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#### Apocalyptic pandemic reps lock in a neoliberal risk society of anxiety and health inequality that spreads disease. Independently, the aff masks health neoliberalism by spreading vaccine arms races horizontally instead of vertically.

Mannathukkaren 14

(Nissim Mannathukkaren, Dept. Chair and Associate Prof. of International Development Studies @ Dalhousie University, “Pandemics in the age of panic,” November 22, 2014, <http://www.thehindu.com/features/magazine/social-media-should-be-a-positive-force-and-public-health-systems-should-focus-on-prevention-of-epidemics/article6624674.ece>)

\*Evidence is edited to correct gendered language\*

If natural disasters induce panic, so do pandemics. In recent years, we have seen a series of pandemics: AIDS, avian influenza, SARS and H1N1. Now, we are in the midst of an epidemic, Ebola, which — according to experts — can acquire pandemic proportions. Natural disasters and pandemics have existed in the pre-modern era as well but what is remarkable is that, in the modern era, the attitudes towards hazards — both natural and man-made — have drastically changed. Panic is the order of the day, especially in sanitised spaces of the developed West. Medical scholars, Luc Bonneux and Wim Van Damme, term panic itself as a pandemic.

As they point out, in 1999, Belgium slaughtered seven million chicken and 60,000 pigs when dioxin, a cancer-causing chemical, entered animal feed. Not one person died from dioxin poisoning. In 2005, the chief avian flu coordinator of the UN predicted that 150 million people could be killed by the flu. However, in 10 years, it has killed less than 400 people. The same apocalyptic predictions were made about BSE/CJD, SARS, and H1N1 as well.

Media coverage and the responses of governments and people to Ebola and recent pandemics tell us an important and paradoxical truth: we might be living in an era that is the apogee of human scientific advancements but this has not necessarily mitigated our fears and panic about potential dangers. This has led theorists to argue that we live in a ‘risk society’, a society that generates a lot of risks precisely because it is obsessed with, as the sociologist Anthony Giddens puts it, “the aspiration to control and particularly with the idea of controlling the future.” Traditional cultures did not have a notion of risk as diseases and natural disasters were taken for granted and were attributed to God or fate.

Interestingly, many of the risks in the modern era, as Giddens elaborates, are manufactured by the “very progression in human development, especially by the progression of science and technology.” Diseases caused by industrial pollution, natural disasters caused by environmental destruction, man-made disasters like Bhopal gas tragedy, Chernobyl and Fukushima nuclear accidents, and latrogenesis — adverse effects caused by medical intervention and modern medicines — are examples of these manufactured risks. In the U.S., scholars estimate that 2,25,000 deaths annually are due to latrogenic causes, and is the third leading cause of death after heart disease and cancer! Thus, science and technology itself generates new uncertainties as it banishes old ones and fear of the unknown cannot be eliminated by further scientific progress.

We have to read the coverage of, and response to, Ebola in this wider context of a risk society. Politics of fear, panic, and scaremongering are inevitable outcomes of such a society. Look at the panic around Ebola in the U.S., where so far not one citizen has died of the disease. A nurse returning after treating Ebola patients in Sierra Leone has won a court order against a mandatory quarantine order imposed by the state. Australia and Canada have imposed visa ban on citizens travelling from the affected countries, violating WHO’s International Health Regulations.

Renowned journalist Simon Jenkins argues that “we have lost control of the language of proportion” in responding to Ebola and other pandemics. Similarly, other journalists have severely criticised the media’s coverage of Ebola. The scaremongering is seen in absurd and irresponsible statements like Ebola is ‘the ISIS of biological agents!’ One major responsibility of the mainstream media, other than providing detailed and proper information about the disease itself, is to enlighten the public about the socio-economic and political conditions that govern health and healthcare systems in various societies, which in turn impact the origin and spread of pandemics. Without educating the public about the root causes that condemn the poorer parts of the world to bear the brunt of global pandemics, the media becomes a handmaiden of the powers — developed countries and pharmaceutical corporations — that control global health.

This lack of knowledge about larger forces also adds to risks and the resultant panic. Thus, in the 2009 H1N1 pandemic, the media’s role in the investigation of allegations of whether it was a false pandemic was nothing to be proud of. The head of health at the Council of Europe had raised questions about the role of pharmaceutical corporations in the declaration of H1N1 as a pandemic. Later, an investigation by the British Medical Journal found that medical experts advising WHO on H1N1 had financial ties with pharmaceutical companies producing the vaccine for the pandemic. As all the developed countries stocked up on the vaccines, reportedly, the pharmaceutical companies made profits ranging from $ 7-10 billion.

In this context, the media’s role in the coverage of pandemics raises questions. Where are the stories in the media about the lack of vaccines for Ebola, 40 years after the disease emerged? Or about the drug firms now in the race to produce a vaccine (the share prices of one of the companies ahead in the race have shot up exponentially)?

While certain prominent Western media houses have definitely pushed the panic button with regard to Ebola, the hard data about the overall coverage as studied by the Foreign Policy magazine indicates that it is not the case. But this study is merely restricted to the English language coverage. Further, the mainstream media has failed miserably in countering the serious issue of the racialisation of Ebola (as with AIDS before) as an African disease caused and spread merely by its cultural practices.

In a risk society, we have to confront new unknowns too, like social media and its impact. One media source called Ebola ‘the first major outbreak in the era of social media’. But, in the coverage of the outbreak, social media has reportedly been a negative force spreading misinformation and rumours that, in some cases, even led to deaths due to dangerous treatments administered.

#### Disease surveillance enhances inequalities of social and labor mobility.

Sparke & Anguelov 12

(Matthew Sparke, Professor of Geography and International Studies at the University of Washington where he also serves as the Director of the undergraduate program in Global Health, Dimitar Anguelov, “H1N1, Globalization and the Epidemiology of Inequality” *Health and Place*, 18, (2012): 726–736)

The transformations in traditional state health surveillance represented by the Outbreaks Near Me app went further than this. It not only indexed a societal challenge to the formal scientific surveillance role traditionally reserved for the state in mapping the movement of disease in space. By being wired to other online technologies such as Google Flu Trends Tracker, the challenge to traditional public health surveillance by the state was also about time as well space. The Google tool uses algorithms based on correlations between specific search query entries and historic state surveillance data to generate speedier real time ‘syndromic surveillance’ than state agencies can provide with their dependence on the lab-testing of swabs taken in clinics (Ginsberg et al., 2009). Critical empirical questions have subsequently been asked about the accuracy of Google Flu Trends’ algorithmic surveillance results (Ortiz et al., 2011). Nonetheless, there can be no doubting that the need for speed indexed by both the Google tool and the Outbreaks Near Me app illustrate a very real interest on the part of technology companies in providing their consumers with accelerated as well individualized access to information. In this sense, these so-called neo-geo technologies were also simultaneously serving as neoliberal technologies too: technologies that reflect the wider neoliberalization of citizenship, and which as such are not aimed at national citizens or national health administrators in the manner of traditional public health communications, but rather targeted more narrowly at the kinetic elites of a hyper-mobile and, for the elites at least, post-national global era (Mitchell, 2004, 2007; Sparke, 2009b).

The wealth inequalities associated with the market-led neoliberalization of citizenship more generally have led to the development of many other technologies geared to servicing the mobility needs of the business class. Like the systems that use biometrics to facilitate fast-track clearance at borders and airport checkpoints, the privatization and individualization of high-speed disease surveillance also represents an adaptation of state administration in the interests of making space more navigable for a subset of privileged consumers who can afford the technological fast lanes and VIP services (Amoore, 2009; Ha ̈ kli, 2007). And precisely because they use expensive biometrics and biosecurity technology to manage risk, these developments have not only elevated a form of twenty-first century neoliberal citizenship over twentieth-century liberal citizenship – a transformation which we can theorize following Foucault (2008) as the privileging of personalized forms of ‘biological citizenship’ over collective ‘biopolitical citizenship’ (Rose and Novas, 2005) – they have also at times directly undermined collective health citizenship too. It maybe because of the effects of liberalized mobility on the traditional sanitary borders of the nation-state, or it maybe because public health budgets are redirected to pay for the risk-managing technologies designed to pre-clear the privileged, but in these and other ways, the promise of biological risk management for a class of privileged, albeit neurotic, biological citizens is predicated on the exclusion and heightened vulnerability of others (cf. Budd et al., 2011; Isin, 2004; Braun, 2007; Sparke, 2004, 2006b).

Beyond all the challenges to traditional national-state biopolitics, yet another feature of the unequal risk management opportunities made manifest by H1N1 related to what people were able to do with the fast flows of information coming from state and non-state agencies alike. On the one side, the idealized fast track consumers of the Outbreaks Near Me app could simultaneously link online to other mapping tools geared to providing information on where to find local pharmacies and clinics with a reliable supply of vaccines. On the other side, the risk management options available to working class citizens suffering from flu symptoms were instead reduced to the very opposite of internet- enabled enclaving: namely, going to work sick. In contexts where sick leave options have been widely curtailed by the neoliberalization of the labor market – including innovations in post- Fordist flexibility such as ‘temping’ – workers with influenza had little choice but to go to work and share their illness with others (cf. Major, 2008). ‘‘Glynndana Shevlin awoke Oct. 30 with a runny nose and scratchy throat, worried she might have the flu,’’ reported the LA Times.

‘‘But the full-time food and beverage concierge at the Disney- land Hotel in Anaheim has no paid sick days, and if her absences stack up, she faces discipline. So like many others in the service industry, Shevlin, 49, weighed her options and reported to work sick’’ (Hennessy-Fiske, 2009).

