unauthorized use of their marks for many years now.182 However, there is not strong enough enforcement against counterfeit trademarked goods in the United States as the laws do not wholly cover every instance of counterfeiting, which is needed to stop this problem. There are two primary federal statutes, the Lanham Act183 and the 1984 Trademark Counterfeiting Act (TCA),184 that created civil and criminal liability for trademark infringement. These statutes “define the term ‘counterfeit’ vaguely and broadly.”185 A counterfeit trademark is a “‘spurious mark’ that is ‘identical with, or substantially indistinguishable from, a registered mark,’ and whose use is ‘likely to cause confusion.’”186 The Lanham Act is a broad trademark regulator and created civil causes of action for infringement of both registered and unregistered marks.187 The TCA, amended by the 2005 Stop Counterfeiting in Manufactured Goods Act, took trademark enforcement a step further with the addition of criminal penalties for the most serious forms of infringement, which Congress considered to be the intentional trafficking of counterfeit goods.188 The penalties under this act are fines up to $5 million and 10 years imprisonment.189 In the case of counterfeit drugs, this criminalization is beneficial as it targets the trafficking of counterfeit drugs, which is the primary problem in America given that most of the drugs making it to consumers come from overseas and are illegally trafficked into the country. In theory, the TCA would be able to stop all criminals trafficking these fake drugs, but the broad definition of a counterfeit mark makes this more difficult. Under the TCA a counterfeit mark is one: (i) that is used in connection with trafficking in any goods, services, labels, patches, stickers, wrappers, badges, emblems, medallions, charms, boxes, containers, cans, cases, hangtags, documentation, or packaging of any type or nature; (ii) that is identical with, or substantially indistinguishable from, a mark registered on the principal register in the United States Patent and Trademark Office and in use, whether or not the defendant knew such mark was so registered; (iii) that is applied to or used in connection with the goods or services for which the mark is registered with the United States Patent and Trademark Office, or is applied to or consists of a label, patch, sticker, wrapper, badge, emblem, medallion, charm, box, container, can, case, hangtag, documentation, or packaging of any type or nature that is designed, marketed, or otherwise intended to be used on or in connection with the goods or services for which the mark is registered in the United States Patent and Trademark Office; and (iv) the use of which is likely to cause confusion, to cause mistake, or to deceive.190 When the law was passed, Congress noted that the “definition of ‘substantially indistinguishable’ will have to be elaborated on a case-by-case basis by the courts.”191 The “courts have been reluctant to label a mark a counterfeit, at least in the word mark context, when defendant’s mark is not a fairly clear copy of the registered trademark.”192 For example, in one case, the court analyzed a claim that a Chinese toothpaste was counterfeit because it was in a red box labeled “Colddate” and held that, although the products were “quite similar,” they were not “substantially indistinguishable.”193 There seems to be a very fine line between infringement and counterfeit, and marks are less likely to be determined counterfeit if they are not identical images of the original trademark.194 If anything, this encourages counterfeiters to make convincing fake packaging to still trick consumers without making it identical so they can escape criminal liability. In order for the TCA to help remedy the counterfeit drug issue, the definition of counterfeit and the implementation of this definition need to cover both the identical copies and those that are still close enough to trick the consumer. Although some instances of pharmaceutical counterfeiting fall under the Lanham Act or TCA, there are still situations where the criminal will escape liability. The laws combatting fake drugs, discussed earlier, offer much weaker remedies with “tepid” penalties and no relief to those harmed by the drug.195 Due to the extreme danger posed by fake pharmaceuticals, the penalties under the fake drug laws are inadequate, and trademark enforcement has been unable to ensure enforcement in every case.196 In addition to trying to control the supply chain, other countries should implement their versions of laws criminalizing counterfeit drug trafficking or the use of counterfeit marks on pharmaceutical products. Especially for developing countries, trademarks are an affordable form of intellectual property that consumers are able to identify and trust. With enforcement of these marks, countries can keep copycat drugs from reaching consumers while still punishing the perpetrators. The Madrid Protocol of 1989, which helped streamline international trademark registration between its member countries, allows someone to complete one international application and receive protection in participating countries that approve the mark as determined by their domestic law.197 In order to encourage and help developing countries, the international fee is lowered to ten percent for applications originating in the least developed countries as defined by the United Nations.198 The Madrid Protocol emphasizes the importance of international enforcement of trademarks but still relies on each individual country to enforce trademark laws. In some countries, their laws are still outdated and do not recognize this international system, so enforcement is even more of an issue.

#### Two Net Benefits:

#### 1] Counterfeit Insulin kills – additionally proven by 1AC Konrad.

Cheng 9, May M. "Is the drugstore safe? Counterfeit diabetes products on the shelves." Journal of diabetes science and technology 3.6 (2009): 1516-1520. (Certiﬁed Specialist in Intellectual Property Law (Trade- mark/Copyright), and a senior partner. She has 25 years of experience in advising clients)//Elmer

Deaths caused by counterfeit medication often do not make the news in developing countries due to how commonplace such occurrences have become. Back in 1988, Dr. Dora Nkem Akunyili, a distinguished professor of pharmacology in Nigeria, witnessed the **death of** her **21-year-old sister** due to hyperglycemia. However, it was **not diabetes that killed her**; **it was the fake insulin** supplied to her for treatment.11 A survey published in 2001 by the Nigerian Institute of Pharmaceutical Research indicated that some 80% of the drugs distributed in major pharmacies in Lagos, Nigeria, were counterfeit. Upon her appointment as head of the Nigerian National Agency for Food and Drug Administration and Control (NAFDAC) that same year, Dr. Akunyili became a crusader against counterfeit medicines, getting the police to raid premises, publicly burning mountains of fake drugs and putting suppliers behind bars. Her actions drew the wrath of the fake drug barons who firebombed NAFDAC's offices, and in a December 2003 ambush, six gunmen opened fire on her car. Undeterred, she has continued with a strong grassroots campaign that starts with educating consumers and involving all stakeholders, yielding impressive results. In 2006, the NAFDAC published a new survey showing a 90% decrease in the incidence of counterfeit drugs in circulation and a take of $100 million in counterfeit drugs seized and destroyed over a 5-year period.11 In February of 2009, it was reported that police **in China** had arrested four suspects on charges of selling **fake diabetes drugs** that **killed two patients** in the remote Northwest region of Xinjiang. The fatal drugs were **falsely labeled with a known local brand name** and contained illegal quantities of the chemical ingredient glibenclamide, which, while used in the treatment of diabetes, in excessive quantities can cause serious low blood glucose and consequent brain damage.12 Examples from developing countries are too numerous to recount. However, increasingly, the sale of counterfeit medical products in pharmacies is no longer isolated to developing countries. In recent years, there have been a number of incidents involving **counterfeit blood glucose test strips** for use with glucose meters **being sold in licensed pharmacies** in the United States. There are over 10 million Americans who measure blood glucose, many of whom rely on at-home diabetes tests to take sensitive measurements of blood sugar levels to monitor insulin requirements. OneTouch® Test Strips, manufactured by LifeScan, a Johnson & Johnson company, the world's largest consumer-health products maker, were the most successful of these products in the United States. In 2006, about one million phony OneTouch test strips turned up in at least 35 states and in a number of countries in Europe, the Middle East, and Asia. These **counterfeit** test **strip kits**, manufactured in China, were found to **give incorrect readings**, with the **potential to cause patients to inject dangerous levels of insulin.**13 The counterfeiters had accurately copied many elements of the test strip packaging, with the important exception of the lot number on the carton, which was incorrect, enabling the company to identify the fakes and issue public warnings.13 The Chinese businessman responsible for their distribution was apprehended and convicted in a Shanghai court in August 2007 and sentenced to 3.5 years in prison, among other penalties.14,15 Also in 2006, Johnson & Johnson and Lifescan successfully brought civil actions in a number of countries arising from these events [for example, Johnson & Johnson et al. v. Butt et al. (2007) 162 A.C.W.S. (3d) 232 (Ont. S.C.) and Johnson & Johnson et al. v. Alexander Vega et al. (2006) QCCS 5883 (Que. S.C.)]. The counterfeit test strips were sold via two Canadian companies to a number of U.S. distributors, which in turn ended up in over 700 U.S. pharmacies.16 The case underscores the burgeoning number of fake medical products entering the North American market and the danger of their infiltrating the legitimate supply chain through “gray market” channels that may act as a cover for dealing in illicit counterfeits.16 In another case involving defective blood glucose test strips in the United States, criminal charges led to a guilty plea in January 2009 by the president of a recycling company in Knox, Indiana.17 Bayer had discovered that Nor AmPlastics Recycling Inc. fraudulently sold previously recalled test strips on eBay for $3700 in profits, while Bayer was paying $8000 to recycle the diabetic glucose strips that were recalled by Bayer.17 Officials confirmed that over 100 people had purchased the bogus strips, but there were no reports of injuries.17

#### Pre-empting the 1AR Link Turn – CP solves Insulin Prices since it reduces Patents so the CP solves the Link Turn BUT lack of Trademark Protections means consumers won’t know what’s real vs what’s fake since counterfeiters can use Eli Lilly’s trade-marks which means they aren’t taking safe insulin so they can’t resolve the Link.

