### 1NC Shell v1 – Loyola

#### **Genocidal settlement is** a structure, not an event meaning ontological logic of elimination is an everyday manifestation that defines settler identity.

Rifkin 14, Mark. Settler common sense: Queerness and everyday colonialism in the American renaissance. U of Minnesota Press, 2014. (Associate Professor of English & WGS at UNC-Greensboro)//Elmer

If nineteenth-century American literary studies tends to focus on the ways Indians enter the narrative frame and the kinds of meanings and associa- tions they bear, recent **attempts to theorize settler colonialism** have sought to **shift attention from its effects** on Indigenous subjects **to** its **implications for nonnative political attachments**, forms of inhabitance, **and modes of being**, illuminating and tracking the pervasive operation of **settlement as a system**. In Settler Colonialism and the Transformation of Anthropology, Patrick Wolfe argues, “Settler colonies were (are) premised on the elimination of native societies. The split tensing reflects a determinate feature of settler colonization. The colonizers come to stay—invasion is **a structure not an event**” (2).6 He suggests that a “**logic** **of elimination” drives settler** governance and **sociality**, describing “the settler-colonial will” as “a historical force that ultimately derives from the primal drive to expansion that is generally glossed as capitalism” (167), and in “Settler Colonialism and the Elimination of the Native,” he observes that “elimination is an organizing principle of settler-colonial society rather than a one-off (and superceded) occurrence” (388). Rather than being superseded after an initial moment/ period of conquest, colonization persists since “the logic of elimination marks a return whereby the native repressed continues to structure settler- colonial society” (390). In Aileen Moreton-Robinson’s work, whiteness func- tions as the central way of understanding the domination and displacement of Indigenous peoples by nonnatives.7 In “Writing Off Indigenous Sover- eignty,” she argues, “As a regime of power, patriarchal white sovereignty operates ideologically, materially and discursively to reproduce and main- tain its investment in the nation as a white possession” (88), and in “Writ- ing Off Treaties,” she suggests, “**At an ontological level** the **structure of subjective possession** **occurs through** the **imposition of one’s will-to-be on the thing which is perceived to lack will,** thus it is open to being possessed,” such that “possession . . . forms part of **the ontological structure of white subjectivity**” (83–84). For Jodi Byrd, the deployment of Indianness as a mobile figure works as the principal mode of U.S. settler colonialism. She observes that “colonization and racialization . . . have often been conflated,” in ways that “tend to be sited along the axis of inclusion/exclusion” and that “misdirect and cloud attention from the underlying structures of settler colonialism” (xxiii, xvii). She argues that settlement works through the translation of indigeneity as Indianness, casting place-based political collec- tivities as (racialized) populations subject to U.S. jurisdiction and manage- ment: “the Indian is left nowhere and everywhere within the ontological premises through which U.S. empire orients, imagines, and critiques itself ”; “**ideas of** Indians and **Indianness** have **served as the ontological ground through which U.S. settler colonialism enacts itself** ” (xix).

#### That results in land exploitation and ecocide – specifically manifests in knowledge institutions making forefronting Settler Colonialism a prior question.

Paperson 17 la paperson or K. Wayne Yang, June 2017, “A Third University is Possible” (an associate professor of ethnic studies at the University of California, San Diego)//Elmer

Land is the prime concern of settler colonialism, contexts in which the colonizer comes to a “new” place not only to seize and exploit but to stay, making that “new” place his permanent home. Settler colonialism thus complicates the center–periphery model that was classically used to describe colonialism, wherein an imperial center, the “metropole,” dominates distant colonies, the “periphery.” Typically, one thinks of European colonization of Africa, India, the Caribbean, the Pacific Islands, in terms of external colonialism, also called exploitation colonialism, where land and human beings are recast as natural resources for primitive accumulation: coltan, petroleum, diamonds, water, salt, seeds, genetic material, chattel. Theories named as “settler colonial studies” had a resurgence beginning around 2006.[2] However, the analysis of settler colonialism is actually not new, only often ignored within Western critiques of empire.[3] The critical literatures of the colonized have long positioned the violence of settlement as a prime feature in colonial life as well as in global arrangements of power. We can see this in Franz Fanon’s foundational critiques of colonialism. Whereas Fanon’s work is often generalized for its diagnoses of anti/colonial violence and the racialized psychoses of colonization upon colonized and colonizer, Fanon is also talking about settlement as the particular feature of French colonization in Algeria. For Fanon, the violence of French colonization in Algeria arises from settlement as **a spatial immediacy of empire**: the geospatial collapse of metropole and colony into the same time and place. On the “selfsame land” are spatialized white immunity and racialized violation, non-Native desires for freedom, Black life, and Indigenous relations.[4] Settler colonialism is too often thought of as “what happened” to Indigenous people. This kind of thinking confines the experiences of Indigenous people, their critiques of settler colonialism, their decolonial imaginations, to an unwarranted historicizing parochialism, as if settler colonialism were a past event that “happened to” Native peoples and not generalizable to non-Natives. Actually, settler colonialism is something that “happened for” settlers. Indeed, it is happening for them/us right now. Wa Thiong’o’s question of how instead of why directs us to think of land tenancy laws, debt, and the privatization of land as settler colonial technologies that enable the “eventful” history of plunder and disappearance. Property law is a settler colonial technology. The weapons that enforce it, the knowledge institutions that legitimize it, the financial institutions that operationalize it, are also technologies. Like all technologies, they evolve and spread. Recasting land as property means severing Indigenous peoples from land. This separation, what Hortense Spillers describes as “the loss of Indigenous name/land” for Africans-turned-chattel, recasts Black Indigenous people as black bodies for biopolitical disposal: who will be moved where, who will be murdered how, who will be machinery for what, and who will be made property for whom.[5] In the alienation of land from life, alienable rights are produced: the right to own (property), the right to law (protection through legitimated violence), the right to govern (supremacist sovereignty), the right to have rights (humanity). In a word, what is produced is whiteness. Moreover, it is not just human beings who are refigured in the schism. Land and nonhumans become alienable properties, a move that first alienates land from its own sovereign life. Thus we can speak of the various technologies required to create and maintain these separations, these alienations: Black from Indigenous, human from nonhuman, land from life.[6] “How?” is a question you ask if you are concerned with the mechanisms, not just the motives, of colonization. Instead of settler colonialism as an ideology, or as a history, you might consider settler colonialism as a set of technologies —a frame that could help you to forecast colonial next operations and to plot decolonial directions. This chapter proceeds with the following insights. (1) The settler–native– slave triad does not describe identities. The triad—an analytic mainstay of settler colonial studies—digs a pitfall of identity that not only chills collaborations but also implies that the racial will be the solution. (2) Technologies are trafficked. Technologies generate patterns of social relations to land. Technologies mutate, and so do these relationships. Colonial technologies travel. In tracing technologies’ past and future trajectories, we can connect how settler colonial and antiblack technologies circulate in transnational arenas. (3) Land—not just people—is the biopolitical target.[7] The examples are many: fracking, biopiracy, damming of rivers and flooding of valleys, the carcasses of pigs that die from the feed additive ractopamine and are allowable for harvest by the U.S. Food and Drug Administration. The subjugation of land and nonhuman life to deathlike states in order to support “human” life is a “biopolitics” well beyond the Foucauldian conception of biopolitical as governmentality or the neoliberal disciplining of modern, bourgeois, “human” subject. (4) (Y)our task is to theorize in the break, that is, to refuse the master narrative that technology is loyal to the master, that (y)our theory has a Eurocentric origin. Black studies, Indigenous studies, and Othered studies have already made their breaks with Foucault (over biopolitics), with Deleuze and Guatarri (over assemblages and machines), and with Marx (over life and primitive accumulation). (5) Even when they are dangerous, understanding technologies provides us some pathways for decolonizing work. We can identify projects of collaboration on decolonial technologies. Colonizing mechanisms are evolving into new forms, and they might be subverted toward decolonizing operations. The Settler–Native–Slave Triad Does Not Describe Identities One of the main interventions of settler colonial studies has been to insist that the patterning of social relations is shaped by colonialism’s thirst for land and thus is shaped to fit modes of empire. Because colonialism is a perverted affair, our relationships are also warped into complicitous arrangements of violation, trespass, and collusion with its mechanisms. For Fanon, the psychosis of colonialism arises from the patterning of violence into the binary relationship between the immune humanity of the white settler and the impugned humanity of the native. For Fanon, the supremacist “right” to create settler space that is immune from violence, and the “right” to abuse the body of the Native to maintain white immunity, this is the spatial and fleshy immediacy of settler colonialism. Furthermore, the “humanity” of the settler is constructed upon his agency over the land and nature. As Maldonado- Torres explains, “I think, therefore I am” is actually an articulation of “I conquer, therefore I am,” a sense of identity posited upon the harnessing of nature and its “natural” people.[8] This creates a host of post+colonial problems that have come to define modernity. Because the humanity of the settler is predicated on his ability to “write the world,” to make history upon and over the natural world, the colonized is instructed to make her claim to humanity by similarly acting on the world or, more precisely, acting in his. Indeed, for Fanon, **it is the perverse ontology of settler becomings**—becoming landowner or becoming property, becoming killable or becoming a killer—and the mutual implication of tortured and torturer that mark the psychosis of colonialism. This problem of modernity and colonial psychosis is echoed in Jack Forbes’s writings: Columbus was a wétiko. He was mentally ill or insane, the carrier of a terribly contagious psychological disease, the wétiko psychosis. . . . The wétiko psychosis, and the problems it creates, have inspired many resistance movements and efforts at reform or revolution. Unfortunately, most of these efforts have failed because they have never diagnosed the wétiko.[9] Under Western modernity, becoming “free” means becoming a colonizer, and because of this, “the central contradiction of modernity is freedom.”[10] Critiques of settler colonialism, therefore, do not offer just another “type” of colonialism to add to the literature but a mode of analysis that has repercussions for any diagnosis of coloniality and for understanding the modern conditions of freedom. By modern conditions of freedom, I mean that Western freedom is a product of colonial modernity, and I mean that such freedom comes with conditions, with strings attached, most manifest as terms of unfreedom for nonhumans. As Cindi Mayweather says, “your freedom’s in a bind.”[11]

#### Expansion of medical access is a form of settler colonial biomedical onslaught – humanitarian promotions of health proliferate genocidal assimilation.