The widespread lack of sick leave at the bottom end of America’s highly unequal labor market in turn undermined the administration’s announcement that the flu’s status as a national emergency meant that all citizens should stay home when ill. And addressing these contradictions in the US Congress, Senator Chris Dodd suggested to fellow lawmakers that the economic plight of 57 million Americans without sick leave had put the US in a similar situation to some of the world’s poorest countries (international inequalities here being invoked rhetorically by Dodd to underline the dangerous impact of inequalities within the US). ‘‘We’re in the company – and I say this respectfully of these countries – of Lesotho, Liberia, Papua-New Guinea and Swaziland. Those countries and the United States are the five that don’t have paid sick leave,’’ Dodd said (quoted in AFP, 2009). What Dodd did not say, but something that could have been easily added to his argument, was that another more biomedical form of risk management was also limited in the US for some of the same reasons as it was radically curtailed in poor countries globally: namely the use of vaccines and anti-virals.

#### Health neoliberalism causes extinction and globalized structural violence.

Sparke 16

(Matthew Sparke is Professor of Geography, International Studies and Global Health at the University of Washington, USA, where he also serves as the Director of Integrated Social Sciences, “Health and the embodiment of neoliberalism: pathologies of political economy from climate change and austerity to personal responsibility,” in *The Handbook of Neoliberalism*, pgs. 237-247)

Neoliberalism is commonly understood in terms of the expanding global influence of disembodied market forces and rationalities. However, unlike the invisible hands and competitive calculations it unleashes on the world, neoliberalism’s implications for health are neither intangible nor abstract. Instead, they are materially embodied in ways that are deeply consequential for life and death (Navarro 2007). Evoked in book titles such as The Deadly Ideas of Neoliberalism, Dying for Growth, Sickness and Wealth, Infections and Inequalities, Pathologies of Power, Blind Spot, and, in the aftermath of the 2008 financial crisis, The Body Economic: Why Austerity Kills, neoliberalism and associated forms of inequality, austerity and precarity have been tied by health scholars to a vast variety of embodied suffering, disease-vulnerability and low life expectancy right across the planet (Rowden 2009; Kim et al. 2000; Fort et al. 2004; Farmer 2001, 2005; Keshavjee 2014; Stuckler and Basu 2013). Rallying against these lethal links, a gathering of the World Social Forum in Tunis in 2015 recently concluded that today’s global crises in health, health services and social protection are ‘in fact the consequence of neoliberal politics globally’ (WSF 2015). Meanwhile, amid all the crises, individuals are also now routinely told that their health is simply their own responsibility, a form of resilience that will only endure if they invest in it with the same individualistic and entrepreneurial prudence that is the trademark of personalized neoliberalism more generally (Brown and Baker 2012). As a result, all sorts of embodied health challenges – hunger and obesity being two especially physical examples – are repeatedly recoded as personal management problems even as they embody neoliberal socio-economic developments in society at large (Carney 2015; Guthman 2009).

How then can we better theorize the processes through which neoliberalism becomes embodied in health? While the ill-effects of neoliberal policies and practices have been spreading across borders like an infectious outbreak, neoliberalism is clearly not a biological disease agent itself. Even if it is conceptualized as an epidemic in terms of transnational health impacts, its extraordinarily diverse sequelae do not constitute a singular medical syndrome (Schrecker and Bambra 2015). The etiologies of illness involved are extremely complex, multi-causal and as geographically uneven as they are historically and economically interconnected (Labonté et al. 2009). Whether it is the global consequences of the cutbacks in health care caused by neoliberal austerity, or the impact of business deregulation, privatization and user fees introduced in national neoliberal reforms, or the everyday destabilization of communities caused by increasing income inequalities, social insecurity and environmental deterioration, the varieties of experiences, processes and time-space scales to consider are extremely heterogeneous. And then, on the other side of the ledger, there are the health benefits claimed by the privileged for neoliberal innovations in personal risk management, customized medicine, medical tourism and pharmaceuticals – benefits that also sometimes come with increased risks for others such as organ donors and experimental subjects recruited for drug trials in poor countries (Parry et al. 2015; Sparke 2014). Across such a wide range of economic, political and social life, ‘neoliberalism’ – the term – means many different things. Thus before proceeding here to offer a survey of research on the health outcomes that can be diagnosed as embodiments of neoliberalism, this chapter begins by first unpacking what the term means and how we can best theorize its ties to health.

Defining neoliberalism in relation to health

Put most simply, neoliberalism names a way of governing capitalism that emphasizes liberalizing markets and making market forces the basis of economic coordination, social distribution, and personal motivation (Sparke 2013).At a macro scale these developments can be seen as comprising ‘neoliberal governance’, a set of governmental norms including privatization, business deregulation, and trade liberalization, that reconstitute politics in the shape of the market and repurpose the state as an entrepreneurial actor that governs through proliferating public–private partnerships in the interests of business classes and global investors (Brown 2015; Harvey 2005). At a more intimate scale of personal behaviour it becomes ‘neoliberal governmentality’, a suite of practices in which individuals across a much wider set of social classes are enlisted into becoming competitive agents who invest in their human capital as entrepreneurs and who reimagine the meaning of their lives, citizenship and individuality – including their personal health – as calculating consumers constantly comparing metrics of ownership, mobility and social ranking (Brown 2015; Dardot and Laval 2013; Lemke 2001). And at once enabling and mediating developments across these different scales, neoliberalism is also a set of economic-turned-political ideas: ideas (like von Hayek’s view of health as just another consumer choice) that keep evolving as adaptive and protean yet hegemonic common-sense about market norms and necessities, and ideas that thereby continue to inspire both the macro policies and micro practices of neoliberalization in different ways in different places (Gaffney 2014; Mirowski 2013; Peck 2010). All these accounts of neoliberalism are useful, but, as has been widely cautioned (including by many of the authors cited above), each one risks turning the term into a singular and seemingly inevitable metanarrative when divorced from attention to the historical-geographical circumstances in which neoliberal ideas and discourses actually shape assemblages of neoliberal governance and governmentality (Ong 2006; Sparke 2006; Springer 2012). This is precisely where studying neoliberalism in terms of embodiment becomes so critical, offering a way of coming to terms with how all the global-to-local processes of neoliberalization come together materially to condition and, too often, to shorten and diminish human life.

Not surprisingly, scholars of health have already led the way in reconceptualizing neoliberal- ism in terms of embodiment.They are not all necessarily informed directly by the account of illness as ecosocial embodiment offered by epidemiologist Nancy Krieger (2001, 2005; but see Birn et al. 2009). All sorts of other ecologies and ‘epidemiologies of inequality’ have been charted as well (Heggenhougen 2005): some stressing the ties between ill-health and the high in-country inequalities created by neoliberal reform (Wilkinson and Pickett 2009; De Vogli, Schrecker and Labonté 2013); others surveying the severe constraints placed on poor country primary health care, health services and, more recently, on health systems strengthening by the structural adjustments and neoliberal austerity imposed by international finance and its polit- ical representatives (Birn and Dmitrienko 2005; Gloyd 2004; Kim et al. 2000; Pfeiffer and Chapman 2010); others highlighting in turn the complex biosocial mechanisms through which everything from dam-building to user fees, curtailed drugs programmes, and other structural adjustments materialize as structural violence on the poor (Farmer 2005; Farmer et al. 2013); and yet others identifying the particular routes through which poor people’s bodies, blood and bio- logical material have been turned into new molecular frontiers for capitalist growth amid the crises and speculative leaps of neoliberal globalization (Cooper 2008; Crane 2013; Rajan 2007). These varied epidemiologies are informed in turn by varied analyses of the pathways through which neoliberalization comes to be embodied. Some stress the transfer mechanisms of neolib- eral ideas through international financial institutions, free trade deals and NGOs (Labonté and Schrecker 2007; Rowden 2009; Keshavjee 2014). Others emphasize the class interests and policy reforms of neoliberal governance, including health services privatization (Navarro 2007; Schrecker and Bambra 2015; Schwiter et al. 2015). And yet others address the prudential risk- management practices of neoliberal governmentality, whether as they are practiced by consum- ers of personalized medicine in privileged contexts (Brown and Baker 2012; Lupton 2015), or as they are extended, however unevenly and incompletely, to aid enclaves of therapeutic citi- zenship in desperately poor contexts (Ngyuen 2010).

The main focus in what follows is on the pathways that can be addressed in terms of conditionalization, including under this heading the diverse developments through which neoliberalism in macro political-economic governance has become embodied in various forms of premature mortality and morbidity. Given limited space, less attention is paid here to the various forms of personalized responsibilization through which more micro modes of neoliberal governmentality have come to be embodied in individual experiences of risk and biomedical self-management. However, by way of a conclusion, the last part of the chapter points to how both conditionalization and responsibilization are increasingly coming together to shape contemporary global health formation: the formation of a field of research, intervention and outcomes in which we see micro neoliberal innovations in personalized health risk management frequently being advanced as answers to the destructive legacies of macro neoliberal structural adjustment. It is a field in which neoliberal market failures are at once acknowledged and contested even as neoliberal assumptions still strongly shape the ways that corrective counter-measures to the legacies of neoliberal structural violence are imagined, assessed and defended (Kenworthy 2014; Mitchell and Sparke 2016). But to understand the global health problems in poor countries that corrective global health interventions are designed to address we first need to come to terms with the ways in which embodied experiences of health have been structured by neoliberal conditionalization.

Neoliberalization as global political-economic conditionalization

Last year, our imperfect world delivered, in short order, a fuel crisis, a food crisis, and a financial crisis. It also delivered compelling evidence that the impact of climate change has been seriously underestimated. All of these events have global causes and global consequences, with serious implications for health. They are not random events. Instead, they are the result of massive failures in the international systems that govern the way nations and their populations interact. In short: they are the result of bad policies.... In far too many cases, economic growth has been pursued, with single-minded purpose, as the be-all, end-all, cure-for-all. The assumption that market forces could solve most problems has not proved true.