#### 2] Counterfeit Drugs deters people from taking Medicine altogether since they don’t know what’s safe – turns case.

Cockburn 5, Robert, et al. "The global threat of counterfeit drugs: why industry and governments must communicate the dangers." PLoS medicine 2.4 (2005): e100. //Elmer

Paucity of Warnings about Fake Drugs That many **pharmaceutical companies**, professional organizations, and governments, both in developed and developing countries are **not releasing warnings** is manifested by the paucity of warnings relative to the scale of the problem. The industry's history of **secrecy over** data about **fake drugs**, and claims of a commercial motivation, go back over 20 years. In 1982, a spokesperson for the Association of the British Pharmaceutical Industry said, “It is difficult to declare a [fake drug] problem without damaging legitimate business” [13]. This impression of secrecy is supported by historical statements, such as the following: “The Society [Royal Pharmaceutical Society of Great Britain] is not issuing press releases [about counterfeit drugs] because it believes that as much as possible should be done behind the scenes…and that no great publicity should be sought because it could damage public confidence in medicines” [19]. But the Royal Pharmaceutical Society of Great Britain has recently revised its position. David Pruce, Director of Practice and Quality Improvement for the organization, told us (E-mail letter, 14 February 2005), “If there is a risk that a patient has been dispensed a counterfeit medicine, then it is vital that they are informed. There have been two recent cases in Great Britain where counterfeit medicines appeared in the legitimate pharmacy supply chain. The public **announcement** of the problem of the counterfeit medicines was therefore entirely proper and **necessary**.” He added, “It is important that news stories of this type are handled responsibly **so** that the **public's confidence in their medicines is not undermined**. **This could deter patients from taking genuine medicines.”**

# 3

#### Infrastructure passes now due to Biden and Pelosi involvement – Biden PC and tight timetables makes the margin for error literally ZERO

Elliott 9-16 (Philip Elliott is a Washington Correspondent for TIME. Before joining TIME in early 2015, he spent almost a decade at The Associated Press, where he covered politics, campaign finance, education and the White House. He is a graduate of the E.W. Scripps School of Journalism at Ohio University, September 16, 2021, accessed on 9-17-2021, Time, "Democrats Face a Grueling Two Weeks as Infighting Erupts Over Infrastructure", https://time.com/6098810/house-democrats-reconciliation/)//babcii

House Democrats yesterday finished penning a 2,600-page bill that **finally outlines the specifics** of their ambitious “soft” infrastructure plan that won’t attract a single Republican vote. But no one was really rushing to Schneider’s for bottles of bubbly. For a party ready to spend $3.5 trillion to fund its social policy agenda, there were plenty of glum faces on Capitol Hill. In fact, one key piece of the legislation—a deal that would finally let Medicare negotiate lower prices with drug companies—fell apart in the Energy and Commerce Committee when three Democrats voted against it. It found resurrection a short time later when Leadership aides literally plucked it from the Energy and Commerce team and delivered it to the Ways and Means Committee for its approval instead. Even there, though, one Democrat voted against it, saying the threat it posed to pharmaceutical companies’ profits would doom it in the Senate. “Every moment we spend debating provisions that will never become law is a moment wasted and will delay much-needed assistance to the American people,” Rep. Stephanie Murphy of Florida later argued. Put another way? Brace **for some nasty politics** over the next two weeks as House Speaker Nancy Pelosi tries to get this bill to a vote before the budget year ends on Sept. 30. And those 2,600 pages had better be recyclable. Democrats can **only afford three defectors** if they want to usher this bill into law, **and they’re perilously close to failure**. So far, five centrist Democrats in the House have said they prefer a scaled-back version of the Medicare component. But if Pelosi gives the five centrists that win, she risks losing the support of progressives who are already sour that things like a punitive wealth tax and the end to tax loopholes aren’t present in the current version of the bill. As it stands now, letting Medicare negotiate drug prices would save the government about $500 billion over the next decade. The scaled-back version doesn’t have an official cost, but a very similar version got its score in the Senate last year: roughly $100 billion in savings. Because Democrats are using a budgeting loophole to help them avoid a filibuster and pass this with bare majorities, that $400 billion gap matters a lot more than on most bills. Scaling back the Medicare savings means they would also have to scale back their overall spending on the bill—a big line in the sand for progressives who say they’ve already compromised too much. All of this, of course, comes as President Joe Biden and his top aides in the White House have been trying to get Senate **centrists onboard**. Just yesterday, he **met separately with Sens. Kyrsten Sinema and Joe Manchin**, fellow Democrats who have expressed worries about the $3.5 trillion price tag but have been vague about what exactly they want to cut back on. With the Senate evenly divided at 50-50, and Vice President Kamala Harris in position to break the ties to Democrats’ victories, any shenanigans from those two independent thinkers scrambles the whole package. Oh, and that other bipartisan infrastructure plan that carries $550 billion in new spending? It’s still sitting on the shelf in the House. Pelosi said she’d bring it to the floor only when the bigger—and entirely partisan—bill was ready. And there’s plenty of grumbling about that package, too. If this is all beginning to sound like a scratched record that keeps repeating, it’s because this has become something of a pattern here in Washington. Things look pretty grim for legislation in town these days, despite Democrats controlling the House, the Senate and the White House. Their margin for error **is literally zero**, and so hiccups from a half-dozen centrists can forewarn a doomed agenda. So far, Pelosi has been a master of holding the line on crucial votes and has managed to maneuver her team to victories, including on an earlier pandemic relief package that passed with only Democratic votes. Now she’s trying again, but the clock is ticking, and $3.5 trillion is an eye-popping sum of money that rivals the spending the United States unleashed to close out World War II.

#### Attacks on Pharmaceutical Profits triggers Mod Dem Backlash – it disrupts unity.

Cohen 9-6 Joshua Cohen 9-6-2021 "Democrats’ Plans To Introduce Prescription Drug Pricing Reform Face Formidable Obstacles" <https://www.forbes.com/sites/joshuacohen/2021/09/06/democrats-plans-to-introduce-prescription-drug-pricing-reform-face-obstacles/?sh=37a269917395> (independent healthcare analyst with over 22 years of experience analyzing healthcare and pharmaceuticals.)//Elmer

There’s considerable uncertainty regarding passage with a simple majority of the 2021 massive budget reconciliation bill. Last week, Senator Joe Manchin called on Democrats to pause pushing forward the budget reconciliation bill. If Manchin winds up saying no to the bill, this would scuttle it as the Democrats can’t afford to lose a single Senator. And, there’s speculation that provisions to reduce prescription drug prices may be watered down and not incorporate international price referencing. Additionally, reduced prices derived through Medicare negotiation may not be able to be applied to those with employer-based coverage. While the progressive wing of the Democratic Party supports drug pricing reform, **several key centrist Democrats** in both the House and Senate appear to be **uncomfortable** **with** particular aspects of the budget reconciliation bill, including a potential deal-breaker, namely the potential **negative impact of drug price controls on the domestic pharmaceutical industry**, as well as long-term patient access to new drugs. A paper released in 2019 by the nonpartisan Congressional Budget Office found that the proposed legislation, H.R. 3, would reduce global revenue for new drugs by 19%, leading to 8 fewer drugs approved in the U.S. between 2020 and 2029, and 30 fewer drugs over the next decade. And, a new report from the CBO reinforces the message that drug pricing legislation under consideration in Congress could lead to fewer new drugs being developed and launched. **Intense lobbying efforts from biopharmaceutical industry groups** **are underway**, **warning of** what they deem are **harms from price controls in** the form of diminished patient **access to new innovations**. The argument, based in part on assumptions and modeling included in the CBO reports, asserts that price controls would dampen investment critical to the biopharmaceutical industry’s pipeline of drugs and biologics. **This** won’t sway most Democrats, but has been a traditional talking point in the Republican Party for decades, and **may convince some centrist Democrats to withdraw backing** of provisions **that** in their eyes **stymie pharmaceutical innovation.** If the budget reconciliation bill would fail to garner a majority, a pared down version of H.R. 3, or perhaps a new bill altogether, with Senator Wyden spearheading the effort, could eventually land in the Senate. But, a similar set of provisos would apply, as majority support in both chambers would be far from a sure thing. In brief, Democrats’ plans at both the executive and legislative branch levels to introduce prescription **drug pricing reform** **encounter challenges** which may prevent impactful modifications from taking place.

#### Sinema specifically jumps Ship.

Hancock and Lucas 20 Jay Hancock and Elizabeth Lucas 5-29-2020 "A Senator From Arizona Emerges As A Pharma Favorite" <https://khn.org/news/a-senator-from-arizona-emerges-as-a-pharma-favorite/> (Senior Correspondent, joined KHN in 2012 from The Baltimore Sun, where he wrote a column on business and finance. Previously he covered the State Department and the economics beat for The Sun and health care for The Virginian-Pilot of Norfolk and the Daily Press of Newport News. He has a bachelor’s degree from Colgate University and a master’s in journalism from Northwestern University.)//Elmer

Sen. Kyrsten **Sinema formed** a **congressional caucus to raise** “**awareness of the benefits of personalized medicine**” in February. Soon after that, employees of **pharmaceutical companies** **donated** $35,000 to her campaign committee. Amgen gave $5,000. So did Genentech and Merck. Sanofi, Pfizer and Eli Lilly all gave $2,500. Each of those companies has invested heavily in personalized medicine, which promises individually tailored drugs that can cost a patient hundreds of thousands of dollars. **Sinema** is a first-term Democrat from Arizona but has nonetheless **emerged as a pharma favorite in Congress** as the industry steers through a new political and economic landscape formed by the coronavirus. She is a **leading recipient of pharma campaign cash** even though she’s not up for reelection until 2024 and lacks major committee or subcommittee leadership posts. For the 2019-20 election cycle through March, political action committees run by employees of drug companies and their trade groups gave her $98,500 in campaign funds, Kaiser Health News’ Pharma Cash to Congress database shows. That stands out in a Congress in which a third of the members got no pharma cash for the period and half of those who did got $10,000 or less. The contributions give companies a chance to cultivate Sinema as she restocks from a brutal 2018 election victory that cost nearly $25 million. Altogether, pharma PACs have so far given $9.2 million to congressional campaign chests in this cycle, compared with $9.4 million at this point in the 2017-18 period, a sustained surge as the industry has responded to complaints about soaring prices. Sinema’s pharma haul was twice that of Sen. Susan Collins of Maine, considered one of the most vulnerable Republicans in November, and approached that of fellow Democrat Steny Hoyer, the powerful House majority leader from Maryland. It all adds up to **a bet by drug companies that** the 43-year-old **Sinema**, first elected to the Senate in 2018, **will** gain influence in coming years and **serve as an industry ally** in a party that also includes many lawmakers harshly critical of high drug prices and the companies that set them.