They either accept the drug – the state uses it as proof as to why western gov is superior

Or they don’t take it

And they use the stats as reason why they are savage and backwards and need the help of the state

Overwehlimg amt of alcholoism

Drunken ingenous

Demonstrate how theyre backwards

Klausen 13, Jimmy Casas. "Reservations on hospitality: contact and vulnerability in Kant and indigenous action." Hospitality and World Politics. Palgrave Macmillan, London, 2013. 197-221. (Associate Professor in the Instituto de Relações Internacionais at the Pontifícia Universidade Católica do Rio de Janeiro)//Elmer

On the other hand and by contrast, the **governmental reach of public health initiatives** that would effect the improvement of isolated indigenous populations’ health **accords** with Kantian philanthropy – **with all the risks of violated freedom and smothered life** that entails. Public **health advocates** would **repair** the **disadvantaged morbidity profile of** isolated **indigenous groups through** a policy of initiating contact supported by the provision of modern **biomedical** health **care** services to ameliorate the epidemiological effects of contact. State-initiated contact without attendant health care has proved disastrous. Into the 1970s, FUNAI attempted to make friendly contact with isolated Indians. By relying on hired expert indigenous trackers, government contact expeditions located isolated groups and – demonstrating their interest in seeking commerce – enticed the latter with gifts of machetes and blankets. One FUNAI expedition to contact the Matis in 1978 resulted in high morbidity from pneumonia and other infectious diseases and killed one of every two Matis. 60 To correct such devastating policies, anthropologists Magdalena Hurtado, Kim Hill, Hillard Kaplan and Jane Lancaster have elaborated the following argument: Many anthropologists and indigenous-rights activists believe that uncontacted Indians should be left alone. These people are well-meaning, but they are wrong because they base their position on three incorrect assumptions. First, they assume that the Indians have chosen to remain isolated . . . . Those who oppose contact also assume that the Indians will inevitably be decimated by virgin-soil epidemics . . . . Finally, opponents of contact assume that isolated native groups will survive if not contacted. 61 However, even correcting for the fatal infelicities of past policy-driven, state-initiated contacts such as FUNAI’s, the preponderantly disadvantaged morbidity profile of such virgin-soil populations cannot be reduced by greater hospitality in the form of redoubled and more expert interventionary contacts. **Although public health efforts** like those advocated by Hurtado et al. **might reduce mortality**, highly **disease-vulnerable persons will still sicken** and will do so **through means that would pretend to foster life by actively disregarding how the people subject to these external machinations might** determine their own needs and **value their own health**. Isolated **indigenes’** biological **lives** would be **simultaneously fostered and risked**, while their free **personhood would count as nothing** morally–culturally. In short, there are serious political costs to be weighed in such an intervention. Because of – and not in spite of – their philanthropy, public health interventions of the type that Hurtado et al. advocate extend the reach of governmentality much more intrusively than land rights policies. Besides deciding on behalf of peoples in regard to the interpretation of their acts of self-quarantine, the advocated **public health policies surgically insert apparatuses of biomedicine directly into the contacted peoples’ living being**. Such policies thereby **displace** **indigenous norms of health and native cultural strategies** of living on with the norms and overall strategy embedded in the culture of scientific and clinical biomedicine. Though the pretence is that such acts demonstrate the hospitality of the wider national or global society, such health policy interventions cannot simply make a presentation for possible society; rather, qua philanthropy they initiate contact, which, because of the high degree of vulnerability of those contacted, must needs lead to the proliferation of contacts. It is not a hospitable policy of fostering life that Hurtado et al. support, not merely possible commerce but an obsessive philanthropy of biomedical life support and literally **unavoidable onslaught of commerce**, possibly forevermore. Most startlingly, such public health interventions presume as universal a standard of life that could certainly vary while retaining meaning and value. The anthropologist Tess Lea describes this universalising interventionary compulsion in withering words: When you are a helping bureau-professional, the **compulsion to** do something to **fix** the problems of **target populations** – those deemed as suffering from unequal and preventable conditions – exceeds all other impulses . . . . ‘They’ need our greater commitment. The idea that life might be lived differently with value and meaning or that ‘need’ might be conceived differently from the way in which we **calculate** it **through** our **interventionary lens**, becomes impossible to imagine. 62 Hurtado et al. assume that health professionals and policy makers must hospitably confer biomedically acquired immunity on heretofore isolated and now contacted virgin soil populations. Fostering indigenous lives by **imposing** an **alien conception of immunity**, they would inhospitably **destroy alternate strategies of living on**. Seeing through their interventionary lens, Hurtado et al. themselves become arbiters of successful and unsuccessful forms of life: they presume that self-quarantine cannot itself serve as an effective cultural strategy to immunise living bodies. Thus, ironically perhaps, these anthropologists choose biology above culture by seeing each from a standpoint authorised by the culture of biomedicine. From their interventionary lens and against Canguilhem’s admonition above, self-quarantine appears to be a failed strategy for living on because the immunity it would confer is imperfect or incomplete. Likewise, condoning self-isolation is imperfect or incomplete hospitality as against their more perfect interventionary hospitality in the name of life. Authorising themselves to make these judgements, they enact an altogether different collapse of morality into nature than the Kantian collapse I reconstruct above. Whereas Kant’s collapse of minimalism into abstentionism and moral duty into nature’s constraints opens hospitality and therefore strategies for living on, this other collapse binds moralising conceptions of ‘health’ to the biomedically conceived body. Yet if, according to Canguilhem, for humans especially, ‘health is precisely a certain latitude, a certain play in the norms of life and behavior’, 63 then it seems that the ‘**health’ that supposedly hospitable**, though strictly philanthropic, ‘life’-fostering interventionary contact **would impose** on the exuberance of self-quarantining **indigenous peoples** is **a sickness unto** that other perpetual peace Kant mentions: **death**.

#### Biomedicine itself is invested in colonial exploitation through testing done on indigenous communities to biopiracy and stealing indigenous knowledge.

Bio medicine – modern medicine

Modern medicine is from natural resources taken way from indigenous ppls – leads to increased colonialsm

Bio medicine is tested on the indigenous populations – HIV drugs were tested in sourth Africa – targeted on these groupds

Lift Mode 17 3-10-2017 "Pharmaceutical Colonialism” <https://medium.com/@liftmode/pharmaceutical-colonialism-3-ways-that-western-medicine-takes-from-indigenous-communities-3a9339b4f24f> (We at Liftmode.com are a team of professionals from a variety of backgrounds, dedicated to the mission of providing the highest quality and highest purity nutritional health supplements on the market. We look specifically for the latest and most promising research in the fields of cognition enhancement, neuroscience and alternative health supplements, and develop commercial strategies to bring these technologies to the marketplace.)//Elmer

