# 1NC

## 1

#### Interpretation: The affirmative debater must defend reducing intellectual property protections for substances that treat diseases. To clarify, they may not defend substances that prevent diseases.

#### Violation: They defend vaccines

#### Medicines treat diseases

Webster (Merriam Webster is America's leading and most-trusted provider of language information, accessed on 6-30-21, Merriam Webster, "Definition of MEDICINE,” https://www.merriam-webster.com/dictionary/medicine)// ww pbj

Definition of medicine 1a: a substance or preparation used in treating disease cough medicine

#### Treatment is different than prevention

Pflanzer 20 (Lydia Ramsey Pflanzer is a healthcare editor for Business Insider. She joined Business Insider in 2015 after graduating from Northwestern University, 4-29-2020, accessed 6/30/21, "Scientists are racing to discover ways to treat and prevent coronavirus. Here's the difference between a treatment and a vaccine.," Business Insider, <https://www.businessinsider.com/whats-the-difference-between-a-vaccine-and-a-treatment-2020-4)//ww> pbj

Vaccines are used to prepare the body's immune system to fight off infections. They work by giving the body a small taste of what the virus is like so that way it can produce antibodies that fight off an intruding virus, ideally keeping people from falling ill. Some vaccines protect better than others, and they're typically administered across broad populations. There are vaccines for some infectious diseases, like the flu, smallpox, measles, and chickenpox. But others, like HIV and hepatitis C, don't have vaccines that protect against them. Vaccines that protect against two other deadly outbreaks, MERS and SARS, have yet to be approved after the outbreaks subsided. There are more than 70 potential coronavirus vaccines in the works, with a number in early human trials. Drugmakers are looking into ways to produce the billions of doses that might be needed to suppress the pandemic. Read more: There are more than 70 potential coronavirus vaccines in the works. Here are the top efforts to watch, including the 16 vaccines set to be tested in people this year. FILE - In this March 2020 photo provided by Gilead Sciences, a vial of the investigational drug remdesivir is visually inspected at a Gilead manufacturing site in the United States. Given through an IV, the medication is designed to interfere with an enzyme that reproduces viral genetic material. (Gilead Sciences via AP) FILE - In this March 2020 photo provided by Gilead Sciences, a vial of the investigational drug remdesivir is visually inspected at a Gilead manufacturing site in the United States. Given through an IV, the medication is designed to interfere with an enzyme that reproduces viral genetic material. (Gilead Sciences via AP) Associated Press Treatments, on the other hand, are meant to do just that: treat COVID-19, helping patients sickened by the virus survive and recover more quickly. Treatments for disease are there to lessen symptoms and ultimately improve the outcomes of a particular disease. Sometimes, medications can be used preventatively. For instance, patients with high cholesterol might be prescribed a medication called a statin to prevent heart attacks. Some potential coronavirus treatments are being studied to see if they can prevent people from contracting the virus in the first place. For COVID-19, researchers are testing everything from antimalarial medications to antivirals, to even common heartburn medications in hospitalized patients with the hopes that more patients will survive severe forms of the illness and potentially recover faster. Some are looking at ways to use patients' own bodies to fight the virus with antibody treatments.

#### Standards:

#### [1] Limits – they explode the topic to include tons of substances that prevent disease rather than treat them like soap, medical supplies, or food and make it so there is *no* unified neg generics. The aff still gets the core of the topic lit: they get medicine, innovation, and global inequality. Explosion of aff ground makes neg prep burden impossible, either killing neg ground or forcing the neg to read generics that barely link, always letting aff win. Force the 1AR to read a definition card with a clear list of what’s included and excluded – otherwise, vote neg since they can’t put a clear limit on the topic. Our interp solves – it establishes a clear bright-line for that gives the neg a chance to predict and prepare for every aff ahead of time. At best, the aff’s extra-T still links to all our offense since they can get extra-T advantages to solve disads and defend whatever they want, magnifying limits.

#### [2] Precision – not defending the text of the resolution justifies the affirmative doing away with random words in the resolution which a] means they’re not within the topic which is a voter for jurisdiction since you can only vote affirmative on the resolution and this debate never should have happened, b] they’re unpredictable and impossible to engage in so we always lose

#### Drop the Debater –

#### [1] sets a precedent that debaters wont be abusive

#### [2] DTA is the same since you drop the aff

#### Voters:

#### [1] Fairness – constitutive to the judge to decide the better debater, only fairness is in your jurisdiction because it skews decision making

#### [2] Education – the only portable education from debate that we care about

#### DTD:

#### [1] it drops the whole AC so dta is the same thing.

#### [2] deters future abuse since wins and losses determine the activity’s direction.

#### Competing Interps:

#### [1] reasonability on t is incoherent: you’re either topical or you’re not – it’s impossible to be 77% topical, links to all limits offense

#### [2] functionally the same as reasonability – we debate over a specified briteline which is a counter interp

#### [3] judge intervention – judge has to intervene on what’s reasonable, creates a race to the bottom where debaters exploit judge tolerance for questionable argumentation.