(Margaret Chan 2009)

She did not use the word neoliberalism itself, but, in 2009, in one of the most critical speeches ever made by a Director General of the World Health Organization, Margaret Chan delivered a damning diagnosis of the effects of neoliberal policy-making on health outcomes around the world. At the centre of the ‘bad policies’ she targeted for critique in this way was the single- minded pursuit of economic growth, and her subsequent references to globalization, market forces, and trade liberalization indexed, in turn, wider neoliberal developments as the underlying causes of the widening global crises. Coming on the heels of the 2008 global financial crisis, Dr Chan thereby summed up a widespread realization that the neoliberal norms tied to market-led global growth were creating massive problems of inequality, volatility and precarity. ‘Something,’ she said, ‘has gone horribly wrong.’

Dr Chan’s diagnosis was by no means just a rhetorical response to a bad year. It built upon a comprehensive assessment of the WHO’s own Commission on the Social Determinants of Health, which had already reached similar conclusions collected together in a report that was published in 2008 before the full scope of the global financial crisis even became clear (WHO 2008). ‘Social injustice is killing people on a grand scale,’ announced this report (ibid.: 26).And, as well as presenting voluminous data to buttress their critique, the commissioners also sought to chart some of the pathways of causal connection linking high mortality and morbidity around the world to the structural force of neoliberal policies and associated economic impera- tives. The report also did not use the term ‘neoliberalism’. It only showed up once in a reference to an online paper on uneven health outcomes and neoliberalism in Africa (republished as Bond and Dor 2007). But as they endeavoured to describe the market-made and market-mediated ‘structural drivers’ that set the conditions in which people ‘are born, grow, live, work, and age’, and as they documented how these political-economic forces are experienced and thus embodied as ill-health, the commissioners effectively underlined a form of conditionalization linked to globalization that others would clearly recognize as neoliberalization. ‘This toxic combination of bad policies, economics, and politics’, they argued, ‘is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible’ (WHO 2008, 26).

Irrespective of the terminology used, one of the most useful lessons of the analyses offered by the WHO chief and the 2008 WHO report on the social determinants of health is their focus on the processes of conditionalization through which global structural forces become embodied in health outcomes. ‘Conditionalization’ is a useful term to employ here for two reasons. First of all, it indexes the many indirect ways through which neoliberalization around the world has set the basic conditions in which people strive to live their everyday lives. Conditioning connects in this way to vital processes of social reproduction, as well as communicating as a verb – ‘to condition’ – how living conditions, in turn, become embodied in people’s health. Inequality, financial volatility, and the so-called ‘race to the bottom’ tendencies associated with the relentless global competition for investment and jobs are all important aspects of neoliberal health conditioning in this respect, as too are the massive challenges of climate change, pollution, and food and water insecurity, all of which have been further exacerbated by market liberalization and associated efforts to attract and accommodate business interests globally. More directly, the second reason for using the term ‘conditionalization’ is that it also points to the very specific neoliberal policies known as ‘conditionalities’ comprising the rules imposed on poor countries around the world by the IMF,World Bank and US Treasury Department as conditions for sup- port with debt management from the debt crises of the 1980s onwards. Also known as the ‘Washington Consensus’, the rules of conditionality – rules that included privatization, trade liberalization, financial deregulation, austerity, cuts to health programmes, user fees for health services, cuts to food and fuel subsidies, and diverse experiments in export-led development – constituted the main components of the so-called Structural Adjustment Programmes or SAPs administered by the three agencies based in Washington, DC. These same SAPs have subsequently become the subject of a powerful set of critical studies documenting the structural violence and suffering that structural adjustment imposed on societies across the global South, violence and suffering that has, in turn, been embodied in a whole series of diminished health outcomes (Pfeiffer and Chapman 2010). Let us now examine these contextual and structural patterns of health conditionalization in more detail, starting with the most generalized and global conditioning affect of all: namely, climate change.

Neoliberalism and the contextual conditioning of health

Climate change is viewed by many health scholars as ‘the biggest global health threat of the 21st century’ (Costello et al. 2009). Even if the ties to neoliberalization are not always noted, the health risks of climate change can also, in turn, be examined as being increased and intensified by neoliberal developments globally (Goodman 2014).The freeing-up of market capitalism has undoubtedly freed-up additional carbon as gas and put it straight into the atmosphere, creating the basic conditioning effect – the greenhouse effect – needed to create anthropogenic climate change. The liberalization in neoliberalization takes on a whole new meaning in this regard. As Naomi Klein puts it, ‘the liberation of world markets, a process powered by the liberation of unprecedented amounts of fossil fuels from the earth, has dramatically sped up the same process that is liberating Arctic ice from existence’ (Klein 2014: 20–1). These liberalization links noted, it would be mistaken simply to blame neoliberalism alone for climate change.The Keynesian welfare-state capitalism of the pre-neoliberal West was itself the world’s greatest greenhouse gas generator until market-led globalization brought developing countries into the club of big carbon emitters. Looked at like this over longer time-spans, economic development based on energy supplied largely in the form of fossil fuels was always going to lead to the greenhouse effect. Neoliberalism has undoubtedly accelerated the process and enabled recent phenomena such as fracking and tar sands exploitation by blunting government regulation of energy corpo- rations and legitimating new norms for extractive development (Finewood and Stroup 2012; Preston 2013). But, many other older aspects of global development have been contributing to carbon build-up for far longer.

Pre-neoliberal pollution noted, when it comes to how climate change impacts human health, and how societies might mitigate or adapt to the dangers, neoliberalism makes a very big difference indeed (Fieldman 2011). As Klein underlines, ‘we have not done the things that are necessary to lower emissions because those things fundamentally conflict with deregulated capitalism’ (Klein 2014: 18). Mitigation has thereby been repeatedly mitigated, leading to a series of dead-ends in global climate negotiations from Kyoto to Copenhagen to Cancún to Durban (Bond 2012a).The same economistic appeals to the inevitability of market logics that have helped to naturalize neoliberal globalization have also helped in this way to make shifts away from carbon-intensive energy production seem impossible to political elites. As a result, whatever worries endure about climate change are generally transformed into new market-friendly and market- mediated ‘adaptive’ opportunities through developments such as carbon credit markets, weather derivatives, patented climate-ready crops and public forest land grabs privatized as carbon sinks (Bond 2012b; Cooper 2010; Dempsey and Robertson 2012). Thus the dominant neoliberal response to climate change has been to focus on the depoliticizing development of so-called resilience, turning market tools and techniques for risk management into new climate adaptation products for those who can afford to invest in insurance and insulation from the most health-threatening implications of climate change (Bracking 2015; Felli 2015; Gilbertson and Reyes 2009; MacNeil and Paterson 2012; Parr 2015). And far from the centres of financialized climate adaptation, the bodies of the poor are simultaneously left vulnerable under neoliberalism to the floods, storms, desertification, droughts, heat waves, and disease outbreaks that the Inter- national Panel on Climate Change describes as being created or worsened by climate change, as well as all the associated shortages of reliable food and secure water supplies (IPCC 2014).

The hazardous contexts for human life created by deregulated risk-evading industry impose risks on human health through more than just greenhouse gas emissions (e.g. Mudu 2009). There are many other health-damaging ecologies ensuing from the ways in which the neoliberal competition to attract and retain investment globally has led to diminished controls over corporate activities ranging from power generation to farming, fishing, logging and mining to chemical and pharmaceutical production to the management of food and workplace safety. Ocean acidification, aquifer depletion, overfishing, biodiversity loss, and carcinogenic chemical exposure all threaten the ecological systems that support the reproduction of healthy human bodies, and they are all intensified by neoliberalization (Castree 2010). Similarly, the ‘race to the bottom’ on (and for) factory floors created by the creation of the increasingly neoliberal global division of labour (i.e. competitive, contingent and highly precarious ‘flexible’ labour markets) has led to the sidelining of occupational health and safety protections as well as to the undermining of unions and the historic health and pension benefits secured by collective bargaining (Mogensen 2006). The deaths and injuries of workers through hyper-exploitation, suicide, factory fires, building collapses and other industrial disasters are, in this sense, just the most egregious embodiments (indeed disembodiments in some cases) of more pervasive tendencies towards increasing work-related stress, vulnerability and ill-health (Baram 2009; Ngai and Chan 2012). Most vulnerable of all, the precarious sub-citizenship of poor migrant workers in today’s global economy – many of them forced into migration by the impact of neoliberalization on domestic economies – leads directly to broken bodies, painful insecurities and, as Megan Carney puts it in her powerful analysis of the food insecurity facing women migrants on both sides of the US– Mexican border, unending hunger (Carney 2015; see also Holmes 2013).

While many workers suffer injury and deprivation in labouring to produce food and other consumer goods and services for the global economy, another way in which workers’ bodies come to embody neoliberal precarity is as consumers too. The free market deregulation of cor- porate activity and other policy shifts away from social welfare protection put populations at increased health risks by exposing consumers, and especially poor and poorly educated consumers, to an increasingly inescapable ‘corporate-consumption complex’ (Freudenberg 2014). Freudenberg’s name for this hybrid assemblage of business interests and networks also underlines – with its echo of the military-industrial complex – the huge importance of public health research into the dangers posed to consumers by industries ranging from alcohol, tobacco and fast food to firearms, petrochemicals and pharmaceuticals (Mercille 2015;Wipfli and Samet 2009). With the increasing globalization of the corporate consumption complex we also return to a form of public health conditionalization highlighted by WHO Director Chan in her account of the rising chronic disease and non-communicable disease dangers associated with market-led devel- opment. Unfortunately, though, such structural conditioning is simultaneously being down- played in individualistic approaches to behavioural responsibilization in public health, approaches that focus on cultivating healthy consumer ‘choices’ and which constitute a form of neoliberal governmentality that is now travelling transnationally to many of the same consumers being chased by global corporations themselves (Cairns and Johnston 2015; Hughes Rinker 2015; Ormond and Sothern 2012; Parry 2013; Sun 2015). While these micro neoliberal approaches have been theorized as bringing opportunities for customized medicine at the molecular level, and while it is suggested that this new biological citizenship comes without the racial exclusions and other biases of national twentieth-century biomedicine, empirical studies show that they often contribute to personal shame and guilt that leads in turn to the denial of structural conditioning and related forms of vulnerability and dependency (compare Rose 2007, with Eliason 2015; LeBesco 2011; Peacock et al. 2014; and Wehling 2010).Thus, insofar as this per- sonalized neoliberal individualization of risk management obscures the socialized neoliberal production of heath risks, it presents what Sara Glasgow and Ted Schrecker usefully refer to as ‘the double burden of neoliberalism’ in global public health (Glasgow and Schrecker 2015).