Does **modern medicine take from rural communities**? At first, this seems outrageous. However, on closer inspection, we find three main methods of poaching: **stealing indigenous knowledge**, ‘**biopiracy’**, and the sale of pharmaceuticals at exorbitant prices. Another example includes **using** **developing countries** and rural populations **as test subjects in unethical clinical trials** — for example on **AIDS patients in South Africa**.[1] This article examines three methods that Western medicine takes from rural communities. We also examine the emerging new forms of medicine and how many people are beginning to appreciate the medical knowledge of different cultures around the world. Traditional knowledge and culture is threatened by the expansive natural of the pharmaceutical industry 1. Pharmaceutical colonialism: Stealing Indigenous Knowledge First and foremost, what has been taken from indigenous communities for the last roughly 600 years is traditional knowledge about medicinal plants. It is interesting that the **major advancements in Western medicine** **coincide** very closely **to escalating global colonialism** by Western countries. It’s difficult to estimate the exact percentage of **modern drugs** that were **originally based on traditional plant sources**, because of the complex evolution of Western laboratory-made medicine. However, this percentage is known to be very high. In fact, a 2006 paper by Dr. A Gurib-Fakim states: “Natural products and their derivatives represent **more than 50%** of all the drugs in clinical use in the world. Higher plants contribute no less than 25% of the total.”[2] The extent to which traditional knowledge permeates through Western medicine is too broad to explain fully in a small article like this. We’d need to write an entire book to cover the full content! So, we will just take a look at one example below. How the West takes Indigenous knowledge: **Anti-Malaria Drugs** Mosquitoes are, by far, the world’s most dangerous animals, spreading a number of diseases including Dengue fever, Zika virus, and malaria. According to the World Health Organization, nearly half of the world’s population is at risk of malaria. In 2015, over 210 million people became infected with malaria, and a staggering 429 000 people died from the blood parasite.[3] To combat the infectious disease, scientists have developed two major classes of anti-malarial drugs. These are both based on indigenous knowledge of plant medicine: Mosquitos kill more people than any other animal every year 1. Quinine Quinine is extracted from the bark of the cinchona tree, native to South America. Contrary to propaganda by the Spanish inquisitors, which is still used in modern medicine today, Westerners did not ‘discover’ the cinchona tree. Indigenous Peruvian cultures had been using the bark of the cinchona tree for hundreds, possibly thousands, of years before the arrival of the colonial forces from the North. They crushed it up and mixed it with water to ‘relieve shivering’ — a major sign of the feverish symptoms of malaria.[4] Unlike traditional Chinese knowledge, which has survived until modern times, the ancient knowledge of South America cultures was almost completely destroyed by colonial forces. This makes tracing the historical use of the cinchona tree more difficult.[5] After the inquisition of most traditional cultures in South America, the cinchona bark was brought back to Western Europe and was hailed as one of the most exciting discoveries of modern medicine. The success of cinchona bark in Europe created a massive industry, initially run by the Spanish, but which was later overtaken by French and English industrialists.[6] It’s important to know that the ‘traditional’ use of cinchona bark in 18th century Europe was in exactly the same method as its original use in indigenous societies: crushing up the barking and mixing it with water. The chemical compound quinine was first extracted from cinchona bark in 1820 by two Frenchmen: Pierre Joseph Pelletier and Joseph Caventou. This allowed purified quinine to replace traditional cinchona extracts.[7] Interestingly, Western scientists have since discovered that cinchona bark actually contains several active components, which function in a synergistic relationship to kill the malaria parasite.[8] In modern times, a number of quinine-based drugs have been developed, with varying success. The issue becomes complex here because, while these drugs were developed by Western scientists using modern technological laboratories, if it hadn’t been for the original indigenous knowledge, these compounds could not have been developed at all. The quinine derivatives include Chloroquine, Pyrimethamine, and Mefloquine. Chloroquine was used as a spray along with DDT in the WHO’s malaria eradication plan (the efficacy and usefulness of this are still under debate: numerous countries that were sprayed with these chemicals soon developed strains of malaria that were resistant to the drugs).[9] 60411828 - workers are fogging for dengue control. mosquito borne diseases of zika virus. Quinine-based drugs were used in sprays to combat malaria around the world 2. Artemisinin **Artemisinin** is an active compound found in traditional Chinese medicine called Qinghao Su (sweet wormwood). This traditional Chinese medicine has been **used to treat fevers** for over a thousand years. It is currently still extracted from plant sources, the majority of which are grown in China, Vietnam and East Africa. Once the full-grown plants are harvested, the chemical is extracted, leaving the pure artemisinin at a highly variable market price of between $120 — $1200 per kilogram.[10] It’s interesting that the artemisinin-based drug combinations (ACTs) are the most expensive anti-malarial treatments available. This is despite the fact that it is one of the few malarial medications that are still mostly plant-based. However, **Western pharmaceutical** companies are now **developing synthetic** forms of **artemisinin**. The new forms of artemsinin are genetically engineered and have intellectual property rights attached, potentially bringing in big revenues for the companies involved. The proponents of the synthetic form of artemisinin claim that the synthetic form will be able to be sold for cheaper than the natural form. However, the average import price of natural artemsisin to India over the last ten years was around $370 per kilo — a fair amount cheaper than the price that the pharmaceutical companies are pushing for.[11] **Artemisinin farming** **sustains** the **livelihoods of** an estimated **100’000 farmers.** With **synthetic derivatives** being developed this **puts** the **livelihoods** of the farmers and their families **at risk of poverty** (estimated to be around 3–5 times the number of people as the farmers themselves).[12] The ironic and disturbing thing about the whole situation is that the artemisinin farmers themselves are the ones who are most at risk of contracting malaria. In effect, they stand to not only have their incomes stripped by Western pharmaceutical companies but also to become physically dependent on the products of those very companies. [13] 16118463 - portrait of a burmese woman with thanaka powdered face working in farm Farmers livelihoods are threatened by the use of synthetic chemicals 2. ‘**Biopiracy’** — **stealing natural resources and plants** The idea that modern medicine might be a form of colonialism seems at first to be quite outrageous! However, on closer inspection, it’s quite clear that a few nations continue to play the role of ‘missionary’, helping to save people in the ‘developing world’.[14] In some cases, though, the role of the ‘missionary’ becomes a little less clear. The second way that Western medicine takes from indigenous communities is something called ‘Biopiracy’. This is similar to the method we described above, however, in this case, what is taken is not knowledge but the actual plants and resources themselves. In biopiracy actions, plants and natural resources are stolen entirely from indigenous communities and are then used to develop drugs and medicines in the West. The indigenous communities benefit nothing from the theft of their resources. **Medicines** developed from **stolen** materials **are** often **sold back** to the very people from whom the original plant-sources were stolen — **at exorbitant prices**. Examples of medications that face biopiracy charges include: A **drug for diabetes developed** in the UK **from a Libyan plant**, Artemisia judaica A medicine for **immunosuppression** developed by GlaxoSmithKline which is **derived from** a **chemical found in termite hills** in Gambia An HIV treatment taken from bacteria found in central Uganda Antibiotic drugs developed from amoebas found in Mauritius and Venezuela Anti-diarrhea vaccines developed from Egyptian bacteria [15] According to Beth Burrows, president of Washington-based Edmond’s Institute: “Times have changed. It is no longer acceptable for the great white explorer to trawl across Africa or South America taking what they want for their own commercial benefit. It is no more than a new form of colonial pillaging. As there are internationally recognized rights for oil, so there should be for indigenous plants and knowledge.”[16] In an ideal world, knowledge and resources would be shared equitably. Both the indigenous cultures and the modern world would benefit from the sharing of knowledge and medicinal plants, which could leave the world a much better place. However, this is not the case in today’s world. More and more, we see evidence of **pharmaceutical companies using rural communities as customers and guinea-pigs for medicine** that was originally sourced from local knowledge.[17] Traditional medicine is pushed off the market and indigenous knowledge is ‘dumbed down’ through development programs. This forces the majority of the world to have to work through cartel-like pharmaceutical corporations who extract unbelievably large sums of money from people, which we’ll look at below.[18] 21736635 - shanty house in bangkok water canals along the river bank, thailand Those who benefit the least from pharmaceutical colonialism are the ones who need healthcare the most

#### Vote negative to endorse a cartography of refusal

Day

Material form as the alternative

Can fiat it to an extent

Days arg is that recognition is imp

Assumption that intellectual property

Authority to recognize intellectual property in the first place

Smooth tactic

We are going to reduce intellectual property

Refuse the authority of the settler state

Idle no more

Black hammer

Stole vaccines that were going to be discarded in virginia

Day 15 Iyko, Associate Professor of English. Chair, Critical Social Thought. “Being or Nothingness: Indigeneity, Antiblackness, and Settler Colonial Critique.” Source: Critical Ethnic Studies, Vol. 1, No. 2 (Fall 2015), pp. 102-121 //Elmer

And so the potential relations that Wilderson sets up through a critique of sovereignty are at best irrelevant or at worse false in Sexton’s absolute claim that slavery stands alone as the “threshold of the political world.”45 I suggest that this wavering relation/nonrelation of antiblackness and Indigeneity exhibited in Wilderson’s and Sexton’s work reveal the problem in any totalizing approach to the heterogeneous constitution of racial difference in settler colonies. Beyond this inconsistency, the liberal multiculturalist agenda that Wilderson and Sexton project into Indigenous sovereignty willfully evacuates any Indigenous refusal of a colonial politics of recognition. Among other broad strokes, Sexton states, “as a rule, Native Studies reproduces the dominant liberal political narrative of emancipation and enfranchisement.”46 This provides a basis for Wilderson’s assertion that Indigenous sovereignty engages in a liberal politics of state legitimation through recognition because “treaties are forms of articulation” that buttress “the interlocutory life of America as a coherent (albeit genocidal) idea.”47 But such a depoliticized liberal project is frankly incompatible with Indigenous activism and scholarship that emerges from Native studies in North America. The main argument in Glen Sean Coulthard’s book Red Skin, White Masks is to categorically reject “the liberal recognition-based approach to Indigenous selfdetermination.”48 **This is not** a politics of **legitimizing** Indigenous nations **through state recognition** **but** rather **one of refusal**, a refusal to be **recognized and** thus **interpellated by the settler colonial nation-state**. Drawing on Fanon, Coulthard describes the “necessity on the part of the oppressed to ‘turn away’ from their other-oriented master-dependency, and to instead struggle for freedom on their own terms and in accordance with their own values.”49 It is also difficult to reconcile the depoliticized narrative of “resurgence and recovery” that Wilderson and Sexton attribute to Indigenous sovereignty in the face of **Idle No More**, the anticapitalist Indigenous sovereignty movement in Canada whose national railway and **highway** **blockades** have seriously **destabilized** the **expropriation of natural resources** for the global market. These are examples that Coulthard describes as “**direct action**” rather tjhan negotiation—in other words, antagonism, not conflict resolution: The [blockades] are a crucial act of negation insofar as they seek to impede or block the flow of resources currently being transported to international markets from oil and gas fields, refineries, lumber mills, mining operations, and hydroelectric facilities located on the dispossessed lands of Indigenous nations. These modes of direct action . . . seek to have **a negative impact on** the economic **infrastructure** that is **core to** the **colonial accumulation of capital in settler-political economies** like Canada’s.50 **These tactics are** part of what Audra Simpson calls a “**cartography of refusal” that “negates the authority of the other’s gaze**.”51 It is **impossible to frame** the **blockade movement**, which has become the greatest threat to Canada’s resource agenda,52 **as a struggle for “enfranchisement**.” **Idle No More is** not in “conflict” with the Canadian nation-state; it is in **a struggle against the very premise of settler colonial capitalism** that requires the elimination of Indigenous peoples. As Coulthard states unambiguously, “For Indigenous nations to live, capitalism must die.”