#### No RVIs

#### [1] illogical for you to get offense just for being fair – it’s the 1ac’s burden

#### [2] baiting - rvi’s incentivize debaters to read abusive positions to win off theory

#### [3] discourages checking abuse since debaters will be afraid to lose on theory

## 2

#### 1] Interpretation - Reduce means permanent reduction – it’s distinct from “waive” or “suspend.”

**Reynolds 59** (Judge (In the Matter of Doris A. Montesani, Petitioner, v. Arthur Levitt, as Comptroller of the State of New York, et al., Respondents [NO NUMBER IN ORIGINAL] Supreme Court of New York, Appellate Division, Third Department 9 A.D.2d 51; 189 N.Y.S.2d 695; 1959 N.Y. App. Div. LEXIS 7391 August 13, 1959, lexis)

Section 83's counterpart with regard to nondisability pensioners, section 84, prescribes a reduction only if the pensioner should again take a public job. The disability pensioner is penalized if he takes any type of employment. The reason for the difference, of course, is that in one case the only reason pension benefits are available is because the pensioner is considered incapable of gainful employment, while in the other he has fully completed his "tour" and is considered as having earned his reward with almost no strings attached. It would be manifestly unfair to the ordinary retiree to accord the disability retiree the benefits of the System to which they both belong when the latter is otherwise capable of earning a living and had not fulfilled his service obligation. If it were to be held that withholdings under section 83 were payable whenever the pensioner died or stopped his other employment the whole purpose of the provision would be defeated, i.e., the System might just as well have continued payments during the other employment since it must later pay it anyway.  [\*\*\*13] The section says "reduced", does not say that monthly payments shall be temporarily suspended; it says that the pension itself shall be reduced. The plain dictionary meaning of the word is to diminish, lower or degrade. The word "reduce" seems adequately to indicate permanency.

#### It’s temporary –

#### [Pre-empting the We Meet] – Plan Text in a Vacuum is a useless guideline since words are contextually defined based on function – the only basis for determining Topicality should be if the implementation of the Plan as per their 1AC solvency evidence follows the directional meaning of the Topic’s intent – anything else allows the 1AR to re-contextualize what the Plan says forcing the 1NC to predict infinite 1AR spin since they’re not tied to their evidence.

#### 3] Vote neg for limits and neg ground – re-instatement under any infinite number of conditions doubles aff ground – every plan becomes either temporary or permanent – you cherry-pick the best criteria and I must prep every aff while they avoid core topic discussions like reduction-based DAs which decks generics like Pharma Innovation and Bio-Tech.

#### 5] TVA solves – permanently reduce COVID patents.

#### 6] Paradigm Issues –

#### a] Topicality is Drop the Debater – it’s a fundamental baseline for debate-ability.

#### b] Use Competing Interps – 1] Topicality is a yes/no question, you can’t be reasonably topical and 2] Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation.

#### c] No RVI’s - 1] Forces the 1NC to go all-in on Theory which kills substance education, 2] Encourages Baiting since the 1AC will purposely be abusive, and 3] Illogical – you shouldn’t win for not being abusive.

Reject 1AR theory- A] 7-6 time skew means it’s endlessly aff biased B] I don’t have a 3nr which allows for endless extrapolation C] 1AR theory is skewed to the aff because they have a 2ar judge psychology warrant.

Infinite abuse claims are wrong- A] Spikes solve-you can just preempt paradigms in the 1AC B] Functional limits- 1nc is only 7 minutes long

## 3

#### The intertwined regimes of power that construct society define themselves in opposition to the queer Other that directly threatens the “good” National population. Binaries that paint the Other as the virus infiltrating the healthy population that must be located and “cured” mark queer bodies for violence and death.

Spade 2011 - Dean Spade is a lawyer, writer, trans activist, and Associate Professor of Law at Seattle University School of Law. In 2002, he founded the Sylvia Rivera Law Project, a non-profit law collective in New York City that provides free legal services to transgender, intersex and gender non-conforming people who are low-income and/or people of color (“Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law,” South End Press) hrmb.

This way of understanding the dispersion of power helps us realize that power is not simply about certain individuals being targeted for death or exclusion by a ruler, but instead about the creation of norms that distribute vulnerability and security. When we think about power this way, we undertake a different kind of examination of conditions that concern us, asking different questions. Mitchell Dean describes how this kind of analysis attends to the routines of bureaucracy; the technologies of notation, recording, compiling, presenting and transporting of information, the theories, programmes, knowledge and expertise that compose a field to be governed and invest it with purposes and objectives; the ways of seeing and representing embedded in practices of government; and the different agencies with various capacities that the practices of government require, elicit, form and reform. To examine regimes of government is to conduct analysis in the plural: there is already a plurality of regimes of practices in a given territory, each composed from a multiplicity of in principle unlimited and heterogeneous elements bound together by a variety of relations and capable of polymorphous connections with one another. Regimes of practices can be identified whenever there exists a relatively stable field of correlation of visibilities, mentalities, technologies and agencies, such that they constitute a kind of taken- for- granted point of reference for any form of problematization.6 This kind of analysis can be seen in the work of those using “industrial complex” terms to describe and resist the forces of militarization and criminal punishment that pervade US society. It can also be seen in the work that is being done for disability justice.