#### Pharma backlash independently turns Case.

Huetteman 19 Emmarie Huetteman 2-26-2019 “Senators Who Led Pharma-Friendly Patent Reform Also Prime Targets For Pharma Cash” <https://khn.org/news/senators-who-led-pharma-friendly-patent-reform-also-prime-targets-for-pharma-cash/> (former NYT Congressional correspondent with an MA in public affairs reporting from Northwestern University’s Medill School)//Elmer

Early last year, as lawmakers vowed to curb rising drug prices, Sen. Thom Tillis was named chairman of the Senate Judiciary Committee’s subcommittee on intellectual property rights, a committee that had not met since 2007. As the new gatekeeper for laws and oversight of the nation’s patent system, the North Carolina Republican signaled he was determined to make it easier for American businesses to benefit from it — a welcome message to the drugmakers who already leverage patents to block competitors and keep prices high. Less than three weeks after introducing a bill that would make it harder for generic drugmakers to compete with patent-holding drugmakers, Tillis opened the subcommittee’s first meeting on Feb. 26, 2019, with his own vow. “From the United States Patent and Trademark Office to the State Department’s Office of Intellectual Property Enforcement, no department or bureau is too big or too small for this subcommittee to take interest,” he said. “And we will.” In the months that followed, tens of thousands of dollars flowed from pharmaceutical companies toward his campaign, as well as to the campaigns of other subcommittee members — including some who promised to stop drugmakers from playing money-making games with the patent system, like Sen. John Cornyn (R-Texas). Tillis received more than $156,000 from political action committees tied to drug manufacturers in 2019, more than any other member of Congress, a new analysis of KHN’s Pharma Cash to Congress database shows. Sen. Chris Coons (D-Del.), the top Democrat on the subcommittee who worked side by side with Tillis, received more than $124,000 in drugmaker contributions last year, making him the No. 3 recipient in Congress. No. 2 was Sen. Mitch McConnell (R-Ky.), who took in about $139,000. As the Senate majority leader, he controls what legislation gets voted on by the Senate. Neither Tillis nor Coons sits on the Senate committees that introduced legislation last year to lower drug prices through methods like capping price increases to the rate of inflation. Of the four senators who drafted those bills, none received more than $76,000 from drug manufacturers in 2019. Tillis and Coons spent much of last year working on significant legislation that would expand the range of items eligible to be patented — a change that some experts say would make it easier for companies developing medical tests and treatments to own things that aren’t traditionally inventions, like genetic code. They have not yet officially introduced a bill. As obscure as patents might seem in an era of public **outrage** **over** drug prices, the fact that **drugmakers** gave most **to** the **lawmakers working to change the patent system** belies how important securing **the exclusive right to market a drug, and keep competitors at bay, is to their bottom line**. “**Pharma will fight to the death to preserve patent rights**,” said Robin Feldman, a professor at the UC Hastings College of the Law in San Francisco who is an expert in intellectual property rights and drug pricing. “Strong patent rights are central to the games drug companies play to extend their monopolies and keep prices high.” Campaign contributions, closely tracked by the Federal Election Commission, are among the few windows into how much money flows from the political groups of drugmakers and other companies to the lawmakers and their campaigns. Private companies generally give money to members of Congress to encourage them to listen to the companies, typically through lobbyists, whose activities are difficult to track. They may also communicate through so-called dark money groups, which are not required to report who gives them money. Over the past 10 years, the **pharmaceutical industry** has **spent** about $**233 million per year on lobbying**, according to a new study published in JAMA Internal Medicine. That is more than any other industry, including the oil and gas industry. Why Patents Matter Developing and testing a new drug, and gaining approval from the Food and Drug Administration, can take years and cost hundreds of millions of dollars. Drugmakers are generally granted a six- or seven-year exclusivity period to recoup their investments. But drugmakers have found ways to extend that period of exclusivity, sometimes accumulating hundreds of patents on the same drug and blocking competition for decades. One method is to patent many inventions beyond a drug’s active ingredient, such as patenting the injection device that administers the drug. Keeping that arrangement intact, or expanding what can be patented, is where lawmakers come in. Lawmakers Dig In Tillis’ home state of North Carolina is also home to three major research universities and, not coincidentally, multiple drugmakers’ headquarters, factories and other facilities. From his swearing-in in 2015 to the end of 2018, Tillis received about $160,000 from drugmakers based there or beyond. He almost matched that four-year total in 2019 alone, in the midst of a difficult reelection campaign to be decided this fall. He has raised nearly $10 million for his campaign, with lobbyists among his biggest contributors, according to OpenSecrets. Daniel Keylin, a spokesperson for Tillis, said Tillis and Coons, the subcommittee’s top Democrat, are working to overhaul the country’s “antiquated intellectual property laws.” Keylin said the bipartisan effort protects the development and access to affordable, lifesaving medication for patients,” adding: “No contribution has any impact on how [Tillis] votes or legislates.” Tillis signaled his openness to the drug industry early on. The day before being named chairman, he reintroduced a bill that would limit the options generic drugmakers have to challenge allegedly invalid patents, effectively helping brand-name drugmakers protect their monopolies. Former Sen. Orrin Hatch (R-Utah), whose warm relationship with the drug industry was well-known, had introduced the legislation, the Hatch-Waxman Integrity Act, just days before his retirement in 2018. At his subcommittee’s first hearing, Tillis said the members would rely on testimony from private businesses to guide them. He promised to hold hearings on patent eligibility standards and “reforms to the Patent Trial and Appeal Board.” In practice, the Hatch-Waxman Integrity Act would require generics makers challenging another drugmaker’s patent to either take their claim to the Patent Trial and Appeal Board, which acts as a sort of cheaper, faster quality check to catch bad patents, or file a lawsuit. A study released last year found that, since Congress created the Patent Trial and Appeal Board in 2011, it has narrowed or overturned about 51% of the drugmaker patents that generics makers have challenged. Feldman said the drug industry “went berserk” over the number of patents the board changed and has been eager to limit use of the board as much as possible. Patent reviewers are often stretched thin and sometimes make mistakes, said Aaron Kesselheim, a Harvard Medical School professor who is an expert in intellectual property rights and drug development. Limiting the ways to challenge patents, as Tillis’ bill would, does not strengthen the patent system, he said. “You want overlapping oversight for a system that is as important and fundamental as this system is,” he said. As promised, Tillis and Coons also spent much of the year working on so-called Section 101 reform regarding what is eligible to be patented — “a very major change” that “would overturn more than a century of Supreme Court law,” Feldman said. Sean Coit, Coons’ spokesperson, said lowering drug prices is one of the senator’s top priorities and pointed to Coon’s support for legislation the pharmaceutical industry opposes. “One of the reasons Senator Coons is leading efforts in Congress to fix our broken patent system is so that life-saving medicines can actually be developed and produced at affordable prices for every American,” Coit wrote in an email, adding that “his work on Section 101 reform has brought together advocates from across the spectrum, including academics and health experts.” In August, when much of Capitol Hill had emptied for summer recess, Tillis and Coons held closed-door meetings to preview their legislation to stakeholders, including the Pharmaceutical Research and Manufacturers of America, or PhRMA, the brand-name drug industry’s lobbying group. “We regularly engage with members of Congress in both parties to advance practical policy solutions that will lower medicine costs for patients,” said Holly Campbell, a PhRMA spokesperson. Neither proposal has received a public hearing. In the 30 days before Tillis and Coons were named leaders of the revived subcommittee, drug manufacturers gave them $21,000 from their political action committees. In the 30 days following that first hearing, Tillis and Coons received $60,000. Among their donors were PhRMA; the Biotechnology Innovation Organization, the biotech lobbying group; and five of the seven drugmakers whose executives — as Tillis laid out a pharma-friendly agenda for his new subcommittee — were getting chewed out by senators in a different hearing room over patent abuse. Cornyn Goes After Patent Abuse Richard Gonzalez, chief executive of AbbVie Inc., the company known for its top-selling drug, Humira, had spent the morning sitting stone-faced before the Senate Finance Committee as, one after another, senators excoriated him and six other executives of brand-name drug manufacturers over how they price their products. Cornyn brought up AbbVie’s more than 130 patents on Humira. Hadn’t the company blocked its competition? Cornyn asked Gonzalez, who carefully explained how AbbVie’s lawsuit against a generics competitor and subsequent licensing deal was not what he would describe as anti-competitive behavior. “I realize it may not be popular,” Gonzalez said. “But I think it is a reasonable balance.” A minute later, Cornyn turned to Sen. Chuck Grassley (R-Iowa), who, like Cornyn, was also a member of the revived intellectual property subcommittee. This is worth looking into with “our Judiciary Committee authorities as well,” Cornyn said, effectively threatening legislation on patent abuse. The next day, Mylan, one of the largest producers of generic drugs, gave Cornyn $5,000, FEC records show. The company had not donated to Cornyn in years. By midsummer, every drug company that sent an executive to that hearing had given money to Cornyn, including AbbVie. Cornyn, who faces perhaps the most difficult reelection fight of his career this fall, ranks No. 6 among members of Congress in drugmaker PAC contributions last year, KHN’s analysis shows. He received about $104,000. Cornyn has received about $708,500 from drugmakers since 2007, KHN’s database shows. According to OpenSecrets, he has raised more than $17 million for this year’s reelection campaign. Cornyn’s office declined to comment. On May 9, Cornyn and Sen. Richard Blumenthal (D-Conn.) introduced the **Affordable Prescriptions for Patients Act,** which proposed to define two tactics used by drug companies to make it easier for the Federal Trade Commission to **prosecute** them: “**product-hopping**,” when drugmakers withdraw older versions of their drugs from the market to push patients toward newer, more expensive ones, and “**patent-thicketing**,” when drugmakers amass a series of patents to drag out their exclusivity and slow rival generics makers, who must challenge those patents to enter the market once the initial exclusivity ends. **PhRMA opposed the bill.** **The next day, it gave Cornyn $1,000**. Cornyn and Blumenthal’s bill would have been “very tough on the techniques that pharmaceutical companies use to extend patent protections and to keep prices high,” Feldman said. “The **pharmaceutical industry lobbied tooth and nail against it**,” she said. “And **when the bill finally came** out of committee, the strongest provisions — the **patent-thicketing provisions — had been stripped**.” In the months after the bill cleared committee and waited to be taken up by the Senate, Cornyn blamed Senate Democrats for blocking the bill while trying to secure votes on legislation with more direct controls on drug prices. The Senate has not voted on the bill.