#### Reject Reformism or Plan Focus - Challenging the 1AC’s colonialist framework of interpretation is a prior question to whether or not the Aff is a good idea

We cant view the plan as intrncially good or bad

We need to look to structural affects

When we fail to analyze alternatives

It causes serial policy failure

Wee never understand context

Plan focus good we reufse to ackoelege the histial accumulations

Delori

College apps – blank line to indicate race and that was used to discritmnate against miniorty backrgoudns

They said color lines bad and got rid of it

Race based admissions scholarnhips to comminites of color because no longer had the line

The reform ignored the historical context for what hey could be used

Fail to address underlying assumptions that exist

Reform is never undeerstoof or chnaglnged

Never contest western thinking

Weighing the aff foenst make sense

Because epistemology affects the way

Henry kinsinger – realism the US should act in its own interest

Advocate we don’t go into afganitaan – early 80’s – we should get out because afgan is draining American influence

Pacifict and anti war ppl also said to get out

The end results are motivate

Respresenations and thoughts

Deloria Jr. 99 – Member of the Standing Rock Sioux Tribe and Professor at University of Colorado Boulder  
(Vine, also Former Executive Director for the National Congress of American Indians and former Professor of Political Science and Law at the University of Arizona, For This Land: Writing on Religion in America, p. 101-7)//Elmer  
If there were any serious concern about liberation, we would see thousands of people simply walk away from the vast economic, political, and intellectual machine we call Western civilization and refuse to be enticed to participate in it any longer. Liberation is not a difficult task when one no longer finds value in a set of institutions or beliefs. We are liberated from the burden of Santa Claus and the moral demand to be "good" when, as maturing adolescents, we reject the concept of Santa Claus. Thereafter we have no sense of guilt in late November that we have not behaved properly during the year, and no fear that a lump of coal rather than a gift will await us Christmas morning. In the same manner, we are freed and liberated once we realize the insanity and fantasy of the present manner of interpreting our experiences in the world. Liberation, in its most fundamental sense, requires a **rejection of everything we have been taught** and its replacement by only those things we have experienced as having values. But this replacement only begins the task of liberation. For the history of Western thinking in the past eight centuries **has been one of replacement of ideas** within a framework that has remained **basically unchanged** for nearly two millenia. Challenging this framework of interpretation means a rearrangement of our **manner of perceiving the world**, and it involves a reexamination of the body of human knowledge and its structural reconstruction into a new format, Such a task appears to be far from the struggles of the present. It seems abstract and meaningless in the face of contemporary suffering. And it suggests that people can be made to change their oppressive activity by intellectual reorientation alone. All these questions arise, however, because of the fundamental orientation of Western peoples toward the world. We assume that we know the structure of reality and must only make certain minor adjustments in the machinery that operates it in order to bring our institutions into line. Immediate suffering is thus placed in juxtaposition with abstract metaphysical conceptions of the world and, because we can see immediate suffering, **we feel impelled to change conditions quickly** to relieve tensions, never coming to **understand how the basic attitude toward life** and its derivative attitudes toward minority groups **continues to dominate** the goals and activities that appear designed to create reforms, Numerous examples can be cited to show that **our efforts to bring justice** into the world **have been short-circuited** by the passage of events, and that those efforts are unsuccessful because we have failed to consider the **basic framework within which we pose questions, analyze alternatives, and suggest solutions**. Consider the examples from our immediate past. In the early sixties college application forms included **a blank line** on which all prospective students were required **to indicate** their **race**. Such information was used to discriminate against those of a minority background, and so **reformers demanded** that the **question be dropped**. By the time all colleges had been forced to eliminate questions concerning the race of applicants, the Civil Rights Movement had so sensitized those involved in higher education that scholarships were made available in great numbers to people of minority races. **There was no way,** however, **to allocate** such **scholarships** **because college officials could no longer determine the racial background** of students on the basis of their applications for admission. Much of the impetus for **low-cost housing** in the cities was based upon the premise that in the twentieth century people should not have to live in hovels but that adequate housing should be constructed for them. Yet in the course of **tearing down** slums and building new housing projects, low-income housing areas were eliminated. The **construction cost** of the new projects **made** it necessary to charge hi**gher rentals**. **Former residents** of the lowincome areas **could not afford to live** in the new housing, so they moved to other parts of the city and created exactly the same conditions that had originally provoked the demand for low-rent housing. Government schools had a very difficult time teaching American Indian children the English language. (One reason was the assumption of teachers that all languages had Latin roots, and their inability to adapt the programs when they discovered that Indian languages were not so derived.) Hence programs in bilingual teaching methods were authorized that would use the native language to teach the children English, an underhanded way of eliminating the native language. Between the time that bilingual programs were conceived and the time that they were finally funded, other programs that concentrated on adequate housing had an unexpected effect on the educational process. Hundreds of new houses were built in agency towns, and Indians moved from remote areas of the different reservations into those towns where they could get good housing. Since they were primarily younger couples with young children, the housing development meant that most Indian children were now growing up in the agency communities and were learning English as a first language. Thus the bilingual programs, which began as a means of teaching English as a second language, became the method designed to preserve the native vernacular by teaching it as a second language to students who had grown up speaking English. Example after example could be cited, each testifying to the devastating effect of a general attitude toward the world that underlies the Western approach to human knowledge. The basis of this attitude is the assumption that the world operates in certain predetermined ways, that it operates continuously under certain natural laws, and that the nature of every species is homogeneous, with few real deviations.

### PIC

#### Counterplan text: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines except for cannabis, medical marijuana, and medicines containing chemicals from cannabis.

#### The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines except for cannabis, medical marijuana, and medicines containing chemicals from cannabis by implementing a one-and-done approach for patent protection.

#### It competes – weed is a medicine and is used in medicine

WebMD 20 [WebMD Medical Reference, WebMD is an American corporation known primarily as an online publisher of news and information pertaining to human health and well-being. The site includes information pertaining to drugs. It is one of the top healthcare websites by unique visitors. It was founded in 1998 by internet entrepreneur Jeff Arnold., August 20, 2020, "Medical Marijuana FAQ,", WebMD LLC, https://www.webmd.com/a-to-z-guides/medical-marijuana-faq, 8-21-2021] //WHS MR

What is medical marijuana? Medical marijuana uses the marijuana plant or chemicals in it to treat diseases or conditions. It's basically the same product as recreational marijuana, but it's taken for medical purposes. The marijuana plant contains more than 100 different chemicals called cannabinoids. Each one has a different effect on the body. Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the main chemicals used in medicine. THC also produces the "high" people feel when they smoke marijuana or eat foods containing it. What is medical marijuana used for? Researchers are studying whether medical marijuana can help treat a number of conditions including: Alzheimer's disease Appetite loss Cancer Crohn's disease Diseases effecting the immune system like HIV/AIDS or Multiple Sclerosis (MS) Eating disorders such as anorexia Epilepsy Glaucoma Mental health conditions like schizophrenia and posttraumatic stress disorder (PTSD) Multiple sclerosis Muscle spasms Nausea Pain Seizures Wasting syndrome (cachexia) But it’s not yet proven to help many of these conditions, with a few exceptions, Bonn-Miller says. "The greatest amount of evidence for the therapeutic effects of cannabis relate to its ability to reduce chronic pain, nausea and vomiting due to chemotherapy, and spasticity [tight or stiff muscles] from MS," Bonn-Miller says. How does it help? Cannabinoids -- the active chemicals in medical marijuana -- are similar to chemicals the body makes that are involved in appetite, memory, movement, and pain. Limited research suggests cannabinoids might: Reduce anxiety Reduce inflammation and relieve pain Control nausea and vomiting caused by cancer chemotherapy Kill cancer cells and slow tumor growth Relax tight muscles in people with MS Stimulate appetite and improve weight gain in people with cancer and AIDS Can medical marijuana help with seizure disorders? Medical marijuana received a lot of attention a few years ago when parents said that a special form of the drug helped control seizures in their children. The FDA recently approved Epidiolex, which is made from CBD, as a therapy for people with very severe or hard-to-treat seizures. In studies, some people had a dramatic drop in seizures after taking this drug. Has the FDA approved medical marijuana? The cannabidiol Epidiolex was approved in 2018 for treating seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome. In addition, the FDA has approved two man-made cannabinoid medicines -- dronabinol (Marinol, Syndros) and nabilone (Cesamet) -- to treat nausea and vomiting from chemotherapy. The cannabidiol Epidiolex was approved in 2018 for treating seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome. How do you take it? To take medical marijuana, you can: Smoke it Inhale it through a device called a vaporizer that turns it into a mist Eat it -- for example, in a brownie or lollipop Apply it to your skin in a lotion, spray, oil, or cream Place a few drops of a liquid under your tongue How you take it is up to you. Each method works differently in your body. "If you smoke or vaporize cannabis, you feel the effects very quickly," Bonn-Miller says. "If you eat it, it takes significantly longer. It can take 1 to 2 hours to experience the effects from edible products."