Critical disability studies and the disability rights and disability justice movements have shown us how regimes of knowledge and practices in every area of life establish norms of “healthy” bodies and minds, and consign those who are perceived to fall outside those norms to abandonment and imprisonment.7 Policies and practices rooted in eugenics have attempted (and continue to attempt) to eliminate the existence of people who fall outside those norms. Native scholars and activists have shown how white European cultural norms determine everything from what property is to what gender and family structure should look like, and how every instance of the imposition of these norms has been used in the ser vice of the genocide of indigenous people. In these locations and many others, we can see how the circulation of norms creates an idea that undergirds conditions of violence, exploitation, and poverty that social movements have resisted— the idea that the national population (*constructed* as those who meet racial, gender, sexual, ability, national origin, and other norms) must be protected from those “ others” (those outside of such norms) who are portrayed again and again in new iterations at various historical moments as “threats” or “drains.” This operation of norms is central to producing the idea of the national body as ever- threatened and to justifying the exclusion of certain populations from programs that distribute wealth and life chances (white schools, Social Security benefits, land and housing distribution programs) and the targeting of these same populations for imprisonment and violence (including criminal punishment, immigration enforcement, racist drug laws, sterilization, and medical experimentation). Even though norms are incorporated into various spaces and institutions inconsistently and applied arbitrarily, they still achieve the overall purpose of producing security for some populations and vulnerability for others. Many social movements have produced analyses of how various groups are harmed by the promotion of a national identity centered in norms about race, bodies, health, gender, and reproduction. These constructs often operate in the background and are presumed as “neutral” features of various administrative systems. The existence and operation of such administrative norms is therefore less visible than those moments when people are fired or killed or excluded explicitly because of their race or body type or gender, yet they sometimes produce more significant harm because they structure the entire context of life. I am going to return again and again in the chapters that follow to key examples, such as the dismantling of welfare programs and the expansion of criminal and immigration enforcement, that are central to contemporary politics and help illustrate how life chances are distributed through racialized- gendered systems of meaning and control, often in the form of programs that attest to be race- and gender- neutral and merely administrative.

#### THE AFF IS SAVIORISM: “implementing a waiver”, “multilateral cooperation supports and encourages trade, which, in turn, fosters peace”, -- they POSIT THE WTO AS NECESSARY AND AS IMPORTANT and the WTO is

THEN THEY also link to extinction/apocalyptic rhetoric – “existential threats”,

#### The assumptions of the west that through the spread and accessibility of medicine that it “SOLVES FOR DEATH” is one that ignores the situation of those otherized: they may not want to talk about why they got the disease, or the homosexual lives they lead and the “corrective r\*pe” that they had to go through. The West through doing this will further conflate sexual activity with sexual identity and consigns those who are homosexual to be diseased. Spurlin ‘18

[Spurlin, William J. “Queer Theory and Biomedical Practice: The Biomedicalization of Sexuality/The Cultural Politics of Biomedicine.” The Journal of medical humanities vol. 40,1 (2019): 7-20. doi:10.1007/s10912-018-9526-0]kitkat