#### Infrastructure reform solves Existential Climate Change – it results in spill-over.

USA Today 7-20 7-20-2021 "Climate change is at 'code red' status for the planet, and inaction is no longer an option" <https://www.usatoday.com/story/opinion/todaysdebate/2021/07/20/climate-change-biden-infrastructure-bill-good-start/7877118002/> //Elmer

**Not long ago**, **climate change** for many Americans **was** like **a distant bell**. News of starving polar bears or melting glaciers was tragic and disturbing, but other worldly. Not any more. **Top climate scientists** from around the world **warned of a "code red for humanity**" in a report issued Monday that says severe, human-caused global warming is become unassailable. Proof of the findings by the United Nations' Intergovernmental Panel on Climate Change is a now a factor of daily life. Due to **intense heat waves and drought**, 107 wildfires – including the largest ever in California – are now raging across the West, consuming 2.3 million acres. Earlier this summer, hundreds of people died in unprecedented triple-digit heat in Oregon, Washington and western Canada, when a "heat dome" of enormous proportions settled over the region for days. Some victims brought by stretcher into crowded hospital wards had body temperatures so high, their nervous systems had shut down. People collapsed trying to make their way to cooling shelters. Heat-trapping greenhouse gases Scientists say the event was almost **certainly made worse and more intransigent by human-caused climate change**. They attribute it to a combination of warming Arctic temperatures and a growing accumulation of heat-trapping greenhouse gases caused by the burning of fossil fuels. The **consequences of** what mankind has done to the atmo**sphere are now inescapable**. Periods of **extreme heat** are projected to **double** in the lower 48 states by 2100. **Heat deaths** are far **outpacing every other form of weather killer** in a 30-year average. A **persistent megadrought** in America's West continues to create tinder-dry conditions that augur another devastating wildfire season. And scientists say **warming oceans** are **fueling** ever **more powerful storms**, evidenced by Elsa and the early arrival of hurricane season this year. Increasingly severe weather is causing an estimated $100 billion in damage to the United States every year. "It is honestly surreal to see your projections manifesting themselves in real time, with all the suffering that accompanies them. It is heartbreaking," said climate scientist Katharine Hayhoe. **Rising seas** from global warming Investigators are still trying to determine what led to the collapse of a Miami-area condominium that left more than 100 dead or missing. But one concerning factor is the corrosive effect on reinforced steel structures of encroaching saltwater, made worse in Florida by a foot of rising seas from global warming since the 1900s. The clock is ticking for planet Earth. While the U.N. report concludes some level of severe climate change is now unavoidable, there is still a window of time when far more catastrophic events can be mitigated. But mankind must act soon to curb the release of heat-trapping gases. Global **temperature** has **risen** nearly **2 degrees** Fahrenheit since the pre-industrial era of the late 19th century. Scientists warn that in a decade, it could surpass a **2.7**-degree increase. That's **enough** warming **to cause catastrophic climate changes**. After a brief decline in global greenhouse gas emissions during the pandemic, pollution is on the rise. Years that could have been devoted to addressing the crisis were wasted during a feckless period of inaction by the Trump administration. Congress must act Joe Biden won the presidency promising broad new policies to cut America's greenhouse gas emissions. But Congress needs to act on those ideas this year. Democrats cannot risk losing narrow control of one or both chambers of Congress in the 2022 elections to a Republican Party too long resistant to meaningful action on the climate. So what's at issue? A trillion dollar **infrastructure bill** negotiated between Biden and a group of centrist senators (including 10 Republicans) is a start. In addition to repairing bridges, roads and rails, it would **improve access** by the nation's power infrastructure **to renewable energy sources,** **cap millions of abandoned oil and gas wells spewing greenhouse gases**, **and harden structures against climate change**. It also **offers tax credits for** the **purchase of electric vehicles** and funds the construction of charging stations. (**The nation's largest source of climate pollution are gas-powered vehicles**.) Senate approval could come very soon. Much **more is needed** if the nation is going to reach Biden's necessary goal of cutting U.S. climate pollution in half from 2005 levels by 2030. His ideas worth considering include a federal clean electricity standard for utilities, federal investments and tax credits to promote renewable energy, and tens of billions of dollars in clean energy research and development, including into ways of extracting greenhouse gases from the skies. Another idea worth considering is a fully refundable carbon tax. **The vehicle** for these additional proposals **would be a second infrastructure bill**. And if Republicans balk at the cost of such vital investment, Biden is rightly proposing to pass this package through a process known as budget reconciliation, which allows bills to clear the Senate with a simple majority vote. These are drastic legislative steps. But drastic times call for them. And when Biden attends a U.N. climate conference in November, he can use American progress on climate change as a mean of persuading others to follow our lead. Further delay is not an option.

# 4

#### **The standard is maximizing expected well being.**

Prefer:

#### **1]**use epistemic modesty – multiply probability of the fwk times the magnitude of the impacts A) clash – encourages both substantive and phil debates so that we talk about all the offense B) leads to the net most morality and proves that only beating fwk is not enough to win the debate

#### **2] extinction first**

Pummer 15 [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015] AT

There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future people that reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people. Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But that is a huge mistake. Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. We should also take into account moral uncertainty. What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, all minimally plausible moral views would converge on the conclusion that we should try to save the world. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.” (From chapter 36 of On What Matters)

#### 3] Ontological prerequisite—other theories presume a moral subject that can create value, so biological existence is a prerequisite

**Paterson 03** – Department of Philosophy, Providence College, Rhode Island (Craig, “A Life Not Worth Living?”, Studies in Christian Ethics, http://sce.sagepub.com)

Contrary to those accounts, I would argue that it is death per se that is really the objective evil for us, not because it deprives us of a prospective future of overall good judged better than the alter- native of non-being. It cannot be about harm to a former person who has ceased to exist, for no person actually suffers from the sub-sequent non-participation. Rather, death in itself is an evil to us because it ontologically destroys the current existent subject — it is the ultimate in metaphysical lightening strikes.80 The evil of death is truly an ontological evil borne by the person who already exists, independently of calculations about better or worse possible lives. Such an evil need not be consciously experienced in order to be an evil for the kind of being a human person is. Death is an evil because of the change in kind it brings about, a change that is destructive of the type of entity that we essentially are. Anything, whether caused naturally or caused by human intervention (intentional or unintentional) that drastically interferes in the process of maintaining the person in existence is an objective evil for the person. What is crucially at stake here, and is dialectically supportive of the self-evidency of the basic good of human life, is that death is a radical interference with the current life process of the kind of being that we are. In consequence, death itself can be credibly thought of as a ‘primitive evil’ for all persons, regardless of the extent to which they are currently or prospectively capable of participating in a full array of the goods of life.81 In conclusion, concerning willed human actions, it is justifiable to state that any intentional rejection of human life itself cannot therefore be warranted since it is an expression of an ultimate disvalue for the subject, namely, the destruction of the present person; a radical ontological good that we cannot begin to weigh objectively against the travails of life in a rational manner. To deal with the sources of disvalue (pain, suffering, etc.) we should not seek to irrationally destroy the person, the very source and condition of all human possibility.82