### DA

#### The weed industry is growing, but needs investors to stay afloat – patents draw in investors and help companies expand

Roberts 20 [Chris Roberts, An award-winning investigative reporter and covered the legalization movement and the cannabis industry with a political economy lens for more than a decade. He launched northern California’s first cannabis-centric print vertical and founded San Francisco’s first dedicated drug-policy column. His work’s been featured in VICE, The Daily Beast, The Guardian, Deadspin, Observer, Curbed, Leafly News, High Times, SF Weekly, and many other places. He hold a master’s degree in politics from Columbia Journalism School, 5-28-2020, "Why Patent Cannabis? For Markets, Mostly.," Forbes, https://www.forbes.com/sites/chrisroberts/2020/05/28/why-patent-cannabis-for-markets-mostly/, 8-21-2021] //WHS MR

On May 20, Charlotte’s Web, the Colorado-based CBD giant and arguably one of the biggest names in legal cannabis, announced that the company was awarded its second federal patent on a cannabis plant. Unlike the company’s 2018 plant patent on a Farm Bill-compliant high-CBD hemp cultivar—which was the first hemp strain to receive federal intellectual property protection—US Patent No. 10,653,085 is a utility patent. This means, after satisfying a more rigorous process, including dropping off thousands of seeds at an official United States depository, Charlotte’s Web now claims as its intellectual property both the cultivar of hemp the company calls CW1AS1 as well as “methods” of plant production and cannabinoid extraction. Okay! But so what? Why patent a hemp strain—why patent two? What does it all mean? Does Charlotte’s Web now have legal claim to the entire CBD game?To the last question, no. And as for what this means, for normal people and cannabis consumers, very little. For patent attorneys or competitors of Charlotte’s Web in the CBD industry, it portends a little more, but just a little. At least for now, cannabis patents like this one aren’t really intended to defend intellectual property in court—which is where a patent has its most practical value. No, this patent is probably meant for the market. Patents like this exist mostly for companies to satisfy and woo investors, for whom a company’s ability to say “Look! I have a patent” might be the difference between signing a check, or not. And like all publicly traded cannabis companies, Charlotte’s Web has a lot of spooked and angry investors who need pleasing. Patents “generate interest in the company, and are something investors would look at,” said Jonathan Hyman, an attorney and partner at the Los Angeles office of Knobbe Martens. Whether Charlotte’s Web would enforce the patent, and how, “remains to be seen,” he added. Company officials were not available to discuss the matter. In a statement provided by Sylvia Tawse, the company’s director of communications, CEO Deanie Elsner said Charlotte’ Web “will continue to pursue patent protection for unique and novel hemp genetics developed by our horticulture division.” Whether that meant there are any pretenders the company plans to sue, she did not say. Though cannabis-related patent applications have been a thing since well before legalization and have tripled since 2015, as IP Watchdog noted, the mere phrase “cannabis patent” can still be triggering in cannabis circles. Patent talk can often lead to galaxy-brain thinking like the “Monsanto is supporting legalization in order to steal cannabis” or the “Philip Morris is buying up land in Humboldt County” conspiracy theories. In the case of Charlotte’s Web, the company’s already locked up what’s probably its most valuable asset: its name. Charlotte’s Web is named for Charlotte Figi, the sufferer of childhood epilepsy who enjoyed relief from her symptoms after taking an extract of high-CBD cannabis grown by the Stanley brothers (and who died earlier this month after contracting COVID-19). The world came to know Charlotte Figi and the Stanley brothers, seven photogenic Coloradans whose first names all begin with J, after they were prominently featured in a 2014 CNN special hosted by Sanjay Gupta. A very famous children’s book and a very famous and recognizable name, the company was sure lock down the name “Charlotte’s Web” with a trademark—one the company is currently defending in federal court, after a rival company dared market CBD products called Charlotte’s Web. That’s what patents are for in terms of the law. But markets are another matter—and it’s worth observing that the company went public after securing its first patent. Like almost all publicly traded companies in the cannabis sector, Charlotte’s Web is stuck in high-loss doldrums after hitting early peaks. For the past week, shares in Charlotte’s Web have been trading in the $7 to $9 range in the Toronto Stock Exchange. That’s a big gain from the $4.24 seen at the company’s mid-March nadir, but still far below last summer’s high-water mark of $28.21, set in August. Despite being sold in more than 11,000 stores, the company still lost $1.7 million in 2020—a hit smaller than other companies in the cannabis sector, but still in the red. Patenting hemp genetics and the processes to achieve them won’t be enough to rescue the rest of the company’s lost value. But if Charlotte’s Web wants to be a global CBD brand, with product in supermarkets and convenience stores all over the globe—and why wouldn’t it?—this means something. "Having this patent, that they can wave around and say, 'Hey, we've got coverage on it, and it's the best variety [of CBD rich hemp] that you're going to get,’ ” said Andrew Merickel, who holds a Phd in neuroscience and is also an attorney and partner at the San Francisco office of Knobbe Martens. “That’s pretty valuable.” How valuable? That’s all up to the logic of the market.

#### Cannabis is key to agricultural tech innovation – k2 long term sustainability and security

Yamazaki 17 Kevin Yamazaki (founder and CEO of [Sidebench](http://sidebench.com/), a leading digital product and venture studio that creates custom software and apps), 3-27-2017, "High Tech: How Marijuana Legalization Breeds Innovation," Observer, https://observer.com/2017/03/high-tech-how-marijuana-legalization-breeds-innovation/, SJBE

With the competition blazing and increased legalization on the horizon, we can expect to see the weed market become a hotbed for tech innovations. Forecasts indicate that revenue in the U.S. from medical marijuana alone will reach at least [$10.8 billion by 2018](http://fortune.com/2016/02/01/marijuana-sales-legal/). When states expand to allow recreational use, this number will surely increase. As investors become more comfortable deploying capital around cannabis, tech will revolutionize the marijuana ecosystem for producers, distributors, and consumers alike. The future of marijuana innovation Innovation has begun to outpace legalization as tech organizations make groundbreaking strides in researching and developing applications for marijuana. For example, [Kalytera](https://kalytera.co/) is exploring how cannabidiol — a non-psychoactive cannabinoid with a number of potential medical applications — can be used to target diseases such as obesity and osteoporosis. The findings of such research could transform how people cope with chronic illness and pain. Companies are also experimenting with improvements in [weed-growing processes](http://www.ibtimes.com/legal-marijuana-cultivation-driving-technology-revolution-industrial-agriculture-1925167). Cannabis is a finicky crop, so the ability to fine-tune growing processes could generate products far superior to today’s. Several organizations are devising smart, energy-efficient systems that automatically adjust growing environments according to changes in moisture, temperature, and sunlight. Meanwhile, data-capture technologies enable growers to identify optimal conditions for their plants, leading to larger and better-quality yields. The primary speed bump for the industry at this point is that marijuana is still classified as a Schedule I drug and is illegal at the federal level. Even if this factor doesn’t inhibit marijuana-centric technology innovation directly, it certainly has a strong indirect effect, as many potential financiers (and entrepreneurs) are scared away by either fear of prosecution or skepticism about the industry’s stability. That said, as more states allow for medical marijuana or legalize the drug entirely, the potential market size for marijuana-centric products expands as well. Perhaps more importantly, with some form of state legalization becoming the norm rather than the exception, there is a degree of safety in numbers. Assuming we see the trend of legalization for medical and recreational uses continue, production will inevitably become an even bigger business. Technology will play an increasing role in ensuring quality, consistency, and efficiency on the production side. We’re already seeing startups like [Cannafuse](http://cannafuse.com/) and [Teewinoit Life Sciences](https://tlscorp.com/) focusing on providing a tech-enabled scientific approach to the mass scientific production and distribution of cannabis. Advances in the irrigation systems, efficiency lamps, and data tracking processes used to grow marijuana may have far-reaching effects beyond the cannabis industry. Industrial farmers could adopt these techniques to increase their outputs and reduce energy expenses, while building managers can use them to lower energy loads from their properties. On the consumer side, the medical marijuana industry, in particular, will likely see an explosion of on-demand delivery services. Consumers are accustomed to using their smartphones to book cars, buy groceries, and mail packages. Why wouldn’t they receive their medical marijuana that way, too? Expect to see personalized services as well — think apps that recommend strains of marijuana on the basis of your preferences. Apps such as [MassRoots](https://massroots.com/) bring the social media aspect to what is, for many people, a social product by connecting weed enthusiasts to one another through news updates and other types of content. Even Microsoft is throwing its hat into the ring with [marijuana tracking software](http://www.businessinsider.com/microsoft-marijuana-tracking-software-2016-11) that ensures growers comply with their tax obligations and prevents legally grown pot from ending up on the black market. As the cannabis industry expands, the opportunities for growth are diverse and extensive. Tech-enabled companies will inevitably spur that growth, driving breakthroughs in medicine, crop development, and customer experiences. The momentum created by legalization will transform a once-taboo drug into a mainstream commodity, and the tech world stands to benefit enormously.

#### Extinction – food insecurity causes conflict and goes nuclear

FDI 12 FDI Team, 25 May 2012, “Food and Water Insecurity: International Conflict Triggers & Potential Conflict Points,” Future Directions International, <https://www.futuredirections.org.au/publication/international-conflict-triggers-and-potential-conflict-points-resulting-from-food-and-water-insecurity/>, SJBE

There is little dispute that conflict can lead to food and water crises. This paper will consider parts of the world, however, where food and water insecurity can be the cause of conflict and, at worst, result in war. While dealing predominately with food and water issues, the paper also recognises the nexus that exists between food and water and energy security. There is a growing appreciation that the conflicts in the next century will most likely be fought over a lack of resources. Yet, in a sense, this is not new. Researchers point to the French and Russian revolutions as conflicts induced by a lack of food. More recently, Germany’s World War Two efforts are said to have been inspired, at least in part, by its perceived need to gain access to more food. Yet the general sense among those that attended FDI’s recent workshops, was that the scale of the problem in the future could be significantly greater as a result of population pressures, changing weather, urbanisation, migration, loss of arable land and other farm inputs, and increased affluence in the developing world. In his book, Small Farmers Secure Food, Lindsay Falvey, a participant in FDI’s March 2012 workshop on the issue of food and conflict, clearly expresses the problem and why countries across the globe are starting to take note. . He writes (p.36), “…if people are hungry, especially in cities, the state is not stable – riots, violence, breakdown of law and order and migration result.” “Hunger feeds anarchy.” This view is also shared by Julian Cribb, who in his book, The Coming Famine, writes that if “large regions of the world run short of food, land or water in the decades that lie ahead, then wholesale, bloody wars are liable to follow.” He continues: “An increasingly credible scenario for World War 3 is not so much a confrontation of super powers and their allies, as a festering, self-perpetuating chain of resource conflicts.” He also says: “The wars of the 21st Century are less likely to be global conflicts with sharply defined sides and huge armies, than a scrappy mass of failed states, rebellions, civil strife, insurgencies, terrorism and genocides, sparked by bloody competition over dwindling resources.” As another workshop participant put it, people do not go to war to kill; they go to war over resources, either to protect or to gain the resources for themselves. Another observed that hunger results in passivity not conflict. Conflict is over resources, not because people are going hungry. A study by the International Peace Research Institute indicates that where food security is an issue, it is more likely to result in some form of conflict. Darfur, Rwanda, Eritrea and the Balkans experienced such wars. Governments, especially in developed countries, are increasingly aware of this phenomenon. The UK Ministry of Defence, the CIA, the US Center for Strategic and International Studies and the Oslo Peace Research Institute, all identify famine as a potential trigger for conflicts and possibly even nuclear war.