The biomedicalization of homosexuality under National Socialism was by no means a momentary aberration as nationalist discourses in much of the postcolonial world today read homosexuality as a colonial import and as a form of western decadence that is foreign to indigenous cultural traditions. **Western biomedicine has played a role historically as a tool of imperial power.** Frantz Fanon, an early postcolonial theorist originally from Martinique who studied medicine and psychiatry in France, and served a medical residency in Algeria and became involved in Algeria’s struggle for independence, noted that medical knowledge was one of the most insidious tools of colonial conquest and contributed to the dehumanizing logic of colonial rule (1963, 296). Similarly speaking of the French colonial conquest of Algeria, Richard Keller notes in Colonial Madness that physicians, surgeons, and pharmacists saw diagnosis and treatment as a contest over civilization alongside health and disease (2007, 11). In terms of sexuality, this meant that European physicians in the late nineteenth and early twentieth centuries read Africa in particular as “a space of savage violence and lurid sexuality” (1). Largely as a result of the effects of the so-called civilizing mission of colonialism, and the remnants of homophobic laws that often have their origins in colonial administration, **HIV/AIDS sufferers in many postcolonial societies today bear the stigma of sexual deviance and moral laxity**, and **these markings have been shaped by a history of imperialism, outdated western psychiatric opinion on the etiology of homosexuality, and causal links between homosexuality and HIV/AIDS constructed by western biomedicine in the early history of the pandemic.** Yet the effects of the biomedical justification of colonial rule continue in the contemporary surveillance and tracking of HIV/AIDS by global health institutions such as the World Health Organization (WHO) and UNAIDS. As Cindy Patton has argued, the term “African AIDS,” used early in the pandemic, mobilized racist ideologies of unchecked, unbridled sexuality amongst indigenous Africans and amongst blacks in general.8 The rhetorical strategies of medical thought-styles in representations of HIV/AIDS globally, Patton notes, have been deeply layered with social ideologies around race, class, and sexuality, and have the power “to structure the terms through which bodies become visible as the locations of disease, of an epidemic” (2002, 26). Another problem with the effects of imperialism was the initial reluctance of many African nations to admit to a presence of homosexuality within their borders and even higher rates of HIV infection than were originally assumed or predicted. This was tied to **deep-seated historical anxieties** about discursive appropriations of African sexuality by the West in decadent terms, a legacy of colonialism which remains, as with the term “African AIDS,” in discourses surrounding the global surveillance and tracking of HIV/AIDS. At the same time, the reading of homosexuality as un-African by some strands of African cultural nationalism produced a significant gap for those at risk for HIV who escaped the categories of the West, given that some indigenous African men practiced anal sex with other men but did not identify as gay and lived heterosexual lives publicly, which was compounded by the fact that the WHO saw HIV transmission in Africa largely in heterosexual terms in the early days of the pandemic. **AIDS educators were not initially sensitive to the fact that anal sex has different meanings and values in different cultural systems that needed to be addressed in helping those men,** who engaged in the practice of anal sex with other men as partners, recognize that safer sex applied to them as well, even if they resisted taking on a gay identity as it is understood in the West. The adoption of the descriptive phrase “men who have sex with men,” or MSM, by the WHO’s Global Programme on AIDS provided a thinly veiled screen, or closet, at the time, not of mere secrecy but of a “safe” identity that was more legibly heterosexual but later, it was realized, no less at risk for HIV transmission or infection. The **problem with western understandings of homosexuality, initially imposed by global health organizations on indigenous men who have sex with men, was not so much the conflation of anal sex with homosexuality but the conflation of sexual practice with sexual identity**, which places Foucault’s proposition of a shift in homosexuality in the nineteenth century from a temporary aberration to an emergent identic category (1980, 42-43) even more firmly in the West. More important, such imperialist thinking missed significant forms of HIV transmission not immediately apparent to western thinking, which was based on the confluence of sexual practice with sexual identity and resulted in subsequent gaps and delays in education and prevention programs in large parts of sub-Sahara Africa early in the pandemic. **Additionally, placid assumptions in the West that the availability of anti-retroviral (ARV) medication no longer signifies eventual death for those who are HIV-positive fail to recognize that this is precisely what it does signify for the many indigenous Africans in sub-Sahara Africa dying from AIDS-related illnesses each day.** South Africa has the highest prevalence of HIV/AIDS in the world, estimated by the South African government’s statistical report of 2015 to be at about 6.19 million of its total population of 54.96 million with the highest impact of HIV/AIDS falling on indigenous African women (Statistics South Africa 2015). A report on violence against women and HIV/AIDS by the UNAIDS Coalition on Women and AIDS and the WHO points to the everyday realities of gender inequality and intimate partner violence in South Africa. It is difficult for women, particularly younger women, to negotiate condom use with intimate male partners. High rates of gender-based violence and rape often serve as barriers to women seeking HIV testing, anti-retroviral treatment, and access to services which could prevent mother to child transmission (UNAIDS Global Coalition on Women and AIDS and WHO 2005). Alarming numbers of indigenous African women who identify as lesbian experience “corrective rape” as a cure for their so-called aberrant desires, placing them at risk for HIV/AIDS as well. **Another issue pointing to the high prevalence of HIV/AIDS in South Africa is that in the late 1990s and in the early part of the last decade, some global health officials argued that those living in poverty were not literate enough to follow the prescribed regimen of treatment for taking ARV medication; this racist argument, in turn, was appropriated by western pharmaceutical companies as a rationale for not lowering the cost of the drugs so that they would be affordable to poorer South Africans, arguing that a failure to take the drugs responsibly could lead to drug-resistant strains of HIV.** The Treatment Action Campaign (TAC) in South Africa has been the most vocal and visible lobby fighting for the rights of HIV-positive people for equal access to treatment; in the late 1990s, TAC willfully ignored international trade agreements pertaining to the production, import, and use of less costly generic versions of patented ARV drugs for the treatment of HIV infection. More recently, TAC has put pressure on UNAIDS not to overstate the likelihood of ending HIV/AIDS given the deleterious effects this could have on donorship for global HIV/AIDS funding and the politics of sexual healthcare in the developing world. The French nongovernmental human rights organization, Médecins Sans Frontières/Doctors without Borders, has worked in some of the most impoverished townships in South Africa providing ARV and TB medication to those living with HIVAIDS who are facing the challenges of poverty, marginalization, and stigma. Their work defies earlier biomedical discourses on HIV/AIDS in Africa purporting that poor Africans were too uneducated to take the medications responsibly. Given South Africa’s history of disobedience, struggle, and resistance to oppressive regimes, this work calls attention to the production and distribution of power which certainly is imbricated with biomedical thinking around ARV access and pricing in the developing world. In conclusion**, if sexual desire can become a mechanism for various forms of social manipulation, how does western biomedicine continue to play a significant political role in the cultural management of gender and sexual norms? How might the relationship between the clinical and cultural spheres be better engaged in biomedical knowledge and practice**, especially around the topic of sexual health, given biomedicine’s historic failure to recognize the influence of homophobia and transphobia in, and their reproduction through, the diagnostic histories of homosexuality and GIDC, and the racial, gender, class, and sexual ideologies that constructed early readings of the HIV/AIDS pandemic in the West and in the postcolonial world? While the identification of risk groups is key for understanding patterns of disease transmission, especially in the case of HIV/AIDS in the context of sexual health, and is essential to helping people to avoid becoming ill, what social and cultural ideologies are operating in epidemiological discourses about specific risk groups and their behavior? **Where will this theorization occur?**