#### The alternative is to adopt a social medicine approach to health.

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Latin American social medicine depicts a distinct and long strand of theorizing of health systems that challenges the liberal capitalist organizing of health, grounded in the organizing principles of social medicine and noting [END PAGE 231] that changing the overarching structures is central to transforming the conditions of poor health (Waitzkin, 1991, 2011; Waitzkin & Modell, 1974). That health is constituted within broader social conditions is the basis for research, teaching, clinical practice, and activism in socialist medicine, with early roots in Latin America. Social medicine thus connects health, healing, and health care delivery to the politics of social change and structural transformation, clearly voicing an activist agenda directed at transforming the unequal social conditions.

One of the earliest influences of social medicine was evident in the work of the medical student activist Salvador Allende, who would later become the president of Chile. In his book The Chilean Medico-Social Reality, Allende (1939) outlined the social conditions in Chile that resulted in poor health outcomes, emphasizing the broader conditions of foreign debt dependence, underdevelopment, international dependence, and resource consolidation in the hands of the local elite. Proposing social rather than medical solutions to health, Allende emphasized “income redistribution, state regulation of food and clothing supplies, a national housing program, and industrial reforms to address occupational health problems” (Waitzkin, 2011, p. 160). In his political life, Allende sought reforms in the Chilean national health service, complemented by reforms in the housing and nutrition areas, efforts at national income redistribution, and minimizing the role of multinational corporations.

The individualized model of public health that sees health and illness as a dichotomy is interrogated by the framework of social medicine that suggests that health and illness exist in a dialectical relationship that is dynamic and is continually shifting on the basis of social conditions, structures, cultural practices, economic production, reproduction, marginalizing practices, and processes of political participation. Thus, interventions in social medicine point toward the necessity for transforming the underlying relationships of production and resource distribution, resisting the public health narrative of interventions as mechanisms for improving economic productivity. Taking a social-class-driven approach to health inequities, Latin American social medicine sees the problems with health being situated within means of economic production, patterns of ownership of means of production, and control over productive processes. Therefore, health is approached from the framework of transforming the processes of economic production and labor processes.

The dominant framework of health as integral to growth and economic productivity is questioned by the framework of social medicine that situates the relationship between health and illness amid the very processes of economic organization, distribution of economic resources, and the pervasive effects of social class on health services and health outcomes. [END PAGE 232] The innovations in organizing of health structures in Chile, Cuba, Mexico, Bolivia, and Venezuela offer invaluable insights about the possibilities of alternative organizing that seek to redo the entire structure of social organizing that constitute health. The strong health indicators in Cuba demonstrate the effectiveness of a health system that is committed to addressing the structural determinants of health, creating equitable contexts for the realization and delivery of health (Campion & Morrissey, 2013). Social medicine research has looked at the relations among work, reproduction, the environment, and health, describing in-depth the material conditions that constitute health. For instance, researchers studying health in Mexico within the context of unions and local communities have documented health problems that relate to work processes and the environment. Similarly, researchers in Chile have documented the relations between gender, work, and environmental conditions. A key strand of social medicine examines the relationship between violence and health, connecting violence to poverty, the structures of organizing, and the inequities in ownership of processes of economic production. Investigations of violence attached to the U.S.-supported dictatorship in Chile, the violence connected to narcotics traffic and paramilitary operations, and the violence within the broader structures of the state-imperial networks draw linkages to the broader political economic configurations of neoliberalism.

Emerging from the broader framework of social medicine, the Barrio Adentro movement in Venezuela, started by former president Hugo Chavez, offers insights into structures and processes of alternative organizing of health, connecting local community structures, community ownership, and community solutions with state infrastructures and state-driven public health resources and solutions (Briggs & Mantini-Briggs, 2009; Muntaner et al., 2006; Waitzkin, 2011). The state-driven referendum by the Chavez government to create public health infrastructures and structures of delivery of integrated family medicine, build preventive infrastructures, and develop community health resources in extremely marginalized communities is supported by massive mass-based participation in popular politics and widespread community participation in developing local community infrastructures, community-based resources of problem solving, and community decision-making capacities. The community health centers built within the barrios serve approximately 250 families and are staffed with one integrated family care doctor, one community health worker, and one health promoter. The community health centers are stocked with medical supplies. The health team not only provides health care but also conducts health surveys in the communities and makes home visits for patients that are too ill to travel to the health centers. The Barrio Adentro is integrated with other missiones addressing education, food insecurity, housing, and [END PAGE 233] unemployment, addressing health within a broader structural context (Muntaner et al., 2006). Local community participatory processes are connected with state-driven processes of building community health infrastructures at the local level.

The narrative of Barrio Adentro offers an alternative to the neoliberal narrative of the community in mainstream health communication and yet is marked by its absence from disciplinary discourses. Similarly, social medicine and its tradition of addressing the structural contexts of health is marked by its absence from the dominant discourses of health communication. A review of the two major collections of health communication scholarship, The Routledge Handbook of Health Communication and The Handbook of Global Health Communication, depicts the marked absence of the Latin American innovations of social medicine from the discursive space. Opportunities for resistance to neoliberal organizing of health structures and the invitation to imagine alternative possibilities is grounded in materially grounded concrete politics of popular participation in supporting state policies for building public health and health care infrastructures, complemented by local processes of participation in the creation of health solutions.

#### Rhetorical framing is relevant for the plan’s effects. Their health neoliberalism ensures the market receives priority over optimal health outcomes.

Keshavjee 14

(Salmaan Keshavjee, associate professor in the Department of Global Health and Social Medicine and Department of Medicine at Harvard Medical School, *Blind Spot: How neoliberalism infiltrated global health,* pgs. 134-135)

In his analysis of a failed development program in Lesotho, anthropologist James Ferguson (1994) suggests that the most important thing about a development project may rest not in what it fails to do but in what it achieves in failure: its side effects.47 Quoting Michel Foucault’s analysis of the prison system, where Foucault asks, “What is the use of these different phenomena that are continually being criticized?” Ferguson argues that repeated failure allows us to speak about a logic that transcends the program being implemented. In Foucault’s language, this is the space of discourse, or what he calls power/knowledge.48

Though NGOs were the vehicle William Douglas proposed as the transplanting mechanism, in truth what matters is the policy itself—its exposure to the light of day in places where it had hitherto been unimaginable and alien. The policy itself is the vehicle of change; it is the ideological underpinnings of the policy and not the specific health project (nor the organization) that is being funded. In this case, a policy cloaked in an ostensibly neutral technical activity to which nobody could object—mechanisms for ensuring a steady supply of medicines at a moment of profound vulnerability—had been used to introduce a set of ideas targeted at transforming expectations between citizen and state in Badakhshan, Tajikistan, Central Asia, and beyond.

On a broader level, this very local example explains why the Bamako Initiative, though it had failed to meet its health goals in a number of settings, was funded and replicated again and again in many parts of the world. And though, as Ferguson and Foucault suggest, repeated failure reveals the discursive forces behind the intervention, the programs themselves—as global health interventions likely based on the best of intentions but steeped in the ideological rather than the phenomenological— fall into the trap of neoliberal programmatic ~~blindness~~. That is to say, because of the ideological underpinnings, which frame the behavior of the donor as well as the recipient in everything from the application for money to the evaluation of the project, the service delivery objectives of the project get lost.

For health projects, the best outcome is to stem the spread of disease and prevent morbidity and mortality. Optimal outcomes may involve the state delivering care, or private markets, or both. However, when policies are driven by a neoliberal agenda—when a medical intervention is used as the means for enacting a broader ideological goal of changing the nature of the state and its relationship with citizens—then the purported outcome of delivering care and improving health, even if measured, becomes less relevant. This may be one reason why it took many years for policy makers in the West to realize that levying user fees on the sick poor has resulted, in many cases, in excess morbidity and death. Instead, the empirically unsupported neoliberal belief that participation in the market is an economic form of political democracy takes precedence.

### 1NC – DA

#### Biotech R&D is set for high growth and investment now

NASDAQ 8/9 [NASDAQ is a stock market index that includes almost all stocks listed on the Nasdaq stock exchange. Along with the Dow Jones Industrial Average and S&P 500, it is one of the three most-followed stock market indices in the United States. This article was written by NASDAQ contributors and published on CNBC. The editorial staff of CNBC did not contribute to the creation of this study.) “Why the Nasdaq Biotechnology Index is poised for a run of sustainable growth” CNBC, NASDAQ, 8/9/2021, <https://www.cnbc.com/advertorial/2021/08/09/why-the-nasdaq-biotechnology-index-is-poised-for-a-run-of-sustainable-growth-.html>] RM

Between the recent bio innovation success stories in the battle against Covid-19 and the technology-driven advances ushering in new efficiencies for research and development (R&D), **the biotech industry has never been more relevant**.

As home to more than 265 companies, the pioneering Nasdaq Biotechnology Index (NBI) has long been committed to providing healthcare’s innovators with access to the capital they need to keep moving forward. Now, investors have access to the Index’s companies through a new ETF, the Invesco Nasdaq Biotechnology ETF (IBBQ).