# Case

### AT Framing

#### Extinction ow –

#### 1] Make them indict our specific scenarios – we’ve won robust defense of them

#### 2] also indicts any action – just because its not extinction doesn’t mean the rest of the world isn’t complex

#### 3] Predictions of high-magnitude impacts are accurate and valuable.

Gleditsch 12 (Kristian S. Gleditsch, Department of Government, University of Essex & Peace Research Institute Oslo, and Michael D. Ward, Department of Political Science, Duke, 2012, “Forecasting is difficult, especially about the future: Using contentious issues to forecast interstate disputes,” Journal of Peace Research, 50(1) 17–31, Sage Journals)  
There have been remarkably few efforts to generate global forecasts or risk profiles for interstate conflict. Moreover, the most prominent efforts to consider the predictive ability of models of interstate conflicts have based their research on models that were not actually proposed with forecasting in mind. A notable example here is Beck, King & Zeng (2000), who essentially adopt the so-called liberal peace model of Russett & Oneal (2001). Certainly, nothing akin to the Political Instability Task Force’s now annual projections (beginning with Gurr, Marshall & Khosla, 2000) exists for international conflicts. Perhaps not surprisingly, many observers are very skeptical of the ability of academic researchers to anticipate conflict between states, at least beyond very short time horizons. Research in recent decades has seen a large number of hypotheses generated to explain under what conditions militarized interstate conflict is more or less likely. This avenue of research has been primarily inspired by research on the so-called democratic peace, or the absence of conflict between democracies. Indeed, there are thousands of scholarly works mentioning the term militarized interstate dispute (MID), most of which use these data for some kind of empirical examination of a proposition about disputes. Yet, the evidence suggests that the ability of this body of work to forecast conflict out-of-sample is decidedly disappointing. Ward, Siverson & Cao (2007) found that most of the recent statistical studies of militarized interstate disputes in prominent political science and international relations journals were unable to predict the outbreak of a single dispute out-of-sample (see also Beck, King & Zeng, 2000). Many researchers have sought to improve on the ability to forecast militarized interstate conflict by turning to alternative statistical methods. Beck, King & Zeng (2000), for example, find that neural networks perform marginally better than generalized linear regression models in forecasting conflict from the same input factors.1 Changes in estimation methods or statistical techniques per se, however, have at best led only to limited improvements in out-of-sample predictive ability. Our argument is that simply identifying inappropriate methods as the key source of the problem in forecasting conflict may give us the wrong diagnosis and lead us down less productive avenues. A more fundamental problem is models that provide a poor basis for forecasting by disregarding the motives for conflict to arise, or by only considering motives in a relatively superficial manner. Models that have been proposed for research on the democratic peace, notably the work of Russett & Oneal (2001), are primarily intended to examine whether certain characteristics of liberal institutions, such as democracy and trade, make conflict on average less likely relative to baseline risks of conflict. Although these approaches may be appropriate for testing the original propositions of interest, they essentially ignore the contentious issues that might cause states to resort to violence and instead treat these contentious issues as exogenous features, typically hidden inside a so-called ‘black box’ of the baseline risk of conflict. Our own initial foray into out-of-sample prediction for a state-level model indicates that spatial information about other conflict events can help to improve forecasts (see Ward & Gleditsch, 2002). Although this allows predictions of conflict to be conditional on other observed events rather than treating each conflict as an independent observation, the approach still ignores the issues over which such conflicts may have arisen initially. We believe that greater attention to the specific reasons for the occurrence of conflicts and the incompatibilities that may generate the use of violence can help improve our ability to forecast conflict. Although we recognize that different models may be appropriate to evaluate particular propositions and to forecast events, in our view the enterprise of prediction has great potential for winnowing bad ideas out of theories on the causes of conflict and avoiding the problem of retrospective biases in conventional hypothesis testing on the data used to develop the hypotheses in the first place (see Ward, Greenhill & Bakke, 2010). In fairness, much of the existing work on the statistical modeling of conflict has bypassed motivation since it is genuinely difficult to establish what states fight over and what their possible motivation for fighting might be. Nevertheless, the fact that something is difficult to evaluate does not mean that simply ignoring it is the best course of action. Another tradition in research on conflict has sought to identify incompatibilities in terms of contentious issues, such as territorial or maritime claims (Diehl, 1992; Mansbach & Vasquez, 1981). Recent efforts to examine these propositions empirically have found considerable evidence that cases where such claims exist are more likely to see militarized activities (Hensel, 2001; Hensel et al., 2008; Hensel & Mitchell, 2010). Even so, at present this line of research has primarily engaged in testing hypotheses about whether coefficient estimates are significantly different from 0 or the in-sample post-diction of conflicts, and has not yet examined if information on contentious issues may be helpful for forecasting dyadic conflict out-of-sample. Here we explicitly consider whether taking into account information on contentious issues and conflict management can help improve on forecasting interstate conflict and our understanding of conflict dynamics. Although we focus on statistical approaches to interstate conflict in this article, many of our arguments also apply to problems in traditional theories of conflict and qualitative approaches to prediction or anticipating political events (see Tetlock, 2005). Traditional theories of interstate conflict tend to focus on structural features presumed to influence the opportunities for conflict such as the distribution of power in the international system or relative balance of power (see e.g. Waltz, 1979). These theories display little interest in the specific incompatibilities that may motivate the use of violence. However, structural factors rarely change rapidly, but violent conflict tends to be episodic, and hence cannot be adequately explained merely by reference to permissive conditions (see Fearon, 1995). Likewise, our core argument applies to studies of civil war, which tend to emphasize opportunities for conflict rather than motivations for conflict (see Cederman, Weidmann & Gleditsch, 2011), and where evidence for the predictive ability of existing statistical efforts seems similarly disappointing (see Ward, Greenhill & Bakke, 2010). Many political and area study experts, typically using informal methods for deriving predictions, often have strong confidence in their ability to forecast events. However, the comprehensive series of studies by Tetlock (2005), who asked experts to rate a series of outcomes which could then be compared against the historical record, provide little support for the forecasting ability of political experts.

**Extinciton outweighs – a] lex prereq c] combination of timeframe + probability d]** Extinction hijacks Oppression because it’s the most egalitarian metric since it includes every life equally e] “good things” is subjective – the nc is a good thing

Aspec – a] exctinciton is helping b] the AC is abstract not the NC c] turn – only see from above

### AT Advantage

#### Top-Level – their Internal Links to this Aff are terrible – half of them aren’t about IP on Medicine and the others are just ethos w/ no warrant. Zero risk should be a thing w/ faulty and non-sensical Affs – Pharma is like a hydra, if you cut off one head, two more grow – which will be proven by our Alt Causes to Drug Prices on Case – Try-or-Die is the same logic that only results in the Pharma Hydra to become stronger and stronger proving our Presumption story when we should be focused on burning the body itself.

#### AT Baker – this Internal Link is generics – they can’t solve it –

#### a] Alt Causes to lack of generics thump Aff solvency to zero – pay-for-delay, citizen petitions, authorized generics, and testing sample access – this is terminal since they’d just shift tactics to non-patent strategies – this devastates their only internal link.

Fox 17, Erin. "How pharma companies game the system to keep drugs expensive." Harvard Business Review (April 6, 2017), https://hbr. org/2017/04/how-pharma-companies-game-the-system-to-keep-drugs-expensive (last visited on November 22, 2019) (2017). (director of Drug Information at University of Utah Health)//Elmer

The ways companies stop generics One of the ways branded drug manufacturers prevent competition is simple: cash. In so-called “pay for delay” agreements, a brand drug company simply pays a generic company not to launch a version of a drug. The Federal Trade Commission estimates these pacts cost U.S. consumers and taxpayers $3.5 billion in higher drug costs each year. “Citizen petitions” offer drug companies another way to delay generics from being approved. These ask the Food and Drug Administration to delay action on a pending generic drug application. By law, the FDA is required to prioritize these petitions. However, the citizens filing concerns are not individuals, they’re corporations. The FDA recently said branded drug manufacturers submitted 92% of all citizen petitions. Many of these petitions are filed near the date of patent expiration, effectively limiting potential competition for another 150 days. “Authorized generics” are another tactic to limit competition. These aren’t really generic products at all; they are the same product sold under a generic name by the company that sells the branded drug. Why? By law, the first generic company to market a drug gets an exclusivity period of 180 days. During this time, no other companies can market a generic product. But the company with the expiring patent is not barred from launching an “authorized generic.” By selling a drug they’re already making under a different name, pharmaceutical firms are effectively extending their monopoly for another six months. Another way pharmaceutical firms are thwarting generics is by restricting access to samples for testing. Generic drug makers need to be able to purchase a sample of a brand-name product to conduct bioequivalence testing. That’s because they have to prove they can make a bioequivalent product following the current good manufacturing practices (CGMP) standard. These manufacturers don’t need to conduct clinical trials like the original drug company did. But the original drug developer often declines to sell drug samples to generics manufacturers by citing “FDA requirements,” by which they mean the agency’s Risk Evaluation and Mitigation Strategies program. The idea behind this program is a good one: give access to patients who will benefit from these personalized medicines, and bar access for patients who won’t benefit and could be seriously harmed. However, brand drug makers are citing these requirements for the sole purpose of keeping generics from coming to market.

#### b] Petitions to the FDA swamp and deter generics.

Feldman 17 Robin Feldman 6-16-2017 "Pharma companies fight behind-the-scenes wars over generic drugs" <https://www.statnews.com/2017/06/16/generic-drugs-biosimilars-pharma/> (Arthur J. Goldberg Distinguished Professor of Law and Director of the Center for Innovation.)//Elmer

One tactic that my colleague Evan Frondorf and I describe in our book, “Drug Wars: How Big Pharma Raises Prices and Keeps Generics Off the Market,” involves petitions to the Food and Drug Administration asking that the agency not give the green light to generic versions of a drug. Our research on 12 years of FDA data shows that in some years nearly 1 out of every 5 petitions filed on any topic — including food, tobacco, dietary supplements, and devices — was related to delaying generic entry. The FDA denies 80 percent of these petitions, but the process takes time, even for silly petitions, such as one asking the FDA to declare that a generic must provide information that the regulations already require. The time it takes to respond to these petitions delays the entry of the generic.

#### c] Generic companies are just incompetent – means even without patents, they wouldn’t be able to produce.

Fox 17, Erin. "How pharma companies game the system to keep drugs expensive." Harvard Business Review (April 6, 2017), https://hbr. org/2017/04/how-pharma-companies-game-the-system-to-keep-drugs-expensive (last visited on November 22, 2019) (2017). (director of Drug Information at University of Utah Health)//Elmer

Problems with generic drug makers Although makers of a branded drug are using a variety of tactics to create barriers to healthy competition, generic drug companies are often not helping their own case. In 2015, there were 267 recalls of generic drug products—more than one every other day. These recalls are for quality issues such as products not dissolving properly, becoming contaminated, or even being outright counterfeits. A few high-profile

#### AT Konrad – they don’t solve this – IP like Trademarks are key to identify what is counterfeit and what isn’t – reducing IP means there are no trademark appearances on brand names to demonstrate safety – proves only the PIC solves

#### AT Preidt – Black Diabetes problems are a result of public health infrastructure that creates multiple obstacles to health access for drugs not just drug prices – they can’t solve

#### AT Barker 2 – “Patents of Insulin” isn’t the Medicine – it’s on other surrounding Insulin products that are necessary – Insulin itself isn’t patented – thickets surrounding non-active ingredients and associated devices keep the prices high.