#### There is a promotion of reproductive futurism to escape our insecurity in the face of nuclear threat, under a duty to a state. This nuclear risk threatens the ability for life and longevity in the status quo. Shipley ‘13

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When Jonathan Schell's The Fate of the Earth first appeared in 1982, its most talked-about passage was a graphic description of what would happen if a twenty-megaton bomb were detonated over the center of Manhattan. The ensuing account of how-a full-scale nuclear change would likely extinguish humankind along with the majority of earth's species, leaving a "republic of insects and grass," completed the **book's infernal vision**. Largely owing to this vivid thought-experiment, Schell's book helped reenergize the anti-nuclear movement in the U.S., and its cautionary portrait of a dead, irradiated planet was absorbed into mass-culture such that, read now, it chastens but does not stun. But there is a still-astonishing moment in The Fate of the Earth. This occurs in a section called "The Second Death," where Schell adopts "the view of our children and grandchildren, and of all the future generations of mankind, stretching ahead of us in time." A **nuclear extinction event, he argues, would wipe out not only the living but all of the unborn as well;** this "second death" would be the death of a longitudinal, progenerative human future, the death of the supersession of generations and thus, as he puts it, **"the death of death."**2 That we live in the shadow of the death of death, says Schell, is nowhere more apparent than in our growing ambivalence toward—and here is the surprise—marriage, an institution that consecrates a personal relationship by connecting it to the biological continuity of the species. "[By] swearing their love in public," he writes, "the lovers also let it be known that their union will be a fit one for bringing children into the world." In a world overshadowed by extinction, the biological future that endows love with social meaning begins to dematerialize, and love becomes, in response, "an ever more solitary affair: impersonal, detached, pornographic. It means something that we call both pornography and nuclear destruction 'obscene.'" Although Schell is not explicit about what forms of sexual detachment he laments here, "**The Second Death" clearly implies that any sex decoupled from biological continuity and seeking refuge in licentious, solitary, distant, or momentary enjoyment—any sex that deviates from a reproductive notion of the future—is a symptom of our nuclear extinction syndrome.** Thus when Schell, oddly quoting Auden, says that the peril of extinction thwarts "Eros, builder of cities," he doesn't need to invoke "sodomy, destroyer of cities" for a link between queerness and extinction to be forged.' By installing a reproductive futurism at the heart of his admonitory project, Schell implicitly stigmatizes as futureless anyone who stands beyond reproductivism's pale: not just the homosexual but also the unmarried, the divorced, the impotent, the childless, the masturbator, the hedonist, the celibate

#### Debilitation and slow death are forms of control that emerge in order to avoid the spectacle of casualties; these biopolitical controls are wielded through social institutions, access to basic needs and medical care, and entrapment in cycles of oppression. As long as the state maintains its current power, militarily and economically, there can be no true change, just the endless shifting of other forms of control to maintain the same violent dynamics the current social empire necessitates. Puar ‘17

Jasbir Puar 2017 (The Right To Maim, Duke University Press pg x-xiv)