Launched in 1993, in the wake of the original “biotech revolution” led by the discovery of recombinant DNA, NBI® remains the most representative index in the space. In fact, 98% of all U.S. listed biotech companies are listed on Nasdaq. When considering the massive growth taking place in the sector, it’s no surprise that NBI has outperformed both the S&P 500 (SPX) and Health Care Select Sector Index (IXVTR) in certain market environments.

According to Mark Marex, Index R&D Senior Specialist for Nasdaq who recently compiled an in-depth report on the NBI, global events and digital acceleration have contributed to the Index’s recent strong performance; and Nasdaq’s dedication to maintaining a true benchmark for technology-driven healthcare innovation has provided a framework for growth.

Building the ideal benchmark

Given the existence of pureplay biotech firms, hybrid biopharmaceutical companies, and less R&D-intensive pharmaceutical manufacturers, creating a single benchmark that truly captures the biotech sector and the symbiotic relationships among its players is no easy task.

One of the unique aspects of NBI, versus biotech-focused indexes created by other index providers, is its subsector classifications split between Biotechnology and Pharmaceuticals. As of June 30, 2021, ICB (FTSE Russell’s Industry Classification Benchmark) classified 222 NBI companies as Biotechnology and 47 as Pharmaceuticals. The resulting split by index weight is approximately 65% and 35%, respectively, which illustrates the major difference between the two groups: Pharmaceutical companies tend to be much larger than Biotechnology firms.

This split within a single index provides advantages for investors: While offering some exposure to more established pharmaceutical companies, it also includes R&D-heavy biotech firms that over time may transition into biotech-driven pharma companies. That’s exactly what happened this year when NBI’s largest company, Amgen (AMGN / $144Bn), was reclassified by ICB from Biotechnology to Pharmaceuticals. By retaining firms as they straddle the two classifications over the course of their lifecycle, NBI presents potential growth advantages when compared with index providers that focus rigidly on one classification versus the other.

Home to world-changing breakthroughs

Nasdaq’s vision for the Index has served it well, **both in terms of its longevity and its current role as a champion of the companies paving the way for a post-pandemic world through their technological advances and life-saving treatments**. The broad reach of NBI constituents across multiple fronts in the fight against Covid-19, for example — from diagnosis to vaccines and treatment —demonstrates the strength of its core approach.

NBI companies including Gilead and Regeneron made headlines for their successes during the pandemic with antiviral therapeutics and antibody-based therapeutics for high-risk patients. But it’s the stunning success of m-RNA vaccine technology from Moderna and BioNTech, two NBI companies, that most clearly showcase the home run potential among the biotech entrepreneurs in the space.

And while NBI is currently up 8.2% YTD on a price-return basis (as of June 30) **versus a broader market gain of 14.4% by SPX**, the S&P Biotechnology Select Industry Index (SPSIBI) is down 3.7%.

It’s worth noting that in 2020, NBI outperformed SPX with a price gain of 25.7% versus 16.3%, respectively. This shows the resilience of the NBI and the inherent strength of its current mix of companies.

The possibilities of accelerated R&D

As a whole, the life-changing work being done by NBI constituents requires enormous amounts of R&D. In 2020, R&D expenses for the entire group totaled $68.5Bn, nearly 31% of these companies’ revenue totals. Two-thirds of NBI’s firms reported R&D expenses that exceeded their revenues

For several NBI companies, however, these massive investments provided tangible benefits in the fight against Covid-19. Undoubtedly, years of back-end work and minimal profits ultimately helped deliver the very products that are now driving historic returns. Psychologically, their breakthroughs demonstrated the enormous potential of science and technology to serve humankind.

Looking ahead, **revolutions in Mapping and Engineering processes, boosted by rapid advancements in Machine Learning and Artificial Intelligence, are fostering a true fusion of Biology and Technology that could transform the traditionally costly and labor-intensive R&D function**. Some research estimates these advances could reduce the failure rate of drugs by up to 45% and shorten drug trials by up to 50%. The result could be even more breakthroughs, performed much more efficiently, greatly increasing the returns on biopharmaceutical R&D.

Even a conservative interpretation of the above numbers would significantly reduce R&D costs and boost the market capitalization of therapeutics companies from the current $2Tn up to $9Tn as soon as 2024, according to estimates from ARK Financial.

Meanwhile, increasingly cost-effective human genomics could revolutionize several other industries, from agriculture to biofuels.

By any measure, there is much to be excited about across the spectrum of biotech — especially coming out of a global pandemic. And while no person, nor index, can truly predict what the future holds, chances are strong that companies sitting within NBI will have a hand in leading the way.

“**For investors**, the Index already serves as a fascinating lens through which to view human society’s scientific and technological advancements,” says Mark Marex. “To me, it’s very exciting to ponder what the researchers, scientists, and business leaders in this space will accomplish next.”

#### IPR protections are key to sustain healthcare investments and manufacturing. Independently, it’s key to broader vaccine production.

Roberts 6/25/21 [James M. Roberts is a Research Fellow for Economic Freedom and Growth at the Heritage Foundation. Roberts' primary responsibility as one of The Heritage Foundation's lead experts in economic freedom and growth is to edit the Rule of Law and Monetary Freedom sections of [Index of Economic Freedom](https://www.heritage.org/index/). An influential annual analysis of the economic climate of countries throughout the world, the Index is co-published by Heritage and The Wall Street Journal.) “Biden’s OK of Global Theft of America’s Intellectual Property is Wrong, Dangerous.” 6/25/2021, The Heritage Foundation, Commentary—Public Health] RM

Last month, President Biden advocated removing international intellectual property rights (IPR) protections for American-made COVID-19 vaccines.

**Foreign companies may take the president’s policy as a green light to produce reverse-engineered, counterfeit substitutes**.

The best way to prevent and treat new diseases is to ensure that private American pharmaceutical companies continue their innovative research and vaccine production.

Three U.S. companies—Pfizer, Moderna, and Johnson & Johnson—created and manufactured the world’s most effective mRNA COVID vaccines in record time. An increasing majority of Americans have now been inoculated, but much of the developing world remains in desperate need of vaccines. Americans naturally want to help. The question is how.

Last month, President Biden advocated removing international intellectual property rights (IPR) protections for American-made COVID-19 vaccines. This, he said, would help make the vaccines more plentiful and available in needy countries. **It’s a short-sighted approach and doomed to fail.**

Mr. Biden wants to waive the World Trade Organization’s “Trade-Related Aspects of Intellectual Property Rights” (TRIPS) agreement for U.S. vaccines and let foreign countries issue “compulsory licenses“ allowing their domestic pharmaceutical companies to manufacture the medicines without adequately compensating the companies that invented them.

Practically speaking, countries such as India and South Africa are unlikely to manufacture the vaccines. They lack an advanced infrastructure for cold supply-chain distribution and many other crucial resources required by these products’ capital-intensive, state-of-the-art manufacturing process.

But the Biden policy is bad for many other reasons.

Developing breakthrough medications takes tremendous ingenuity and immense financial investments. **It’s an extraordinarily high-risk endeavor, and the prospect of making a profit is what convinces private companies to undertake those risks.**

Signaling that the United States will not fight to defend their intellectual property rights **actively undermines innovation and manufacturing** in American health care and medicines.

It also erodes patient protections by undermining quality control. Foreign companies may take the president’s policy as a green light to produce reverse-engineered, counterfeit substitutes. Already there are reports of ineffective and even dangerous counterfeit COVID-19 vaccines being sold around the world.

Those pushing to break U.S. pharmaceutical patents say they want to do so for altruistic reasons. Consequently, they also insist that the prices for the medications be set far below their actual value.

But history shows us that forcing private companies to provide vaccines at an “affordable price,” regardless of the cost to the companies, actually impedes the manufacture of high-quality vaccines. Moreover, it inhibits the **future development of vaccines** needed to meet as-yet-unknown diseases.

Washington first imposed vaccine price controls as part of Hillary Clinton’s 1993 healthcare-for-all crusade. As the Wall Street Journal later noted, it was a body blow to the U.S. vaccine industry. Ironically, government-decreed prices left the companies unable to produce enough vaccines to meet Mrs. Clinton’s admittedly admirable goal of universal immunization of children. Since then, U.S. firms have largely eschewed the vaccine market because they could not recoup their R&D and manufacturing costs and earn enough profit to fund future innovation.

Ultimately, **compulsory licensing legalizes the theft of intellectual property**. Recognizing this, senators from both sides of the aisle have joined with other government officials and industry leaders to call on the administration to reverse this bad decision.

The U.S. patent protection system has served the nation well since its founding.  **It is and has been a bulwark of American prosperity**, but the strength of that protection has been weakening in the past few decades. **Compulsory licensing contributes to the erosion** of that protection.

As the U.S. and the rest of the world emerge from the pandemic, it is clear that more innovative medicines and vaccines will be needed for future protection from viruses and other emerging biological threats.

**The best way to prevent and treat those new diseases is to ensure that private American pharmaceutical companies continue their innovative research and vaccine production**.

That way, U.S.-manufactured vaccines can be made available to all Americans quickly. And governments can subsidize their export and sale to other countries far more effectively and less expensively than through compulsory licensing schemes.

Meanwhile, let’s hope Mr. Biden listens to the more reasonable and less-agenda driven voices in this debate and reverses course on the TRIPS waiver.

#### COVID was a precursor to deadlier pandemics—vaccine production will determine everything.

Lander 8/4/21 [Eric Lander, President Biden’s Science Advisory and Director of the White House Office of Science and Technology Policy) “Opinion: As bad as Covid-19 has been, a future pandemic could be even worse—unless we act now” 8/4/21, The Washington Post] RM

[Coronavirus](https://www.washingtonpost.com/coronavirus/?itid=lk_inline_manual_3) vaccines can end the current pandemic if enough people choose to protect themselves and their loved ones by getting vaccinated. But in the years to come, we will still need to defend against a pandemic side effect: collective amnesia.