### 1NC – Util Dump

#### Top-Level on Util:

#### 1] Framing Issue – If we win our reps are good and that our ethical orientations come apriori, that means that we just have to win a risk of a link to prove that the plan is unethical.

#### 2] Equality – Util is bad and not neutral.

Mignolo 7, Walter D. "The de-colonial option and the meaning of identity in politics." (2007). (Professor at Duke)//Elmer

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

#### 3] Calculability – Settler Colonialism is unable to be calculated on a utilitarian or a consequentialist metric – it is both a spiritual and cultural genocide that leads to a psychological and emotional genocide that can’t be accounted for by body count.

#### 4] Psychiatric Colonialism – Native Bodies are scientifically considered to have “dampened pain and pain signaling” meaning their pain is considered and evaluated differently to justify colonial actions that “won’t hurt as much” – means their starting point is violent.

#### 5] Ontology Outweighs - They can’t win any of their impacts in a word where they have conceded the libidinal economy and ontology which serves as a filter for their impacts.

### Method

AT its not exploitative medicine- we endorse a method where we operate outside of the state so you exploit things in a capitalist sense

1NC link proves the aff is inherently medicine

Another link- assumes indigenous people don’t have their own forms of medicine which is incorrect

No permutation- the aff as a “sequencing issue” is incoherent as we kritik the ability for a settler colonialist system to ever work with indigenous moevemetns

AT 2nd method card

1. No implication
2. Example of racist person from the 70’s asserting

#### Feldman [\*\*and Wang\*\*] is a joke.

Risch 17 [Michael; “Data for the Evergreening Debate,” Written Description; 11/21/17; <https://writtendescription.blogspot.com/2017/11/data-for-evergreening-debate.html>] Justin

**Feldman and Wang** argue that the Orange Book has been used by companies to "evergreen" their drugs - that is, to extend exclusivity beyond patent expiration. The paper is on SSRN and the abstract is here:

Why do drug prices remain so high? Even in sub-optimally competitive markets such as health care, one might expect to see some measure of competition, at least in certain circumstances. Although anecdotal evidence has identified instances of evergreening, which can be defined as artificially extending the protection cliff, just how pervasive is such behavior? Is it simply a matter of certain bad actors, to whom everyone points repeatedly, or is the problem endemic to the industry?

This study examines all drugs on the market between 2005 and 2015, identifying and analyzing every instance in which the company added new patents or exclusivities. The results show a startling departure from the classic conceptualization of intellectual property protection for pharmaceuticals. Key results include: 1) Rather than creating new medicines, pharmaceutical companies are recycling and repurposing old ones. Every year, at least 74% of the drugs associated with new patents in the FDA’s records were not new drugs coming on the market, but existing drugs; 2) Adding new patents and exclusivities to extend the protection cliff is particularly pronounced among blockbuster drugs. Of the roughly 100 best-selling drugs, almost 80% extended their protection at least once, with almost 50% extending the protection cliff more than once; 3) Once a company starts down this road, there is a tendency to keep returning to the well. Looking at the full group, 80% of those who added protections added more than one, with some becoming serial offenders; 4) The problem is growing across time.

I think the data the authors have gathered is extremely important, and I think that their study sheds important light on what happens in the pharmaceutical industry. That said, as I explain below, my takeaways from this paper are much different from theirs.

My concerns are fourfold. First, even assuming that every one of the efforts listed by the the study were an attempt to evergreen, I have no sense for whether evergreening actually happened. This study doesn't provide any data about generic entry or pricing. For example, the study describes 13 listings for OxyContin, but I'd bet dollars to donuts that there was plenty of generic oxycodone available. Similarly, many of the new listings are changes from Drug 1.0 to "new and improved!" Drug 2.0. This, of course, has been criticized as anti-competitive (since generics rely on auto-substitution laws), but the study presents no data about whether insurers refuse to pay for Drug 2.0 and instead require the generic, nor does it explain why generics can't do their own advertisements to get doctors to prescribe Drug 1.0.

Second, many of these listings and the new patents that go with them are for advances, like extended release and dissolvables. These can be critically important advances, and they are preferred by consumers. Thus, one person's "evergreening" is another person's innovation. I take extended release drugs (and expensive generic) to avoid side effects and I gave my son dissolvable Prevacid when he wouldn't stop crying with GERD (and was glad for it). Without consumer data or patent data, it is impossible to tell just how much evergreening is going on (or how harmful it is). Now, if these patents are obvious because making them dissolvable or extended is easy, I'm all for stripping protection - but that's a different issue.

Third, the article speaks of orphan drug approvals as if they are a bad thing. This made me bristle, quite frankly. My mother has an extremely rare autoimmune disease that is very painful. I often wondered, isn't there some incentive to develop drugs to treat it? Turns out there is, and though she got no relief, apparently a bunch of other rare diseases did, and that's the whole point behind orphan drug exclusivity. Concern about this exclusivity seems misguided anyway. If it turns out that drug companies are gaming it and nobody actually needs the drug, then the the loss is not too large, because it's a small population and nobody needs the generic anyway. And if it turns out that they do need it, the Orange Book only limits labeling, and doctors are free to prescribe a generic for off-label use. Without evidence that doctors refuse to do so, there's no real evidence that Orphan exclusivity does much harm. In another personal story, my wife was prescribed a generic drug in a different formulation than the patented tablet for off-label use.

Fourth, and most generally, the article speaks of new patents as if there is no innovation. New use discoveries are important. Many of our most important drugs are not for their original uses. As far as I know, generics are not barred from finding new uses and patenting them, either, though admittedly their hands are tied for patient use. So, where the authors see evergreening, I see innovation. Maybe. Maybe it's obvious. But we can't tell that from this high level, and I'm not ready to write it all off as evergreening. It is telling that I was able to provide four personal stories about how supposed evergreening efforts benefited, would have benefited, or did not increase costs for my family or me (and thankfully none of them involved oxycodone).

### 1NC – AT: Innovation

**Pharma innovation is doing great now – answers all your warrants.**

Lisa Jarvis, 1-17-2020, "The new drugs of 2019," Chemical &amp; Engineering News, <https://cen.acs.org/pharmaceuticals/drug-development/new-drugs-2019/98/i3> //Jay

Although pharmaceutical companies last year were unable to top the record-shattering [59 new drugs approved in the US in 2018](https://cen.acs.org/pharmaceuticals/drug-development/new-drugs-2018/97/i3), they were still on a roll. In 2019, the Food and Drug Administration green-lighted 48 medicines, a crop that includes myriad modalities and many new treatments for long-neglected diseases. Taken together, the past 3 years of approvals represent drug companies’ most productive period in more than 2 decades. Still, some analysts caution that the steady flow of new medicines could mask troubling indications about the health of the industry. The year brought several notable trends. The first was an uptick in the number of novel mechanisms on display in the new drugs. Roughly 42% of the medicines were first in class, meaning they had new mechanisms of action; this is a jump over the prior 4 years, when that portion ranged between 32 and 36%. Another trend was the influx of newer modalities. While small molecules continue to account for the lion’s share of new molecular entities (NMEs), making up 67% of overall approvals in 2019, the list also includes several antibody-drug conjugates, an antisense oligonucleotide therapy, and a therapy based on RNA interference (RNAi). Yet another encouraging trend was the influx of innovative therapies for underserved diseases. Standout approvals include two new drugs for sickle cell anemia (Global Blood Therapeutics’ Oxbryta and Novartis’s Adakveo), an antibiotic for treatment-resistant tuberculosis (Global Alliance for TB Drug Development’s pretomanid), and a therapy for women experiencing postpartum depression (Sage Therapeutics’ Zulresso). “The quality of the drugs over the last decade or so has steadily improved since the depths of the innovation crisis 10–12 years ago,” says Bernard Munos, a senior fellow at FasterCures, a drug research think tank. “We’re seeing stuff that frankly would have looked like science fiction back then.” Those futuristic new therapies include [Novartis’s Zolgensma](https://cen.acs.org/articles/97/i22/FDA-approves-second-gene-therapy.html), a gene therapy for spinal muscular atrophy; Alnylam Pharmaceuticals’ Givlaari, the company’s second marketed RNAi-based therapy; and several critical vaccines for infectious diseases, including Ebola, smallpox, and dengue fever. Not all those edgy therapies appear in C&EN’s list. We track approvals granted through the FDA’s main drug approval arm, the Center for Drug Evaluation and Research; drugs like vaccines and gene therapies are generally reviewed through the agency’s Center for Biologics Evaluation and Research. The new-approvals list also doesn’t include several therapies that made their way to patients for the first time, even though the FDA doesn’t consider them new drugs. For example, the agency gave its green light to Johnson & Johnson’s Spravato, making it the first new treatment option for people with major depressive disorder in more than 50 years. The drug is the S enantiomer of ketamine, an N-methyl-D-aspartate receptor antagonist that had been long approved as an anesthetic, gained notoriety as a club drug, and was used for years off label to treat severe depression ([see page 18](https://cen.acs.org/biological-chemistry/neuroscience/Ketamine-revolutionizing-antidepressant-research-still/98/i3)). Also notable in 2019 was a slight dip in the number of cancer drugs, which in recent years typically made up more than a quarter of all new medicines. Last year’s 11 cancer treatments accounted for roughly 23% of approvals.