Belluz 19 Julia Belluz 11-7-2019 "The absurdly high cost of insulin, explained" <https://www.vox.com/2019/4/3/18293950/why-is-insulin-so-expensive> (Julia Belluz is Vox's senior health correspondent, focused on medicine, science, and public health. She's covered topics as varied as the anti-vaccine movement, America's staggering maternal mortality problem, how dark chocolate became a health food, and what makes America's sickest county so unhealthy. She has also debunked numerous medical misinformation peddlers such as Dr. Oz, Gwyneth Paltrow, and Alex Jones.)//Elmer

**One real solution** to the problem, however, **would be to bring a generic version of insulin** to the market. There are currently no true generic options available (though there are several rebranded and biosimilar insulins). This is in part because companies have made those incremental improvements to insulin products, which has allowed them to keep their formulations under patent, and because older insulin formulations have fallen out of fashion. But **not all insulins are patent-protected**. For example, **none of Eli Lilly’s insulins are**, according to the drugmaker. **In those cases**, Luo said, **potential manufacturers may be deterred by secondary patents on non-active ingredients in insulins or on associated devices (such as insulin delivery pens).**

#### Medicine solely refers to drugs.

American Heritage Dictionary of Medicine 18 The American Heritage Dictionary of Medicine 2018 by Houghton Mifflin Harcourt Publishing Company <https://www.yourdictionary.com/medicine> //Elmer

"A **substance**, **especially a drug**, **used to treat** the signs and symptoms of a **disease**, condition, or injury."

#### The impact to the aff is VERY VERY SMALL – prefer a risk of extinction. Independently, alt causes like lack of healthcare or insurance outweigh – even if the aff passes, the same people won’t get access to other key medicines.

**RightCare**

[High insulin costs are killing Americans, <https://rightcarealliance.org/actions/insulin/>, RightCare, ND]

The price is so high that people are doing desperate things to get by, like using expired insulin, relying on crowdfunding to pay their bills, or taking less insulin than they need in an effort to ration their supplies. Rationing is extremely dangerous and can lead to a deadly condition known as diabetic ketoacidosis. **Four people died in 2017 while rationing their insulin**. **Four more died in 2018. Five died in 2019**.

### AT Plan

#### Flag WIPO – 1] proves competition for the PIC, 2] it doesn’t say Trademarks – means they solve literally zero of the case.

### AT Solvency

#### Follow-on Innovation saves Lives.

Cohen and Kaitin 8, Joshua, and Kenneth Kaitin. "Follow-on drugs and indications: the importance of incremental innovation to medical practice." American journal of therapeutics 15.1 (2008): 89-91. (Tufts Center for the Study of Drug Development, Tufts University, Boston, MA.)//Elmer

Over the past several decades, biopharmaceutical **innovation has resulted in** **substantial improvements in medical treatment and care**. New medicines, diagnostic tools, and drug–device combinations have increased the length and **improved** the **quality of millions of patients’ lives**. Health economists, however, caution that such technologic advances are an important cause of rising healthcare expenditures.1 Tension has arisen between the drive to stimulate biopharmaceutical innovation on the one hand and the need to bring rising healthcare costs under control on the other. As the biopharmaceutical armamentarium expands, physicians and patients are faced with **important choices regarding** **which innovations to use and when**. Similarly, third party payers confront a major challenge deciding which drugs to reimburse, under what kinds of cost-sharing arrangements, and with what formulary restrictions. **Biopharmaceutical innovation is comprised of** two components. The first is research and development leading to the production of novel treatments and firstin-class medicines. The second is the much more common but equally important creation of **incremental improvements** over existing therapies leading to the development of **follow-on medicines and new uses for existing medicines** (ie, supplemental indications). Breakthrough or first-in-class biopharmaceuticals attract the public’s attention, because such drugs may address unmet medical needs or provide treatments for indications in which current therapies are inadequate. Accordingly, payers and policymakers are inclined to view breakthrough medicines favorably, which is typically reflected in the products’ comparatively swift and generous reimbursement.2 On the other hand, payers may question the value of incremental innovation and follow-on drugs. In some cases, this may be reflected in delays in reimbursement after marketing approval as well as in the imposition of formulary restrictions.2 A novel therapeutic entity or first-in-class drug can be seen as providing stimulus for the evolution of new classes of drugs. In time, other drugs with similar chemical properties (ie, follow-ons) will likely be approved for marketing for the same or similar indications. Moreover, research suggests that increasingly, follow-on drugs were already in late stages of development when the first-in-class drug was approved.3 Typically, there is a race among competing developers to be first to market with a new class of compounds. Obviously, only the first approved product will be considered the first-inclass drug; all subsequent approvals will be considered follow-on products. In fact, one may argue that the distinction between breakthrough and follow-on drugs is not particularly meaningful; the development of new products can best be characterized as a race among candidates rather than post hoc imitation. Nonetheless, critics of the drug industry opine that research-based companies **devote too many resources to developing and marketing follow-on drugs and indications rather than creating more breakthrough drugs**. As a corollary, some critics contend that follow-on research yields drugs with negligible added value. For example, the global alliance Health Action International asserts, ‘‘few medicines on the market are the product of innovation and new research. . . . The industry churns out mostly copycats . . . that offer little or no added therapeutic value over breakthrough drugs.’’4 Others argue, however, that **follow-on drugs** and indications **provide therapeutic options**, **which** frequently **offer improved safety and efficacy profiles and enhance patient compliance**. Wertheimer et al, for example, suggest, ‘‘the **availability of** a **broad** **range of medicines enables physicians to treat with precision the individual needs of diverse patients** and provides options when the first agent used is either ineffective or not tolerated.’’5 To evaluate the public health impact of follow-on research and development, one must first consider the value it currently provides to patients. Using the World Health Organization’s Essential Drug List (EDL) as a benchmark, we examined the role follow-on drugs and innovations play on the formulary. We chose the EDL as a basis for analysis because of its global acceptance as a standard of medically essential therapy. The primary criteria used by the World Health Organization for placement of a drug on the EDL are the product’s safety and efficacy data. Secondary criteria include the prevalence of the disease targeted by the drug as well as cost. Our study found that 63% of the drugs on the 2005 EDL are follow-on drugs. This figure represents a continuation of an upward trend since the establishment of the EDL in 1977, when 47% of drugs on the EDL were follow-on products. Moreover, 49% of the followon drugs on the EDL received a priority rating from the U.S. Food and Drug Administration (FDA), indicating that the FDA considered these drugs to represent a significant therapeutic gain over existing therapy. In addition, 15% of the recommended indications in the EDL guidelines are for follow-on indications. This number has been fairly steady over the past 30 years. In light of the fact that the EDL includes only those therapies deemed medically necessary, the high numbers of follow-on drugs and indications on the EDL are a clear reflection of their vital importance to public health. **Follow-on drugs provide** therapeutic **alternatives** and choice **when patients do not respond** to a particular drug, **when their response is suboptimal**, **or when side effects and toxicities preclude the use of that drug**. As an illustration, ciprofloxacin, a follow-on antibacterial, was added to the EDL in response to growing concerns of increased microbial resistance to older drugs. Another illustration is the HIV/AIDS combination product lopinavir/ritonavir, which was added to the EDL because of an improved safety and tolerability profile compared with the first-in-class drug, ritonavir. Further examples include the cardiovascular medications atenolol and amlodipine, which were important additions to the beta-blocker and calcium channel blocker therapeutic classes, respectively. In certain instances, follow-on products may provide backup in case a first-in-class drug is withdrawn from the market. For example, when dicumarol was recalled, it was replaced by warfarin on the EDL, a drug superior in its safety and efficacy profile as well as in its versatility. Beyond drug development within a particular class, the history of biopharmaceutical development is replete with examples highlighting the evolution of new therapeutic classes resulting from incremental innovation. The following drugs and therapeutic classes on the EDL point to this kind of evolution: Sulfonamide antibiotics, diuretics, and oral antidiabetic agents are derived from the drug prontosil6 ; Molecular changes to mercaptopurine produced allopurinol, a xanthine oxidase inhibitor used to treat gout, and azathioprine, an immunosuppressant6 ; and Research on norepinephrine’s chemical structure led to development of alpha-methyldopa, an antihypertensive.6 It is reasonable to ask how our study on the World Health Organization’s EDL relates to follow-ons in

#### Answering their Innovation Pre-Empts:

#### AT Hanson – flag this – this is SOLELY about Trade Secrets since knowledge is not patented but protected by just secrecy – the Aff doesn’t mandate release which means a] generics can’t produced since they don’t know how or b] they’re bad generics which cause people to die.

#### AT Johnson and Greene – answered by all of our 3 alt cause cards to Generics which is this Internal Link

#### AT Belluz - Follow-On Innovation is critical for Public Health – specifically in Insulin. Follow-on innovation is life-saving since it provides options for patients w/ different types of care like our ev gives the example of inhaling insulin as an alternative to injecting - follow-on innovation is only possible through patent-eligibility or else there'd be no financial incentive to put the research into those new innovative developments

#### AT Pendergrass – there’s no link to this argument – we’re not blaming anyone – we’re blaming Pharma so this card is irrelevant.