As public health emergencies recede, societies often quickly forget their experiences — and **fail to prepare for future challenges**. For pandemics, such a course would be disastrous.

**New infectious diseases have been emerging at an accelerating pace,** and they are spreading faster.

Our federal government is responsible for defending the United States against future threats. That’s why President Biden has asked Congress to fund his plan to build on current scientific progress to keep new infectious-disease threats from turning into pandemics like covid-19.

As the president’s science adviser, I know what’s becoming possible. For the first time in our history, we have an opportunity not just to refill our stockpiles but also to transform our capabilities. However, **if we don’t start preparing now for future pandemics, the window for action will close.**

Covid-19 has been a catastrophe: The toll in the United States alone is [more than 614,000 lives](https://www.washingtonpost.com/graphics/2020/national/coronavirus-us-cases-deaths/?itid=lk_inline_manual_11) and has been estimated to exceed [$16 trillion](https://jamanetwork.com/journals/jama/fullarticle/2771764), with disproportionate impact on vulnerable and marginalized communities.

But a future pandemic could be even worse — unless we take steps now.

It’s important to remember that the virus behind covid-19 is far less deadly than the 1918 influenza. The virus also belongs to a well-understood family, coronaviruses. It was possible to design vaccines within days of knowing the virus’s genetic code because 20 years of [basic scientific research](https://science.sciencemag.org/content/372/6538/109.full) had revealed which protein to target and how to stabilize it. And while the current virus spins off variants, its mutation rate is slower than that of most viruses.

**Unfortunately, most of the 26 families of viruses that infect humans are less well understood or harder to control**. We have a great deal of work still ahead.

The development of [mRNA vaccine technology](https://www.washingtonpost.com/health/2020/12/06/covid-vaccine-messenger-rna/?itid=lk_inline_manual_17) — thanks to more than a decade of foresighted basic research — was a game-changer. It shortened the time needed to design and test vaccines to less than a year — far faster than for any previous vaccine. And it’s been surprisingly effective against covid-19.

Still, there’s much more to do. We don’t yet know how mRNA vaccines will perform against other viruses down the road. And **when the next pandemic breaks out, we’ll want to be able to respond even faster.**

Fortunately, the scientific community has been developing a bold plan to keep future viruses from becoming pandemics.

Here are a few of the goals we should shoot for:

The capability to design, test and approve safe and effective vaccines within 100 days of detecting a pandemic threat (for covid-19, that would have meant May 2020); manufacture enough doses to supply the world within 200 days; and speed vaccination campaigns by replacing sterile injections with skin patches.

Diagnostics simple and cheap enough for daily home testing to limit spread and target medical care.

Early-warning systems to spot new biological threats anywhere in the world soon after they emerge and monitor them thereafter.

We desperately need to strengthen our public health system — from expanding the workforce to modernizing labs and data systems — including to ensure that vulnerable populations are protected.

And we need to coordinate actions with our international partners, because pandemics know no borders.

These goals are ambitious, but they’re feasible — provided the work is managed with the seriousness, focus and accountability of NASA’s Apollo Program, which sent humans to the moon.

Importantly, these capabilities won’t just prepare us for future pandemics; they’ll also improve public health and medical care for infectious diseases today.

Preparing for threats is a core national responsibility. That’s why our government invests heavily in missile defense and counterterrorism. We need to similarly protect the nation against biological threats, which range from the ongoing risk of pandemics to the possibility of deliberate use of bioweapons.

Pandemics cause massive death and disruption. From a financial standpoint, they’re also astronomically expensive. If, as might be expected from [history](https://www.cfr.org/timeline/major-epidemics-modern-era) and current trends, we suffered a pandemic of the current scale every two decades, the annualized cost would exceed $500 billion per year. Investing a much smaller amount to avert this toll is an economic and moral imperative.

The White House will put forward a detailed plan this month to ensure that the United States can fully prepare before the next outbreak. It’s hard to imagine a higher economic or human return on national investment.

#### Ecosystem sensitivity from climate change means future pandemics will cause extinction—assumes COVID

Supriya 4/19 [Lakshmi Supriya got her BSc in Industrial Chemistry from IIT Kharagpur (India) and a Ph.D. in Polymer Science and Engineering from Virginia Tech (USA). She has more than a decade of global industry experience working in the USA, Europe, and India. After her Ph.D., she worked as part of the R&D group in diverse industries starting with semiconductor packaging at Intel, Arizona, where she developed a new elastomeric thermal solution, which has now been commercialized and is used in the core i3 and i5 processors. From there she went on to work at two startups, one managing the microfluidics chip manufacturing lab at a biotechnology company and the other developing polymer formulations for oil extraction from oil sands. She also worked at Saint Gobain North America, developing various material solutions for photovoltaics and processing techniques and new applications for fluoropolymers. Most recently, she managed the Indian R&D team of Enthone (now part of MacDermid) developing electroplating technologies for precious metals.) “Humans versus viruses - Can we avoid extinction in near future?” News Medical Life Sciences, 4/19/21, https://www.news-medical.net/news/20210419/Humans-versus-viruses-Can-we-avoid-extinction-in-near-future.aspx] RM

Expert argues that human-caused changes to the environment can lead to the emergence of pathogens, not only from outside but also from our own microbiome, which can pave the way for large-scale destruction of humans and **even our extinction**.

Whenever there is a change in any system, it will cause other changes to reach a balance or equilibrium, generally at a point different from the original balance. Although this principle was originally posited by the French chemist Henry Le Chatelier for chemical reactions, this theory can be applied to almost anything else.

In an essay published on the online server Preprints\*, Eleftherios P. Diamandis of the University of Toronto and the Mount Sinai Hospital, Toronto, argues that changes caused by humans, to the climate, and everything around us will lead to changes that may have a dramatic impact on human life. Because our ecosystems are so complex, we don’t know how our actions will affect us in the long run, so humans generally disregard them.

Changing our environment

Everything around us is changing, from living organisms to the climate, water, and soil. Some estimates say about half the organisms that existed 50 years ago have already become extinct, and about 80% of the species may become extinct in the future.

As the debate on global warming continues, according to data, the last six years have been the warmest on record. Global warming is melting ice, and sea levels have been increasing. The changing climate is causing more and more wildfires, which are leading to other related damage. At the same time, increased flooding is causing large-scale devastation.

One question that arises is how much environmental damage have humans already done? A recent study compared the natural biomass on Earth to the mass produced by humans and found humans produce a mass equal to their weight every week. This human-made mass is mainly for buildings, roads, and plastic products.

In the early 1900s, human-made mass was about 3% of the global biomass. Today both are about equal. Projections say by 2040, the human-made mass will be triple that of Earth’s biomass. But, slowing down human activity that causes such production may be difficult, given it is considered part of our growth as a civilization.

Emerging pathogens

Although we are made up of human cells, we have almost ten times that of bacteria just in our guts and more on our skin. These microbes not only affect locally but also affect the entire body. There is a balance between the good and bad bacteria, and any change in the environment may cause this balance to shift, especially on the skin, the consequences of which are unknown.

Although most bacteria on and inside of us are harmless, gut bacteria can also have viruses. If viruses don’t kill the bacteria immediately, they can incorporate into the bacterial genome and stay latent for a long time until reactivation by environmental factors, when they can become pathogenic. They can also escape from the gut and enter other organs or the bloodstream. Bacteria can then use these viruses to kill other bacteria or help them evolve to more virulent strains.

An example of the evolution of pathogens is the cause of the current pandemic, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Several mutations are now known that make the virus more infectious and resistant to immune responses, and strengthening its to enter cells via surface receptors.

The brain

There is evidence that the SARS-CoV-2 can also affect the brain. The virus may enter the brain via the olfactory tract or through the angiotensin-converting enzyme 2 (ACE2) pathway. Viruses can also affect our senses, such as a loss of smell and taste, and there could be other so far unkown neurological effects. The loss of smell seen in COVID-19 could be a new viral syndrome specific to this disease.

Many books and movies have described pandemics caused by pathogens that wipe out large populations and cause severe diseases. In the essay, the author provides a hypothetical scenario where a gut bacteria suddenly starts producing viral proteins. Some virions spread through the body and get transmitted through the human population. After a few months, the virus started causing blindness, and within a year, large populations lost their vision.

Pandemics can cause other diseases that can threaten humanity’s entire existence. **The COVID-19 pandemic brought this possibility to the forefront**. If we continue disturbing the equilibrium between us and the environment, we don’t know what the consequences may be and **the next pandemic could lead us to extinction.**

### 1NC – DA

#### Baudrillard’s theory implies the Second Death of God – a denial of the Church, her teachings and the Pope’s word

**Pound 16**, (Marcus – Associate Professor of Theology & Assistant Director of the Centre for Catholic Studies) “Baudrillard, Žižek, and the Seduction of Christ,” International Journal of Zizek Studies, Volume 10, Number One. Page 28-29. [MT]

Yet if the post-metaphysical implies as both Nietzsche and Heidegger argued, **the ‘death of God’ Baudrillard appears to push the logic a little further.** As Andrew Wernick has highlighted, the precession of the **simulacra amounts to the second death of God**. **In the initial death of God, what dies is the God of metaphysics or to draw upon Heidegger the God of onto-theology** (Heidegger 1969: 58-62) – **what Lacan called the Big Other who guarantees the meaningfulness of the world as a whole**. Yet arguably this first death of God is not his death as such, rather, God’s negation merely allows those self-same predicates of God to be transposed onto the social in the manner of Feuerbach. **With the precession of the simulacra however the very impossibility of the social existing undermines God’s last refuge**. Or, with the eclipse of the social by hyper-reality we encounter the second death of God, i.e. **the very impossibility of a site for any such reception of God.** This is Baudrillard’s nihilism: once the “wager of representation” – that a sign refers to a depth of meaning guaranteed by God – no longer stands, **God appears as nothing more than a sign among signs** and the **whole system becomes weightless** (Baudrillard: 1994, 4).