The might of Israel’s military—one of the most powerful in the world— is built upon the claim of an unchanging ontological vulnerability and precarity, driven by history, geopolitics, and geography. Alongside the “right to kill,” I noted a complementary logic long present in Israeli tactical calculations of settler colonial rule—that of creating injury and maintaining Palestinian populations as perpetually debilitated, and yet alive, in order to control them. The Israeli Defense Forces (idf) have shown a demonstrable pattern over decades of sparing life, of shooting to maim rather than to kill. This is ostensibly a humanitarian practice, leaving many civilians “permanently disabled” in an occupied territory of destroyed hospitals, rationed medical supplies, and scarce resources. This pattern appeared again during Operation Protective Edge; the number of civilian casualties was reported daily and justified through the logic of collateral damage, while the number of injuries was rarely commented upon and never included in reflections of the daily toll of the siege. Shooting to maim in order not to kill might appear as minor relief given the proclivity to shoot to kill. Why indeed were so many unarmed black victims of police brutality riddled with scores of bullets? But oscillations between the right to kill and the right to maim are hardly haphazard or arbitrary. The purportedly humanitarian practice of sparing death by shooting to maim has its biopolitical stakes not through the right to life, or even letting live, but rather through the logic of “will not let die.” Both are part of the deliberate debilitation of a population—whether through the sovereign right to kill or its covert attendant, the right to maim—and are key elements in the racializing biopolitical logic of security. Both are mobilized to make power visible on the body. Slated for death or slated for debilitation—both are forms of the racialization of individuals and populations that liberal (disability) rights frameworks, advocating for social accommodation, access, acceptance, pride, and empowerment, are unable to account for, much less disrupt. Fast-forward to the summer of 2016. July 10, 2016, was the fourth day of Black Lives Matter protests going on in New York City, as well as in many other locations across the United States. During the previous week, Hands Up, Don’t Shoot! xi the police shootings of Philando Castile in St. Paul, Minnesota, and Alton Sterling in Baton Rouge, Louisiana, had galvanized protests all around the country. The shooting and killing of five police officers during a Black Lives Matter rally in Dallas had only amplified the lines of battle between civilians and law enforcement. The June 12 shooting in an Orlando queer club magnified a homonationalist discourse that posits Muslim homophobes as the primary danger to queer liberals of all colors, resulting in increased policing of lgbtq pride events during the summer. Bombings by isis in the previous month had targeted Nice, Istanbul, and Dhaka. Protesters started gathering at Standing Rock to fight the Dakota Access Pipeline. There were more shootings of black bodies to come. On this particular day, the main Black Lives Matter protest in New York City was happening in Times Square. Not far from this location, the Second Annual Disability Pride parade, marketed as a festival and celebration, was marching on Broadway from Union Square to Madison Square Park. International in scope, the parade included veterans and actors involved in the development of the United Nations Convention on the Rights of Persons with Disabilities. I was in a part of Manhattan equidistant from both activities, one being an action and the other being an event. The relationship between the two confounded me. I recalled that on June 24, Black Lives Matter withdrew from the San Francisco Pride Parade, citing fear of increased police presence in the parade post-Orlando. On July 3, Black Lives Matter, selected as the Toronto Pride Parade’s Honored Group, brought the parade to a complete halt in order to demand a series of conditions, including banning police from marching in the parade. I was struck by the discord between an increasingly visible disability empowerment discourse in human rights platforms, cultural productions, and public discourse, and the divestment of Black Lives Matter from narratives of pride, with dominant messaging at Black Lives Matter actions including: “Hands up, don’t shoot!” and “I can’t breathe!” I remained in the middle, perplexed. This is not an either/or situation, but neither is it resolved by the commonsense logic of both/and. Disability empowerment and pride are part of rights discourses even as expressions of maiming, debilitation, and disabling are central to economies and vocabularies of violence and exploitation. What kinds of biopolitical fissures produce a spectacle of disability empowerment and pride mere blocks from a movement protesting the targeted debilitation of an entire racialized population, contesting the production of disability that is central to state securitization practices? The New York City branch of the Peoples Power Assemblies (ppa), a part of the Movement for Black Lives, organizes a presence yearly at the Disability Pride March. Participants carry Black Disabled Lives Matter banners, signs that say “Stop the War on Black America” and “Support the Black Lives Matter Movement,” and placards noting that more than 50 percent of police shootings of black bodies involve individuals with disabilities. It is a direct action rather than a pride celebration, one demanding attention to both targeting of the disabled and targeting to disable, with distinctly dif­ferent terms from empowerment and pride rhetorics. As ppa member Colin Ashley put it, “Those on the sidelines either get it automatically and really cheer, or seem completely mystified as to why we would be in the march. We feel it is necessary to go in order to disrupt the normative messaging.”1 For its part, Black Lives Matter has been clear that people with disabilities are both survivors of injustice and also part of their assembly. Alicia Garcia writes that “Black Lives Matter affirms the lives of Black queer and trans folks, disabled folks, Black-undocumented folks, folks with records, women, and all Black lives along the gender spectrum. It centers those that have been marginalized within Black liberation movements. It is a tactic to (re)build fig. pref.1. Peoples Power Assemblies providing powerful counternarratives at the NYC Disability Pride March, July 10, 2016. the Black liberation movement.”2 And yet, the Movement for Black Lives received important feedback, specifically from the Harriet Tubman Collective, “A Collective of Black Deaf & Black Disabled organizers, community builders, activists, dreamers, lovers striving for radical inclusion and collective liberation,” about the absence of any acknowledgment of or discussion about the impact of disability in black communities in their six-point platform released in August 2016. 3 The intervention from the Harriet Tubman Collective not only highlights ableist frameworks of resistance; it also raises questions about how, in this time of political upheaval and dissent, meetings, protests, and actions could become more accessible to people with varying debilities, capacities, and disabilities. Today the solidarity pathways between Black Lives Matter and Free Palestine are rhizomatic and bountiful.4 Pro-Palestinian antiwar activists will join ppa next year, protesting both the targeting of disabled Palestinians by the idf and the targeting to debilitate, part of a biopolitics not of disability alone but a biopolitics of debilitation. I contend that the term “debilitation” is distinct from the term “disablement” because it foregrounds the slow wearing down of populations instead of the event of becoming disabled. While the latter concept creates and hinges on a narrative of before and after for individuals who will eventually be identified as disabled, the former comprehends those bodies that are sustained in a perpetual state of debilitation precisely through foreclosing the social, cultural, and political translation to disability. It is this tension, the tension between targeting the disabled and targeting to debilitate, the tension between being and becoming, this is the understated alliance that I push in this project. The first presumes a legitimate identification with disability that is manifest through state, market, and institutional recognition, if not subjective position: I call myself disabled. But this cannot be the end of the story, because what counts as a disability is already overdetermined by “white fragility” on one side and the racialization of bodies that are expected to endure pain, suffering, and injury on the other.5 As such, the latter is an understanding of biopolitical risk: to extrapolate a bit from Claudia Rankine’s prose: “I am in death’s position.”6 And to expand: I am in debility’s position. The biopolitics of debilitation is not intended to advocate a facile democratization of disability, as if to rehash the familiar cant that tells us we will all be disabled if we live long enough. In fact, depending on where we live, what resources we have, what traumas we have endured, what color our skin is, what access we have to clean water, air, and decent food, what type of health care we have, what kind of work we do . . . we will not all be disabled. Some of us will simply not live long enough, embedded in a distribution of risk already factored into the calculus of debilitation. Death’s position. Others, at risk because of seeming risky, may encounter disability in ways that compound the debilitating effects of biopolitics.