### TIME

**The WTO and neoliberalism are inherently intertwined – trade agreements are written and passed by large capitalist power players who serve their own interests**

**Fukuda 10** [Fukuda, Yasuo. "WTO regime as a new stage of imperialism: Decaying capitalism and its alternative." World Review of Political Economy 1.3 (2010): 485. //MSJ SB]

The objectives of the World Trade Organization (WTO) regime are to liberalize trade in goods and services and force developing countries to introduce neo-liberal policies. The purpose is to advance deregulation, privatization, and free trade. T. Friedman (2006) characterized globalization after 2000 as the world becoming flat, whereby every company, organization, or individual can gain entry into a global marketplace, and where all people are free to start businesses which may benefit from a worldwide commercial network. However, this is just one side of globalization under the WTO regime. Multinational corporations as monopoly capital reap most of the benefits of the “flat” world economy. WTO Agreements have ushered in a new era of corporate globalization. The aim of this article is to show that corporate globalization represents a new stage of imperialism, whereby monopoly capital not only controls the world market, but writes the market rules as well. This new form of imperialism is nothing less than a decaying stage of capitalism in which, quite apart from people being guaranteed the chance to lead happy and stable lives, the very potential for doing so is undermined and destroyed. Finally, principles of localization are presented as an alternative to corporate globalization.Looking at contemporary capitalism from the viewpoint of Lenin’s “Imperialism,” it is clear that four of the five pillars (excepting the fifth) are still applicable to capitalism under the WTO regime. First, a small number of multinational corporations typically control more than half the market-share of major industries. For example, in the commercial seed market, the world’s top three corporations (Monsanto, DuPont, and Syngenta of Switzerland) control almost half of the world market. Cargill, along with its top four competitors, handle 85 percent of world grain trade. In the pharmaceutical industry, the top ten corporations hold a combined 54.8 percent share of the world market (ETC Group 2008). In banking, the world’s top 45 banks account for nearly 40 percent of the gross tier 1 capital of the top 1,000, and about 45 percent of the total assets (The Banker, June 24, 2009). It hardly needs saying that these companies enhance their power considerably through close relationships with governments, and through political contributions, lobbying, revolving doors, and the like. Second, industrial and financial monopoly capital establish political action groups as a means to advance common political goals. The negotiation of the General Agreement on Trade in Services (GATS) represents a typical example of this sort of collusion between major companies of both the industrial and financial spheres. Third, no monopoly capital can survive without strategic foreign investment, including direct as well as portfolio investment. For instance, automobile companies will not survive without gaining access to Chinese and Indian markets. Fourth, in the course of intense competition over dominant market shares, large multinational corporations often collude to form price cartels (Connor 2001; Levenstein and Suslow 2001). The cartel-based character of monopoly capital culminated during GATT Uruguay Round negotiations, as large businesses cooperated to set market-rules specifically tailored to their own ends. Second, monopoly capital now dictates the rules of trade by directly involving itself in the crafting of trade policy. Big business coalitions took part in drafting the WTO Agreements. In the case of GATS, multinational corporations, including Citigroup, J. P. Morgan Chase, and Barclays Bank, drafted the proposal under the authorization of US and EU governments, and then used lobbying to push the agreement through at the time of negotiations (Balanyá et al. 2003). In the case of the negotiations for the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), it was the US Intellectual Property Committee (USIPC), a US business group, which wrote the initial draft, at the request of the US Trade Representative (Weissman 1996). Those party to the USIPC include Monsanto, Pfizer, DuPont, and IBM. Market and trade rules amount to a form of infrastructure vis-à-vis the markets. The body which decides the rules of trade has a considerable advantage over other stakeholders. Under the current setting, it is large multinationals, especially the agents of US monopoly capital, which control the rules of trade, specifically through cozy relationships with the US government. Therefore, it is the governance of trade rules which most distinguishes modern capitalism from the imperialist systems of the early 20th century. Thus, the WTO regime is nothing short of a regime of imperialism, whereby monopoly capital exercises governing power over both national markets and the world economy. Whereas the first four of the five pillars by which Lenin defined imperialism still apply under the WTO regime, in place of the fifth (colonization), monopoly capital has gained new tools of dominance, most specifically the ability to design market rules. In losing the policy space to protect and develop local firms, developing countries are obliged to become incorporated into a global network managed by monopoly capital. In this way, income is steadily transferred from the lower rungs of the global economy to monopoly capital at the top. In short, the WTO regime constitutes a new stage of imperialism, in which monopoly capital holds hegemony over market rules in place of colonization. The WTO regime was devised under the initiatives of monopoly capital as a means to promote corporate globalization. The next task is to explore what corporate globalization has brought to society. The true nature of corporate globalization is expressed in its outcomes. Lenin characterized imperialism as a decaying stage of capitalism, owing to its unproductive character, which he described as rentier capitalism. The aim of this section is to show that corporate globalization too is nothing more than a decaying stage of capitalism. The IMF and the World Bank have occupied a central role in bringing developing countries into the fold of corporate globalization. Since the 1980s, under the IMF’s Structural Adjustment Program (SAP), more than 100 developing countries have been forced to adopt “open door” policies with respect to investment and trade (Chossudovsky 1997, 1998). Once the door has been pried open, large multinational firms—for instance, the major players of agribusiness and infra-business—are quick to extend their reach into the newly available markets. As a result, considerable damage results to the people of developing countries through, for example, loss of traditional industries like family farming and the privatization of hitherto public resources such as community water supplies. After the 1997 East Asian financial crisis, the IMF met with severe criticism for imposing neo-liberal based readjustment regimes on the afflicted countries. Nevertheless, the IMF has continued to adhere to a neo-liberal approach with respect to the global recession which is currently underway following the collapse of the housing bubble in 2008 (Weisbrot et al. 2009). The IMF’s Structural Adjustment Program was formulated as global rules by WTO agreements. Thus, neo-liberalism has become the predominant feature with respect to international rules on trade. Liberalization of trade policy amounts to nothing but the loss on the part of national governments of the policy space to govern. Developing countries need flexible tariff systems, quantitative import controls, and capital controls to protect their local industries. They also need policies such as local content controls and export subsidies to foster new economic development. WTO agreements prohibit or strictly limit the use of these industrial policies, in spite of the fact that these very same policies were employed to great effect by developed countries during their earlier stages of development. Deprived of this policy space, developing countries are easily brought under the governance of monopoly capital

**Their rhetoric of helping those in need is the Trojan Horse for neoliberal privatization which destroys healthcare and is a vehicle for imperialism.**

**Gatwiri et al 19** [(Kathomi Gatwiri, lecturer based at Southern Cross University where she teaches Social Work & Social Policy; Julians Amboko, finance and economics correspondent with the Nation Media Group; and Darius Okolla, Bachelor of Commerce - Finance degree, from Kenyatta University) “The implications of Neoliberalism on African economies, health outcomes and wellbeing: a conceptual argument” Soc Theory Health. 18(1): 86–101. 6-26-19, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7223727/>] TDI

Since the late 1980s, the sub-Sahara has been struggling to address the issues of inequality that have been inflated by neoliberal policies and capitalist development policies that focus on production of labour and little on the health and wellbeing of the “producers” of the said labour. Globally, the rolling out of neoliberal policies has led to a plethora of harmful socioeconomic consequences, including increased poverty, unemployment, and deterioration of income distribution (Rotarou and Sakellariou 2017; Collins et al. 2015). Hartmann (2016, p. 2145) states that “neoliberalism typically refers to minimal government intervention, laissez-faire market policies, and individualism over collectivism [which] has been adopted by—and pressed upon—the majority of national governments and global development institution.” She further states that “neoliberal policies have contributed to the privatization and individualization of healthcare, resulting in growing health inequalities.” By privatising healthcare, education, electricity, water and housing, neoliberals argue that private institutions are more capable, effective and efficient in providing social services. Harvey (2007) states that neoliberalism is “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, … free trade” and a “hands-off” approach from the government. This is what Friedman referred to as the system of “free market capitalism” (Friedman 2009). However, (Garnham (2017) argues that decreasing public spending and government involvement in the welfare of people through the rhetoric of choice and freedom has a harmful impact on people’s health and wellbeing. The biggest conceptual challenge is that neoliberal ideology adopts the language of freedom and choice, increased foreign investments, and open markets and trade to progress policies that lead to privatisation of basic needs such as education, healthcare, water, electricity and housing. The rich can often afford these services and can compete “fairly” in the “free market”, but the poor—unable to afford health care, education or decent housing—are left marginalised. Njoya (2017) explored the use of language in promoting inequality in the healthcare system. She argued that “neoliberalism uses the language of social policy and justice but [insidiously] drives a very corporate and unequal agenda.” Neoliberalism has radically shifted the African public health space in the last two decades. Most sub-Saharan African countries drastically reduced their healthcare budgets following the International Monetary Fund (IMF) and the World Bank Structural Adjustment programs (SAPs) directives. As Hartmann (2016, p. 2146) wrote, it “decentralized health care decision-making and funding, resulting in wide-scale privatization of health care services, delivery, and insurance, which led to structural segmentation and fragmentation.” SAPs have had myriad negative impacts on African economies, including, but not limited to, “inflationary pressures, the marginalization of the poor in the distribution of educational and health benefits and a reduction in employment” (Rono 2002, p. 84). As the main impetus of the SAPs was to reduce and ration expenditure, structural adjustment in the healthcare sector slashed public spending on primary healthcare, and aided the privatisation of health systems and services. In Kenya, for example, The Bamako Initiative of 1987 anchored cost-sharing as a central tenet of public health policy, in which patients were required to pay for nearly all costs of diagnosis and treatment (Rono 2002). Outside of an emergency, patients were required to provide proof of payment before medical services are availed. By channelling funding to narrow medical interests, structural adjustment policies resulted in an uneven medical landscape, with a few prestigious fields surrounded by poorly resourced departments. Clinicians had to tailor their decisions about treatment to the limited medicine, technologies and resources available. The increased number of private healthcare organisations, coupled with a significant reduction in the role of government in the provision of healthcare services, contributed to extensive negative outcomes on the quality, effectiveness, cost and access of health systems and services, which severely impacted on people’s wellbeing. Rotarou and Sakellariou (2017, p. 497) state that the private institutions, “with their focus on increasing profits, and not on providing affordable and good-quality healthcare, have led to the deterioration of public health systems, increase in urban–rural divide, as well as increase in inequality of access to healthcare services.” Privatisation of healthcare has made services more unaffordable and less available to the population of people that need it the most. As a result, life expectancy has stagnated or fallen in most African countries, and mortality from preventable infections and diseases continues to rise. Further to this, the politics of healthcare through a neoliberal lens are often framed as “individual” issues rather than “structural and ideological” issues. This implies that the neoliberal approach to health has diminished the idea of healthcare as a universal human right. Reframing, reshaping, rethinking and re-politicising healthcare reveals the colonial attitudes that dictate who “deserves” good healthcare. Njoya (2017) states, [Politicians in Kenya] come to the rescue of the poor by paying hospital bills but will not have a conversation about the fact that we the taxpayers are paying millions [worth of] medical cover for each of them and will not engage in a conversation about the underfunding of healthcare, and the looting of the little money given to healthcare. When [the] Netherlands and the UN are helping foreign companies purchase Kenyan hospitals, [they are] supporting our government’s deafness to [our right to basic healthcare] and [promoting their] refusal to fund public hospitals. The privatisation and buying out of African hospitals by foreign companies in an attempt to “help and rescue them” is a capitalist response that undercuts universal healthcare for Africans by appropriating the language of care and inclusion. In reality, this “white saviour approach” is layered with nothing but racism, disempowerment, exploitation of people, and exclusion of those who cannot afford those “privatised” services. Access to health services, therefore, remains both a political as well as a human rights issue that’s closely tied to social justice (Braveman and Gruskin 2003b); but Africa’s colonial history, fuelled by Western greed for her resources, promotes discriminatory policies that continue to impact Africans and their wellbeing.