#### IP Protections are key to the pharma sector – strong innovation solves future pandemics.

**Wilbur 20** [Tom Wilbur, Tom Wilbur is Director of Public Affairs at PhRMA focusing on message development and opinion research. Prior to joining PhRMA in 2019, Tom worked on Capitol Hill and on political campaigns for nearly a decade, most recently responsible for communications, campaigns and strategy for U.S. Rep. Fred Upton and the House Energy and Commerce Committee. 5-4-2020, accessed on 8-3-2021, Catalyst.phrma.org, "What they are saying: Intellectual property protections are critical as we work to defeat COVID-19", <https://catalyst.phrma.org/what-they-are-saying-intellectual-property-protections-are-critical-as-we-work-to-defeat-covid-19>] Adam

The U.S. biopharmaceutical industry depends on reliable intellectual property (IP) protections to promote the development of new breakthrough treatments and cures for patients. Strong IP protections are especially important while biopharmaceutical companies work around the clock to develop solutions to help prevent infection and treat those with COVID-19, a disease cause by the novel strain of coronavirus. In fact, many of the existing medicines and investigational medicines being tested for COVID-19 exist today because of IP and other incentives that drove their research and development.

Here is a closer look at recent comments spotlighting how strong IP protections help fuel discovery efforts for COVID-19 treatments and vaccines:

“The world has placed its profound confidence in the free enterprise of the leading scientists and innovators to reach as many solutions as possible in the shortest amount of time. It is obviously a heavy weight for researchers to bear, but not a burden…Removing the ability of these first responders to own their work while they are in the process, or after completion, undermines their efforts. Keeping these rights intact not only allows more knowledge-sharing in the fight against COVID-19 but also ensures long-term research to ready the fight against the next pandemic, as well.” – Philip Thomas, policy analyst at the Property Rights Alliance, in [Morning Consult](https://morningconsult.com/opinions/fighting-covid-19-doesnt-require-selling-out-our-innovation-ecosystem/)

“Good patent policy incentivizes inventors to find solutions, not merely for today’s, but for tomorrow’s problems… America’s biomedical innovators have assumed the risk of costly dead ends along the long, bumpy road to developing a successful drug, device or test that addresses COVID-19. They’ve shouldered this burden in good faith in a no-holds-barred race on all fronts — diagnostics, ventilators, personal protective equipment, therapeutics and vaccines. For many, the IP exclusivity over the terms of their patents will help offset R&D costs eaten now.” – James Edwards, IP consultant and Gene Quinn, President and CEO of IP Watchdog Inc., in [IP Watchdog](https://www.ipwatchdog.com/2020/04/08/facilitating-innovation-to-fight-coronavirus-act-legislation-mixed-bag/id=120483/)

“The Bayh-Dole Act represents one of the bedrock policies that has helped make the U.S. biomedical innovation system the envy of the world and a key place the world is now turning to in the search for an accessible coronavirus vaccine or treatment. Those who would misguidedly interpret Bayh-Dole march-in-rights as a price-control provision that could be leveraged in the coronavirus case or other circumstances advocate for an approach that threatens to seriously deter biomedical innovation and undermine a key pillar of America’s biomedical innovation system.” – Stephen Ezell, vice president for global innovation policy at the Information Technology and Innovation Foundation, in [Morning Consult](https://morningconsult.com/opinions/how-bayh-dole-act-facilitates-development-coronavirus-therapies/)

“The appropriate intellectual property framework is enabling the rapid R&D response. Many potential treatments are based on decades of prior R&D and investment or originally were pioneered to treat other conditions. These breakthroughs were enabled by a robust innovation eco-system underpinned by effective IP.” – Oscar Guinea, senior economist at the European Centre for International Political Economy and Koen Berden, executive director of international trade at the European Federation of Pharmaceutical Industries and Associations in [EFPIA News](https://www.efpia.eu/news-events/the-efpia-view/blog-articles/trade-policy-and-covid-19-openness-and-cooperation-in-times-of-a-pandemic/)

“From the birth of the modern pharmaceutical industry in the early 20th century, the U.S. patent system incentivized R&D in new drugs and medical treatments. Our scientists have led the world in creating breakthrough medical treatments. The vaccines and drug treatments they created improved the quality of life and extended lifespans for billions of people around the world. Instead of imposing more price controls and regulatory burdens, lawmakers should be bolstering legal protection for innovations in life-saving [COVID-19] treatments and cures. They should reform the patent laws to ensure investments continue in creating new cures.” – Adam Mossoff, patent law expert at Antonin Scalia Law School at George Mason University and senior fellow at the Hudson Institute, in [The Washington Times](https://www.washingtontimes.com/news/2020/mar/12/patent-term-extensions-will-help-speed-up-developm/)

“The right of exclusivity that IP, particularly patents, provides innovators is critical to developing and commercializing cutting-edge inventions in biopharma… American IP, including the right to exclude competitors during the limited duration of a patent term, is essential to our solving the current global medical crisis, continually introducing new cures and better therapies and sustaining the high-skill jobs in the life sciences sector.” – James Edwards, IP consultant in [IP Watchdog](https://www.ipwatchdog.com/2020/03/10/wont-stop-coronavirus-without-ip/)

Strong IP protections support America’s robust innovation ecosystem by striking a balance between promoting innovation and meeting the needs of patients who rely on lifesaving therapies, like those in development to treat COVID-19. America’s biopharmaceutical companies are committed to ensuring that treatments and vaccines developed for COVID-19 are available to all who need them. For more information on the importance of IP rights, visit our [IP page](https://www.phrma.org/advocacy/intellectual-property) and stay tuned for our next IP Explained post.

### 1NC – AT: Cancer

#### 1] No Extinction– even if it can spread between people how does it overcome treatments, quarantine, or incredibly slow speeds which means you should draw a line between 1ac ev and 1ar spin

#### 2] It’s low probability, doesn’t grow, and can’t transfer from animals. – we read blue

Johnson 16 George Johnson 2-23-2016 “Scientists Ponder the Prospect of Contagious Cancer” <https://www.nytimes.com/2016/02/23/science/scientists-ponder-the-prospect-of-contagious-cancer.html?mcubz=0> (columnist and science journalist for the New York Times, M.A. in Journalism and Public Affairs, American University)//Elmer

For all its peculiar horror, cancer comes with a saving grace. If nothing else can stop a tumor’s mad evolution, the cancer ultimately dies with its host. Everything the malignant cells have learned about outwitting the patient’s defenses — and those of the oncologists — is erased. The next case of cancer, in another victim, must start anew. Imagine if instead, cancer cells had the ability to press on to another body. A cancer like that would have the power to metastasize not just from organ to organ, but from person to person, **evolving deadly new skills** along the way. While there is no sign of an imminent threat, several recent papers suggest that the eventual emergence of a contagious human cancer is in the realm of medical possibility. This would **not be a disease**, like cervical cancer, that is set off by the spread of viruses, but rather one in which cancer cells actually travel from one person to another and thrive in their new location. So far this is known to have happened only under the most unusual circumstances. A 19-year-old laboratory worker who pricked herself with a syringe of colon cancer cells developed a tumor in her hand. A surgeon acquired a cancer from his patient after accidentally cutting himself during an operation. There are also cases of malignant cells being transferred from one person to another through an organ transplant or from a woman to her fetus. On each of these occasions, the malignancy went no further. The only known cancers that continue to move from body to body, evading the immune system, have been found in other animals. In laboratory experiments, for instance, cancer cells have been transferred by mosquitoes from one hamster to another. And so far, three kinds of contagious cancers have been discovered in the wild — in dogs, Tasmanian devils and, most recently, in soft shell clams. The oldest known example is a cancer that spreads between dogs during sexual intercourse — not as a side effect of a viral or bacterial infection, but rather through direct conveyance of cancer cells. The state of the research is described in a review, “The Cancer Which Survived,” published last year by Andrea Strakova and Elizabeth P. Murchison of the University of Cambridge. The condition, canine transmissible venereal tumor disease, is believed to have sprung into existence 11,000 years ago — as a single cell in a single dog — and has been circulating ever since. (Why did this happen in dogs and not, say, cats? Perhaps because of what the authors demurely call the dogs’ “long-lasting coital tie” — the half an hour or so that a male and female are locked in intercourse, tearing genital tissues and providing the cancer cells with a leisurely crossing.) Normally a cancer evolves in a single body over the course of years or decades, accumulating the mutations that drive it to power. But to have survived for millenniums, researchers have proposed, canine cancer cells may have developed mechanisms — like those in healthy cells — to repair and stabilize their own malignant genomes. Early on, cancer cells typically flourish by **disabling DNA repair** and ramping up the **mutational frenzy**. Somewhere along the way, the age-old canine cells may have reinvented the device to extend their own longevity. There is also speculation that this cancer may have learned to somehow modify canine sexual behavior in ways that promote the disease’s spread and survival. The second kind of contagious cancer **was discovered in** the mid-1990s in **Tasmanian devils**, which spread malignant cells as they try to tear off one another’s faces. Though it may be hard to sympathize, devil facial tumor disease threatens the creatures with extinction. With so few examples, transmissible cancer has been easy to dismiss as an aberration. But in December, scientists at the Universities of Tasmania and Cambridge reported in Proceedings of the National Academy of Sciences that Tasmanian devils are passing around another kind of cancer — genetically distinct from the first. It’s weird enough that one such cancer would arise in the species. What are the chances that there would be two? One theory is that the animals are unusually vulnerable. Driven so close to extinction — by climate change, perhaps, or human predators — the species is lacking in genetic diversity. The cells of another devil injected through a vicious wound may seem so familiar that they are ignored by the recipient’s immune system. If some of the cells carry the mutations for the facial cancer, they might be free to flourish and develop into a new tumor. But the scientists also proposed a more disturbing explanation: that the emergence of contagious cancer may not be so rare after all. “The possibility,” they wrote, “warrants further investigation of the risk that such diseases could arise in humans.” Cancer has probably existed ever since our first multicellular ancestors appeared on Earth hundreds of millions of years ago. The life spans of even the longest-lived animals may be just too brief for cancers to easily evolve the ability to leap to another body. Otherwise, contagious cancer would be everywhere.