#### Their Rejection of God Is The Root Cause of Global Conflict, Injustice, And Terror

Glatz, 2015:

(Pope To Diplomats: Rejecting God, People, Nature Leads To Conflict. Carol Glatz, Journalist For The Catholic News Service. January 12, 2015)

Highlighting some of the most urgent conflicts facing the world, Pope Francis said such strife and injustices were rooted in a culture of rejection that refuses to recognize God, to protect nature and to respect other human beings. In a wide-ranging speech Jan. 12 to diplomats accredited to the Vatican, the pope urged the world's governments and individuals to work "to end every form of fighting, hatred and violence, and to pursue reconciliation, peace and the defense of the transcendent dignity of the human person." He harshly condemned the "falsification of religion," which seeks to justify violence in the name of God and called for "heartfelt conversion," stressing that it was only a "sincere faith in God" that generates peace and dialogue. The extremist terrorism in Syria and Iraq, he said, "is a consequence of the throwaway culture being applied to God." "Religious fundamentalism, even before it eliminates human beings by perpetrating horrendous killings, eliminates God himself, turning him into a mere ideological pretext," he said. The pope appealed to the world community to take unanimous action "within the framework of international law" to not only protect victims, but to end the conflicts and restore harmony. People have chosen to become slaves, he said, "whether to the latest fads, or to power, money or even deviant forms of religion" because their hearts have become "corrupt," and they are "incapable of recognizing and doing good of pursuing peace." The pope's annual speech looked both at signs of promise and areas of concern around the globe, including the recent slaughter of children in Pakistan, the "tragic slayings" in Paris, the "brutality" and kidnappings in Nigeria, and "the spread of fundamentalist terrorism in Syria and in Iraq." The world community must not remain indifferent to the expulsion of Christian minorities in the Middle East, he said, and leaders, especially Muslims, must "condemn all fundamentalist and extremist interpretations of religion which attempt to justify such acts of violence." Christians play "a fundamental role as artisans of peace, reconciliation and development" in their communities, and a "Middle East without Christians would be a marred and mutilated Middle East," he said. The past year also saw some success stories, the pope said, as he praised the recent rapprochement between the United States and Cuba, calling it "one example close to my heart of how dialogue can build bridges." He also highlighted his satisfaction that the United States was taking steps to shut down the Guantanamo detention facilities and thanked those countries that have shown a "generous willingness" to receive the detainees. The pope's 34-minute speech was an extension of his hallmark diagnosis of the world's ills as being rooted in a "throwaway culture, which spares nothing and no one: nature, human beings, and God himself. It gives rise to a humanity filled with pain and constantly torn by tensions and conflicts of every sort." Linked to this throwaway culture, he said, is a "mentality of rejection" and enslavement, which spurs nothing but conflict in "bits and pieces" around the world and in communities. The Christmas season offered an added opportunity to reflect on the "attitude we all share" of rejection -- seeing others not as brothers and sisters, but as rivals, unworthy of attention or objects "to be bent to our will." The story of Christ is filled with moments of rejection, starting immediately with his birth as he, like many today, was "cast aside, left out in the cold, forced to be born in a stable since there was no room in the inn." Christ, like many refugees, was forced to live in exile to escape the slaughter of countless innocents, a tragedy repeated just a month ago in Pakistan, the pope said. People continue to flee their homelands and many become victims to "unscrupulous and greedy thugs" who put people's lives in danger with "cruel journeys" to supposed safety. The pope made special mention of "the alarming fact" that many people who immigrate in "the Americas" are unaccompanied minors, who are even more at risk and are "in need of greater care, attention and protection." While many of these tragedies make media headlines, there are plenty of "hidden exiles" and victims who face rejection, even in one's own home, he said, like the elderly, the sick, the disabled and the young, particularly as they face unemployment and a lack of opportunity. The family is often seen as "disposable" in today's individualistic and self-centered culture, he said, resulting in fragile unions and "a dramatic fall in birthrates." This selfish mentality affects legislation, too, he said, as it tends to benefit "various forms of cohabitation rather than adequately supporting the family for the welfare of society as a whole." The pope also harshly condemned the "horrendous crime, the crime of rape" as an extremely serious "offense against the dignity of women, who are not only violated in body, but also in spirit." Peace is not just a gift of God, he said, it is also a personal and social duty that demands "commitment and concern" from everyone. He recalled how from the "ashes of that immense tragedy" of World War II, a renewed desired for peace and dialogue was born in the form of the United Nations, which marks its 70th anniversary this year. People can agree to vow to change the future and never again turn to war, he said, citing Pope Paul VI's speech to the U.N. in 1965.

### 1NC - Case

#### 1. Vote NEG on presumption –

#### a) Ballot’s not key – it doesn’t change the way information exchanges – even if the alt works it doesn’t warrant a ballot.

#### b) They can’t solve their offense – the 2AC should be forced to explain what their aff actually does and how it spills up to resolve simulation warfare on a macro-level.

#### c) No spillover – Yelling at your computer in a zoom room doesn’t inspire broad changes in the way people think like their evidence talks about.

#### 2. Communication and meaning are possible and desirable – framing speech as pure flux destroys any benefits gained from intersubjective processes of meaning in specific political contexts

Merawi 11

(Fasil, Addis Ababa University, Master’s Thesis in Philosophy, “Habermas and the Discourse of Modernity,” http://etd.aau.edu.et/bitstream/123456789/3596/3/FASIL%20MERAWI.pdf)

As Culler sees it, Derrida raised three main objections towards Searle’s speech act theory. First, any speech act can be quoted and be analyzed in another context and the idea that meaning will be the same in another context, is something fictional. Habermas criticized Derrida for failing to recognize that what Austin meant by the fixation of meaning in everyday communication and the normal use of language, is based on idealizing presuppositions that are present in every communicative action (PDM, 195-196). Second, Derrida argued that, for a normal speech act to be successfully employed, meaning needs to be arrested, and this to be done by presenting general rules and conditions under which a given utterance is to be employed and analyzed. But speech acts can have different meanings depending on the contexts. Here, Derrida speaks of ‘grafting’ i.e. that a speech act can be quoted in another context. So, the contexts are infinite and one cannot come up with a theory of the employment of speech acts specifying where and how they should be employed since meaning is contextual, and the contexts are many. Here, culler supports Derrida’s argument by claiming that even the “intentions of the speakers...are to be interpreted in different contexts.” (PDM, 197) Searle objected to Derrida’s second argument, by asserting that, what prevents flux and fluctuation of meaning is not found in what is uttered, but the general assumptions in which it is uttered. So, when using speech acts on a day to day level, participants are operating within a set of assumptions that define what something normally means and does not mean. Further, the assumptions within which speech acts occur, are not theoretical constructs that are built to arrest meaning, but necessary assumptions behind the process of communication. Finally, Derrida, against Searle argued that, it is the potential of the text to be interpreted in many ways and not our intentions and assumptions that make different interpretations possible. So, the text by itself plays a context creating function. As Habermas sees it, as long as participants in an intersubjectivist communicative process are oriented towards understanding, then meaning will not be deferred. Wrong interpretations and abnormal usages of language could be simply identified as something that hinders consensus and understanding. Idealizations that are found beyond communicative action and the fact that the various claims raised during communication are open to critique, and can be empirically tested will easily help to “distinguish between ‘usual’ and ‘parasitic’ uses of language” (PDM, 199). By ‘parasitic’, Habermas meant that the normal use of language in everyday communication is for reaching understanding. Other artistic, metaphorical and non-literal usages of language are derived from the normal usage. Further, eventhough ‘parasitic’ usages of language prevail in everyday communication; still actors are able to bypass these usages since they are oriented towards reaching understanding. By revising the Derrida/Searle debate and employing his arguments as well, Habermas believes that, he managed to defend his communicative rationality with its validity claims. In everyday communication the infinite flow of meaning, poetic and rhetoric elements are puts aside for the sake of understanding. Having done this, Habermas wants to refute the idea that there is no distinction between logic and rhetoric and that all texts can be analyzed on literary and rhetorical terms. The issue as, Habermas sees it, is the acceptance that all language contains literary and rhetorical elements, while at the same time defending philosophy and the special forms of inquiry against the domination of literary elements, and hence the viewing of their validity claims as something impure and contaminated with artistic and metaphorical elements. Habermas, claims that Derrida’s general notion of text as a mixture of Heterogeneous elements, makes him blind to the fact that in everyday communication there is the possibility to raise and defend claims in reference to the three validity claims, and that the various specialized forms of inquiry are also oriented towards solving specific problems (PDM, 205). Habermas thinks that there is an affinity between Rorty and Derrida in relation to their views on language, communicating subjects. In Rorty, the languages of the sciences and other forms of inquiries create the contexts that necessarily determine everyday communication. Further, the capacity of validity claims to challenged inherited horizons is unacknowledged. (PDM, 206) Furthermore, both Derrida and Rorty, failed to distinguish between everyday interaction in which distinct validity claims are raised, and the various forms of inquiry that are geared toward solving specific problems (PDM, 207). Derrida is accused by Habermas of failing to distinguish between how language has a capacity of making the world visible and intelligible and how it can be used to solve specific problems. So, Derrida in his general notion of a ‘text’ tried to merge all the sciences, including philosophy, criticism, art, literature and so on under one category of literature. Habermas claims that on the one hand, we have everyday world of communication based in the different validity claims, while on the other, the various specialized forms of inquiry that are geared at solving specific problems. Philosophy and literary criticism are found between the two. Literary criticism connects everyday world and the artistic realm, while philosophy, is related to the forms of inquiries in having a universalistic dimension. Philosophy facilitates disputation of claims between everyday world and specialized inquiries. (PDM, 207-208)

#### 3. Even if we don’t know everything about the world, we know enough for us to guide our actions – otherwise, the K’s a double-turn and should be enough to reject the team because they use information to make these claims.