**Neoliberal exploitation causes extinction but responses are biased**

**Guerin 19** (Fred – philosophy professor at Vancouver Island University, “We Must End Neoliberalism, or Neoliberalism Will End Us,” 11 August 2019, https://truthout.org/articles/we-must-end-neoliberalism-or-neoliberalism-will-end-us/)

It is this uncomfortable truth that inevitably raises the question: Why has neoliberalism succeeded so well? The answer is unsettling precisely because it implicates all of us — at least all of us who live in industrial capitalist countries. Even if we are not equally blameworthy in creating such a monstrous ideology, we have all, in some measure, been co-opted into accepting neoliberal capitalism’s false premises and promises. It is quite true that domestic and international economic and political structures that legitimize neoliberal capitalism are oriented by, and in the interest of, an elite corporate class. Yet in the wake of the [2007-200](https://en.wikipedia.org/wiki/Financial_crisis_of_2007%E2%80%932008)[8 financial crisis](https://www.history.com/topics/21st-century/recession) — the worst economic crash since 1929 — there has been no massive global uprising or any sustained call for radical institutional reform (with the exception of the short-lived grassroots [Occupy Wall Street](https://occupywallst.org/about/) movement, and to some extent, France’s [Yellow Vests](https://www.npr.org/2018/12/03/672862353/who-are-frances-yellow-vest-protesters-and-what-do-they-want) movement). Continuous rebellion and dissent leading to revolution has not happened because we appear to have tacitly bought into an ideology that ensures our own powerlessness to transform ourselves or our societies. The good news is that this is changing. In the last few years, many have become conscious of the fact that civilizational collapse as a consequence of human-caused climate disruption is directly attributable to an economic and political system that views the Earth and everything that lives on it as an inexhaustible means for individual and corporate profit. For the first time in human history, we are confronted by the near certainty of global ecological catastrophe and its resulting political and economic breakdown — not as a consequence of natural causes, nor the vengeful act of a deity, but as a result of deliberate human choice. The brutal reality is that the present world of neoliberal economics and politics simply could not have survived had we not gradually acquiesced to it. So how did this happen? The Beginnings of Neoliberal Thought Let’s begin with the following truism: When compared to more brutalizing regimes of dominance and militaristic authoritarianism throughout history, we do have a greater measure of freedom today. With the emergence of liberal social rights and the United Nations recognition and validation of international human rights after the horrors of two world wars, the corporate power elite and the governments that do their bidding implicitly understood that there would no longer be any toleration for political ideologies whose goal was to brutally repress human beings. So, the question for the latter was always how to ensure that the right class continued to be in a position of control and dominance, while at least providing the appearance of freedom and democracy for everyone else. First, what is required is the semblance of choice and economic power — an ersatz form of freedom realized through the mythical “self-organizing” and “self-correcting” “free market.” Free-market laissez-faire monopoly capitalism is expressly designed to counter any attempts by government to impose regulations on behalf of the public good that might impede profit, and to redefine citizens wholly as consumers. Human well-being is thereby reduced to a purely economic index. Secondly, what is required is the semblance of democracy by way of electoral representative politics organized and paid for by moneyed interests. Lastly, what is required is the semblance of liberal institutional arrangements (education, social security, health care, policing, environmental and labor regulatory bodies) that increasingly do not serve public interest, but protect and serve private profit and business interests. In conjunction with ersatz freedom of choice, democracy and the semblance of public institutions which appear to further or protect the public good, there is also what Havel might have called the semblance of liberal dissidence — those persons, regulatory bodies and political parties who make a pretense of fighting on behalf of the public good and in favor of health, labor and environmental rights, while continuing to forward a corporate rights agenda behind the backs of citizens. In the contemporary world, the corporate capitalist class and the neoliberal governments that do their bidding have been able to maintain the upper hand not through sheer force or brutality, but because they have gradually been allowed to corrode democratic institutions and eviscerate the commons and, therefore, any sense of mutual obligation and responsibility humans have toward each other. Neoliberalism and Instrumental Reasoning It is crucial to recognize here that modern capitalism from the 19th century emerged in tandem with a particular sort of instrumental reasoning — the sort of use-oriented reasoning that seems innocuous and practical because it enables us to “get things done.” When we want to realize a particular end — say, build a house or mend a fence, we reason in an instrumental fashion — that is, we calculate what we need to do in order to successfully realize an end or achieve a goal. Instrumental reasoning does not tell us why we value ideas such as justice, love, courage, or why we care about other human beings, other animals or the planet. It is not about understanding or valuing the world, but always about how to succeed at realizing a goal in the most orderly and efficient way. Modern bureaucracies and the administrative state are founded on instrumental rationality. However, when divorced from deeper human concerns about social and environmental justice, instrumental reasoning can become dehumanizing, hegemonic and, indeed, life-annihilating. Imperialist bureaucracies and Nazi death camps were grounded in a form of instrumental reasoning detached from any sort of deeper value-oriented rationality that might speak to notions of human rights or dignity. The goal of genocide was enacted through Nazi bureaucracy and enabled by instrumental reasoning that was orderly, precise, lawful and lethal. In the context of contemporary neoliberal capitalism, instrumental reasoning plays a pivotal enabling and legitimating role. If my end or goal is wealth or profit, then any means that will help me efficiently achieve this end is “rationally” acceptable, and even laudable. When this sort of instrumental reasoning is married to a capitalist theory of human nature that views human beings as egotistic, competitive self-maximizers, and a neoliberal theory of economics and politics based on imperialism, technical control and domination of the planet, it must inevitably displace any sort of deeper value questions about the quality of life, the well-being of human communities and health of the biosphere. From an instrumental reasoning perspective, we as a society have bought into the seductive discourses and practices of neoliberal capitalism by embracing the myths of individual consumer freedom and self-empowering entrepreneurship. The exercise of virtues that enable us to flourish as communities and nations are all jettisoned when instrumental reasoning and neoliberal capitalism become hegemonic. Even when we appear at times to resist the logic of unjust outcomes that goes with neoliberalism, or question its theoretical or moral legitimacy, the fact remains that our politics, mainstream newspapers and electronic media, schools of economics and institutional arrangements, have been infiltrated, disciplined and systemically reframed by neoliberal doctrine, and legitimated through utilitarian calculation and instrumental reasoning. Indeed, even the false mantra that “there is no viable alternative to capitalism” pervades modern thinking to such a degree that a wholly different kind of economics and politics has often seemed unthinkable to many. There is no need for brute force nor even overt forms of propaganda in such a world because the central presuppositions of neoliberalism have been normalized and mainstreamed in everyday society. Moreover, transnational corporate class interests are protected by private security and public police forces; they are fortified and universalized by international bodies, such as the International Monetary Fund and World Bank, corporate lobby groups, Chambers of Commerce, Business Councils and roundtables, neoconservative think tanks, corporate super PACs and nonprofit corporate front groups such as the American Legislative Exchange Council that draft legislation in the interests of corporations, and against environmental regulations, corporate taxation and labor rights. Given all of the above, any talk of revolution or even the notion of mass citizen uprising resistance or rebellion might seem to be nothing less than delusional. That is, until now. Neoliberalism Versus the Climate If there is one thing that history has made clear to us again and again, it is that no human construction is eternal, all-pervasive or invulnerable to change. Reality has a way of disrupting the status quo, messing up well-laid plans and invalidating conventional pieties. In the last 20 years, reality has asserted itself in a way unprecedented in human history. For the first time, we are imminently threatened as a species because we have chosen an economic and political system that treats the planet as if it were no more than a means for infinite exploitation and individual wealth, rather than a limited Earth that only conditionally provides the possibility for all forms of life. In an unprecedented way, what has come into focus today is both the limiting nature of instrumental reasoning and the life-destroying impact of neoliberal capitalism to which it is wedded. Climate disruption as a consequence of human-caused planetary warming has brought into sharp focus two stark and undeniable truths: For the first time in human history, we have put more than a million different species at risk of extinction including our own. The economic system of capitalism and its most recent neoliberal configuration is the principal cause of the present climate crisis that threatens human and other species’ survival. The growing recognition of the above truths has pressed us to finally ask deeper questions about what we really value: the quality of life, the well-being of human and other forms of life, the health of our communities and food systems, and the safety and dignity of persons in the context of massive climate disruption. For the first time, we are asking how is it that we have come to accept the kind of instrumental rationality and neoliberal economic and political system that not only dehumanizes us as individuals but will inevitably destroy life as we know it. Those who financially benefit from the system of neoliberal capitalism would have us believe that we cannot change or transform the world into a better, more equal, more caring, environmentally sustainable and responsible place. But the fact is there are individuals and groups emerging and multiplying around the world whose actions demonstrate the neoliberal capitalist worldview is no longer viable. They are doing unprecedented things: putting forth Green New Deals that forward new ways of thinking and doing economics and politics; investing in and building environmentally sustainable alternative energy systems and modes of transportation and agriculture; demanding food sovereignty; and promoting local forms of banking, governance and sustainable living. What has become apparent to the rapidly growing numbers who are building alternative ways of living is that capitalism must end. Historically, critiques of capitalism focused on worker alienation and exploitation, imperialism, profound disparities of wealth, market instability and the erosion of democracy. However, all of the latter pale in comparison to the critique of capital based on the very foreseeable potential it has to completely destroy the very conditions of possibility for life itself.

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