### 1NC – AT: AMR

#### 1] Low prices independently cause AMR.

Babu and Suma 6 Babu, Varsha, and C. Suma. "Antibiotic pricing: when cheaper may not be better." Clinical infectious diseases 43.8 (2006): 1085-1086. (Government Primary Health Center)//Elmer

To The Editor—Antibiotics in India have always been cheaper in absolute terms thanks to weak patent laws that have been in effect until recently. Because a direct translation of drug prices from US dollars to Indian rupees (INR) would have rendered most new antibiotics inaccessible to the vast majority of Indians, such patent violations were subtly encouraged. Even despite this, we were caught unaware when pharmaceutical representatives approached our primary care center in rural India, claiming that a 5-day course of levofloxacin would henceforth cost the patient ∼INR 20 (<$0.50). Reluctant to accept such a statement at face value, we consulted the CIMS Updated Prescriber's Handbook [1], a popular index of pharmaceutical drugs available in India. Here, we discovered that a 5-day course of oral levofloxacin (500 mg once daily) cost anywhere from INR 19.5 to INR 475 ($0.50–$10.50), with most companies pricing their brand at <$1 for a full course. The same course in the United States would cost >$100. Intrigued, we did some more research and came up with the following results. The cheapest 5-day courses of first-line antibiotics, such as oral amoxicillin (500 mg thrice daily) or oral erythromycin (500 mg 4 times daily), cost INR 45 ($1) and INR 90 ($2), respectively. On the other hand, the cost of a 3-day course of oral azithromycin (500 mg daily) was one-half that of a course of erythromycin. Despite the obvious price advantage to the patients, we find this trend troubling. **Lower prices** often **lead to wider prescription of a given drug**, especially in resource-limited settings. **If** second-line **antibiotics**—such as levofloxacin and azithromycin—**are made available at lower prices** than first-line antibiotics, **there is a high probability of their overuse and subsequent development of resistance**. In the face of **very low costs of medication**, patients are unlikely to complain of escalating medical expenses. The issue assumes more gravity when one considers the fact that levofloxacin is an important second-line drug for the treatment of tuberculosis [2]. Its widespread use in the community **is likely to lead to emergence of resistance** **among** **mycobacteria** **and** delayed diagnosis of **tuberculosis** [3]—an occurrence that India, with its large population of tuberculosis-affected patients, cannot afford. We believe we have encountered a situation where **low prices of antibiotics are likely to cause more harm than good**. In the post World Trade Organization treaty scenario, governments in resource-limited countries should use their privileges of essential drug control to ensure that the costs of first-line antibiotics remain lower than those of second-line drugs. Such a government-instituted ladder in antibiotic pricing is essential to prevent the misuse of antibiotics in the community and to ensure that antibiotic resistance is kept at low levels.

#### Evolving superbugs trigger extinction.

Srivatsa ’17 (Kadiyali; specialist in pediatric intensive and critical care medicine in the UK. Invented the bacterial identification tool ‘MAYA’; 1-12-2017; "Superbug Pandemics and How to Prevent Them", American Interest; https://www.the-american-interest.com/2017/01/12/superbug-pandemics-and-how-to-prevent-them/, Accessed: 8-31-2021; AU)

It is by now no secret that the human species is locked in a race of its own making with “superbugs.” Indeed, if popular science fiction is a measure of awareness, the theme has pervaded English-language literature from Michael Crichton’s 1969 Andromeda Strain all the way to Emily St. John Mandel’s 2014 Station Eleven and beyond. By a combination of massive inadvertence and what can only be called stupidity, we must now invent new and effective antibiotics faster than deadly bacteria evolve—and regrettably, they are rapidly doing so with our help. I do not exclude the possibility that bad actors might deliberately engineer deadly superbugs.1 But even if that does not happen, humanity faces an existential threat largely of its own making in the absence of malign intentions. As threats go, this one is entirely predictable. The concept of a “black swan,” Nassim Nicholas Taleb’s term for low-probability but high-impact events, has become widely known in recent years. Taleb did not invent the concept; he only gave it a catchy name to help mainly business executives who know little of statistics or probability. Many have embraced the “black swan” label the way children embrace holiday gifts, which are often bobbles of little value, except to them. But the threat of inadvertent pandemics is not a “black swan” because its probability is not low. If one likes catchy labels, it better fits the term “gray rhino,” which, explains Michele Wucker, is a high-probability, high-impact event that people manage to ignore anyway for a raft of social-psychological reasons.2 A pandemic is a quintessential gray rhino, for it is no longer a matter of if but of when it will challenge us—and of how prepared we are to deal with it when it happens. We have certainly been warned. The curse we have created was understood as a possibility from the very outset, when seventy years ago Sir Alexander Fleming, the discoverer of penicillin, predicted antibiotic resistance. When interviewed for a 2015 article, “The Most Predictable Disaster in the History of the Human Race,” Bill Gates pointed out that one of the costliest disasters of the 20th century, worse even than World War I, was the Spanish Flu pandemic of 1918-19. As the author of the article, Ezra Klein, put it: “No one can say we weren’t warned. And warned. And warned. A pandemic disease is the most predictable catastrophe in the history of the human race, if only because it has happened to the human race so many, many times before.”3 Even with effective new medicines, if we can devise them, we must contain outbreaks of bacterial disease fast, lest they get out of control. In other words, we have a social-organizational challenge before us as well as a strictly medical one. That means getting sufficient amounts of medicine into the right hands and in the right places, but it also means educating people and enabling them to communicate with each other to prevent any outbreak from spreading widely. Responsible governments and cooperative organizations have options in that regard, but even individuals can contribute something. To that end, as a medical doctor I have created a computer app that promises to be useful in that regard—of which more in a moment. But first let us review the situation, for while it has become well known to many people, there is a general resistance to acknowledging the severity and imminence of the danger. What Are the Problems? Bacteria are among the oldest living things on the planet. They are masters of survival and can be found everywhere. Billions of them live on and in every one of us, many of them helping our bodies to run smoothly and stay healthy. Most bacteria that are not helpful to us are at least harmless, but some are not. They invade our cells, spread quickly, and cause havoc that we refer to generically as disease. Millions of people used to die every year as a result of bacterial infections, until we developed antibiotics. These wonder drugs revolutionized medicine, but one can have too much of a good thing. Doctors have used antibiotics recklessly, prescribing them for just about everything, and in the process helped to create strains of bacteria that are resistant to the medicines we have. We even give antibiotics to cattle that are not sick and use them to fatten chickens. Companies large and small still mindlessly market antimicrobial products for hands and home, claiming that they kill bacteria and viruses. They do more harm than good because the low concentrations of antimicrobials that these products contain tend to kill friendly bacteria (not viruses at all), and so clear the way for the mass multiplication of surviving unfriendly bacteria. Perhaps even worse, hospitals have deployed antimicrobial products on an industrial scale for a long time now, the result being a sharp rise in iatrogenic bacterial illnesses. Overuse of antibiotics and commercial products containing them has helped superbugs to evolve. We now increasingly face microorganisms that cannot be killed by antibiotics, antifungals, antivirals, or any other chemical weapon we throw at them. Pandemics are the major risk we run as a result, but it is not the only one. Overuse of antibiotics by doctors, homemakers, and hospital managers could mean that, in the not-too-distant future, something as simple as a minor cut could again become life-threatening if it becomes infected. Few non-medical professionals are aware that antibiotics are the foundation on which nearly all of modern medicine rests. Cancer therapy, organ transplants, surgeries minor and major, and even childbirth all rely on antibiotics to prevent infections. If infections become untreatable we stand to lose most of the medical advances we have made over the past fifty years.

### 1NC – AT: Global Health Diplomacy

#### 2] donations solve—pharma companies donate a lot of drugs every year to fight NTDs

USAID (<https://www.neglecteddiseases.gov/about/drug-donation-partnerships/>) Ngong

The vast reach of USAID’s NTD Program and the NTD treatments delivered have been made possible due to generous commitments from the pharmaceutical sector. Six of the drugs needed to eliminate and control NTDs are donated by the pharmaceutical companies Eisai, GlaxoSmithKline, Merck & Co., Merck KGaA, Johnson & Johnson and Pfizer. The USAID NTD Program works with countries to forecast and efficiently distribute these donated drugs to target audiences.

Since USAID’s NTD Program began distributing donated drugs in 2007, the drug donation programs have expanded significantly. The NTD drugs donated to the USAID-supported countries have been valued at over $27.6 billion, representing the largest public-private partnership in the Agency, with a leverage of $26 in donated drugs for every tax dollar spent by USAID.