#### 4. Recognizing the finitude of biological death is good – it forms the basis of responsibility to Others which solves their terminal impact claims

Hägglund 08 – Charlotte W. Newcombe Fellow in Comparative Literature at Cornell University

(Martin, Radical Atheism: Derrida and the Time of Life, p164-5)

In the preceding chapters I have demonstrated how Derrida’s work offers powerful resources to think life as survival and the desire for life as a desire for survival. I have argued that every moment of life is a matter of survival because it depends on what Derrida calls the structure of the trace. The structure of the trace follows from the constitutive division of time. Given that every moment of life passes away as soon as it comes to be, it must be inscribed as a trace in order to be at all. The tracing of time enables the past to be retained and thus to resist death in a movement of survival. However, the survival of the trace that makes life possible must be len for a future that may erase it. The movement of survival protects life, but it also exposes life to death, since every trace is absolutely destructible. I have argued that such radical finitude is not a lack of being that it is desirable to overcome. Rather, the finitude of survival opens the possibility of everything we desire and the peril of everything we fear. The affirmation of survival is thus not a value in itself; it is rather the unconditional condition for all values. Whatever one may posit as a value, one has to affirm the time of survival, since without the time of survival the value could never live on and be posited as a value in the first place. In this final chapter I want to elaborate how the unconditional affirmation of survival allows us to rethink the condition of political responsibility and especially the desire that drives political struggle. I will argue that the radical finitude of survival is not something that inhibits responsibility and political struggle; it is rather what gives rise to them. If we were not exposed to the coming of a future that could violate and erase us, there would be nothing to take responsibility for, since nothing could happen to us. It is thus the finitude of survival-and the affirmation of such survival-that raises the demand of responsibility. If I did not desire the survival of someone or something, there would be nothing that precipitated me to take action. Even if I sacrifice my own life for another, this act is still motivated by the desire for survival, since I would not do anything for the other if I did not desire the survival of him or her or it. The unconditional affirmation of survival, however, does not have a moral value in itself. No given ethical stance can be derived from it. Finitude is certainly the reason for all compassion and care, but also for all fear and hatred. Without the desire for survival I would not commit myself to anything, but I would also not be hostile to anything, since I would not be threatened by anything. The affirmation of survival can thus lead me to attack the other just as well as it can lead me to defend the other.

#### 5. Some action is better than none – just because things aren’t perfect doesn’t mean we let that be the enemy of the good. The AFF rejects the needs of Flint citizens, endangered species, etc.

#### 6. Poetic thinking don’t translate into material change. The alt results in disillusionment.

Sayler and Morris, 17—co-founders of The Canary Project, both teach in the Transmedia Department and are part of The Canary Lab at Syracuse University (Susannah and Edward, “What is a River in California?,” <https://boomcalifornia.org/2017/09/21/what-is-a-river-in-california/>, dml) [gendered language modifications denoted by brackets]

Yet, in the final analysis we make quite different hay than Heidegger out of this recognition of enframing’s historicity. Heidegger’s primary concern throughout his work is Being, by which he means the essence of human existence. We will not follow him into these considerations, which are dense with thorns, except to say this overarching concern of Heidegger’s leads him to consider the “supreme danger” of enframing as bearing most importantly on man’s [humanity’s] ability to continue to live as he [it] essentially is—in all his aloneness and glory. This preoccupation of Heidegger’s, seeped in a brew of human exceptionalism and a pursuit of pure origins along with some other rather dubious notions, creates what seems to us like two blindingly obvious aporia in his questioning concerning technology, namely a consideration of agency in the development of enframing’s challenging forth, and relatedly a consideration of class and regional distinctions among the humans of this world. Who pushed forward the challenging forth of nature and labor that fell out of enframing like destiny? And who can stop it? In several places, Heidegger’s questioning brushes tantalizing close to Marx—for example in his observation that the challenging forth of technology is invested in “driving on to the maximum yield and the minimum expense”; or in his description of humans becoming a standing reserve, which seems to harken to Marx’s analysis of alienation. However, Heidegger does not pursue a material, economic understanding of what is threatening about the enframing phenomenon. This leads to a very nebulous conception of its origins and import, as well as to a misunderstanding of the ways in which we can engage in overcoming it.

Heidegger never forged an explicit political philosophy but expressed that a revolution in thinking was needed to avoid the tragic subjection of humans themselves to the status of a standing reserve. We do not normally think of Heidegger as an activist, but in the Introduction to Metaphysics he states: “we dare to take up the great and lengthy task of tearing down a world that has grown old and of building it truly anew.”[16] He had an exalted view of both philosophy and art in this process. In fact, it was to these activities alone that he ascribed any real power. The world had to be re-created through a heroic exertion of complicated thought, embodied best in poetry. Heidegger was silent about how this deep thought might be conveyed to the citizenry and how in turn it might lead to concrete changes in policy or political systems. Not surprisingly, this giant lacuna in Heidegger’s thought resulted in personal exhaustion and disillusionment, such that he ultimately declared in an interview with Das Spiegel: “philosophy will be unable to effect any immediate change in the current state of the world. This is true not only of philosophy but of all purely human reflection and endeavor” because “the greatness of what is to be thought is [all] too great.” Heidegger broodingly concluded that only “God can save us.”[17]

Taken as disillusionment on Heidegger’s part, this spirit all too commonly results from detaching the abstract work of world creating (via worldview changing) from the concrete work of political activism aimed specifically at agents of the danger. For there are indeed agents. Could not the mysterious ecological relation that Heidegger describes between the scientific mode of representation, enframing, the challenging forth of nature (and labor), and finally the transformation of the world into a standing reserve be more reductively described as the application of modern science towards making money? Does he not overlook the crucial ingredient of greed as the dominant driver of certain (though not all) humans and the force that adds the unreasonable challenging forth of nature (and labor) to enframing? The development of exploitative economic systems arose out of an ability to systematically demarcate and make predictions (about how to build a ship and navigate, about how to build a dam, about how much water is needed to get a certain size crop, about where gold might be, about how to make an equivalent exchange, etc.). Heidegger shows how the self-perpetuating logic of this system alters our worldview, cuts off pathways to the sacred and defeats humility. Yet, by failing to ascribe agency in the process, he concludes that “Human activity can never directly counter the danger.” This flies in the face of actual gains that social movements can and do make all the time, even as this more fundamental work of culture changing happens in the background. Shout out to: Cesar Chavez, to 350.org, to anti-fracking movements in New York, to dam-removal movements and their successes on the Yakima and other rivers, etc.

To state it simply, there are two fronts to changing the world: changing ideology (i.e., ways of seeing and representing); and changing material conditions. As such, the work of poets, artists and thinkers is symbiotic with the work of activists, not isolated a la Heidegger; it is on this level that we think of our work as art-activist. A poetic way of seeing the world—defined here as an investment in non-rational consciousness and empathic understanding—is absolutely required for an effective activism, not only because it opens up a new relation to the world, but also because it restores enchantment and inherently combats the challenging forth of enframing with the alternative form of revealing articulated by Heidegger as the bringing forth of poiesis. However, poetry/art do not happen in a vacuum and no real change can be achieved there without changes in material conditions, which is what Heidegger fundamentally missed. Once again, the phenomenon is an ecological cycle, a dialectic.

#### Waiving IP enforcement results in rampant increase in counterfeit vaccines – turns case.

Mercurio 21 (Bryan Mercurio is a Professor and Vice-Chancellor's Outstanding Fellow of the Faculty of Law at the Chinese University of Hong Kong, February 21, 2021, <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3789820&download=yes>) CS

6. IP enforcement is of vital importance to maintaining safety standards.

The protection of IP not only provides incentives to innovators to create, but also plays a crucial role in ensuring the safety of vaccines and helping to prevent the importation **of fraudulent and dangerous goods**. Unlike the typical pharmaceutical industry, the vaccine market is not a free and open market.69 Vaccines contain biological products made from living organisms and the risk of failure in vaccine development and production is high. 70 Moreover, the manufacturing process for vaccines is much more complex as it requires the use of facilities and equipment with a high degree of specialization.71 The complexity of vaccine products implies that more time and regulatory requirements are needed in order to make or “copy” the vaccine production process. Therefore, the innovator should be expected to make conscious and meticulous decisions as to when and to whom to issue licences, as this is the most responsible way to bring their technologies to the world and safeguard global health.

In addition, as the COVID-19 pandemic continues there has been a **noticeable increase in the circulation of fake medicines** around the world. According to the International Criminal Police Organization (Interpol), **organized crime groups** have been producing fake drugs and medical products and selling them for **lucrative profits in developing countries**.72 With the development of COVID-19 vaccines on the market, a rapid rise in the illegal sale of fake items is expected, according to the United Nations Office on Drugs and Crime (UNODC).73 Counterfeits of the legitimate products provide false promises of protection and could lead to **disastrous consequences**, including **worsened illness and** **death** for the individual and the retardation of herd immunity for the population at large. Effective and proactive **IP** procurement is **essential** and useful in mitigating the risks of counterfeit and substandard medicines. IP enforcement measures play a significant role in preventing these fake and illicit medicines from circulating in the market. While important during normal times, IP enforcement can take on an enhanced role of safeguarding the public during this critical period of time. Waiving all COVID-19 related IPRs raises the risk of unsafe or fake vaccines circulating in supply channels and being sold to unsuspecting governments, **putting millions of human lives at risk** and reducing trust in vaccines.