#### The violence of the community and the government culminates in overkill which uniquely outweighs extinction under any utilitarian framework since it doesn’t only end the pleasure and happiness in life, it erases the previous value of life. Stanley ‘11

[Stanley, E. (2011). Near Life, Queer Death. Social Text, 29(2), 1–19. doi:10.1215/01642472-1259461 ]kitkat

Overkill is a term used to indicate such excessive violence that it pushes a body beyond death. Overkill is often determined by the postmortem removal of body parts, as with the partial decapitation in the case of Lauryn Paige and the dissection of Rashawn Brazell. The **temporality of violence, the biological time when the heart stops pushing and pulling blood, yet the killing is not finished, suggests the aim is not simply the end of a specific life, but the ending of all queer life.** This is the time of queer death, when the utility of violence gives way to the pleasure in the other’s mortality. If queers, along with others, approximate nothing, then the task of ending, of killing, that which is nothing must go beyond normative times of life and death. In other words, **if Lauryn was dead after the first few stab wounds to the throat, then what do the remaining fifty wounds signify**? **The legal theory that is offered to nullify the practice of overkill often functions under the name of the trans- or gay-panic defense**. Both of these defense strategies argue that the murderer became so enraged after the “discovery” of either genitalia or someone’s sexuality they were **forced to protect themselves from the threat of queerness**. Estanislao Martinez of Fresno, California, used the trans-panic defense and received a four-year prison sentence after admittedly stabbing J. Robles, a Latina transwoman, at least twenty times with a pair of scissors. Importantly, this defense is often used, as in the cases of Robles and Paige, after the murderer has engaged in some kind of sex with the victim. The logic of the trans-panic defense as an explanation for overkill, in its gory semiotics, offers us a way of understanding queers as the nothing of Mbembe’s query. Overkill names the technologies necessary to do away with **that which is already gone**. Queers then are the specters of life whose threat is so unimaginable that one is “forced,” not simply to murder, but to push them backward out of time, out of History, and into that which comes before. 27 In thinking the overkill of Paige and Brazell, I return to Mbembe’s query, “But **what does it mean to do violence to what is nothing?”**28 This question in its elegant brutality repeats with each case I offer. By resituating this question in the positive, the “something” that is more often than not translated as the human is made to appear. Of interest here, the category of the human assumes generality, yet can only be activated through the specificity of historical and politically located intersection. To this end, the human, the “something” of this query, within the context of the liberal democracy, names rights-bearing subjects, or those who can stand as subjects before the law. **The human, then, makes the nothing not only possible but necessary.** Following this logic, the work of death, of the death that is already nothing, not quite human, binds the categorical (mis)recognition of humanity. The human, then, resides in the space of life and under the domain of rights, whereas the queer inhabits the place of compromised personhood and the zone of death. **As perpetual and axiomatic threat to the human, the queer is the negated double of the subject of liberal democracy.** Understanding the nothing as the unavoidable shadow of the human serves to counter the arguments that suggest overkill and antiqueer violence at large are a pathological break and that the severe nature of these killings signals something extreme. In contrast, overkill is precisely not outside of, but is that which constitutes liberal democracy as such. **Overkill then is the proper expression to the riddle of the queer nothingness.** Put another way, the spectacular material-semiotics of overkill should not be read as (only) individual pathology; these vicious acts must indict the very social worlds of which they are ambassadors. **Overkill is what it means**, what it must mean, **to do violence to what is nothing**.

#### The collective resistance of the Stonewall riots is a spirit we need to recapture – embrace the mindset and radically refuse the police state is the only way to prevent the continuation of state violence towards the queer Other and the death of the revolutionary spirit

**Stanley 11** Stanley, E. A., & Smith, N. (2011). Captive genders: Trans embodiment and the prison industrial complex. Oakland, CA: AK Press.

Bright lights shattered the dark anonymity of the dance floor. The flicker warned of the danger of the coming raid. Well experienced, people stopped dancing, changed clothing, removed or applied makeup, and got ready. The police entered, began examining everyone’s IDs, and lined up the trans/gender-non-conforming folks to be “checked” by an officer in the restroom to ensure that they were wearing the legally mandated three pieces of “gender appropriate clothing.” Simultaneously the cops started roughing up people, dragging them out front to the awaiting paddy wagon. In other words, it was a regular June night out on the town for trans and queer folks in 1969 New York City. As the legend goes, that night the cops did not receive their payoff or they wanted to remind the patrons of their precarious existence. In the shadows of New York nightlife, [at] the **Stonewall** Inn, like most other “**gay bars**,” was owned and run by the mafia, which tended to have the connections within local government and the vice squad to know who to bribe in order to keep the bar raids at a minimum and the cash flowing. As the first few captured queers were forced into the paddy wagon, people hanging around outside the bar began throwing pocket change at the arresting **officers**; then the bottles started flying and then the **bricks**. With the majority of the patrons now outside the bar, a **crowd of angry trans/queer folks had gathered and forced the police to retreat** back **into the Stonewall**. **As their collective fury grew, a** few people uprooted a parking meter and used it as a battering ram in hopes of knocking down the bar’s door and escalating the physical confrontation with the cops. A tactical team was called to rescue the vice squad now barricaded inside the Stonewall. They eventually arrived, and the street battle raged for two more nights**. In a** blast of **radical collectivity**, trans/gender-non-conforming folks, queers of color, butches, drag queens, hair-fairies, homeless street youth, sex workers, and others **took up arms and fought back against** the **generations of oppression** that they were forced to survive.[1] Forty years later, on a similarly muggy June night in 2009, history repeated itself. At the Rainbow Lounge, a newly opened gay bar in Fort Worth, Texas, the police staged a raid, verbally harassing patrons, calling them “faggots” and beating a number of customers. One patron was slammed against the floor, sending him to the hospital with brain injuries, while seven others were arrested. These instances of brutal force and the administrative surveillance that trans and queer folks face today are not significantly less prevalent nor less traumatic than those experienced by the Stonewall riot[s] ers of 1969, however the way [of] s this violence is currently underst[anding violence] ood is quite different.[from the Rainbow Lounge] While community vigils and public forums were held in the wake of the Rainbow Lounge raid, the immediate response was ***not to fight back***, ***nor has there been*** much attempt to understand the raid in the broader context of the systematic violence trans and queer people face under the relentless force of the prison industrial complex (PIC).[2] Captive Genders is in part an attempt to think about the historical and political ideologies that continually naturalize the abusive force of the police with such power as to make them appear ordinary. This is not to argue that the types of resistance present at the Stonewall riots were commonplace during that time, nor to suggest that trans and queer folks do not fight back today; nonetheless one of our aims is to chart the multiple ways that trans and queer folks are subjugated by the police, along with the multiple ways that we have and that **we continue to resist in the face of these overwhelming structures**.[3] I start **with the Stonewall riot** not because it **was** **the** first, most important, or last instance of **radical refusal of the police state.** Indeed, the riots at San Francisco’s Compton’s Cafeteria in 1966 and at Los Angeles’s Cooper’s Doughnuts in 1959 remind us that the history of resistance is as long as the history of oppression. However, what is unique about the Stonewall uprising is that, within the United States context, it is made to symbolize the “birth of the gay rights movement.” Furthermore, dominant lesbian, gay, bisexual, and transgender (LGBT) political organizations like the Human Rights Campaign (HRC) and the National Gay and Lesbian Task Force (NGLTF) attempt to build an arc of progress starting with the oppression of the Stonewall moment and ending in the current time of “*equality*” evidenced by campaigns for gay marriage, hate crimes legislation, and gays in the military. Captive Genders works to undo this narrative of progress, assimilation, and police cooperation by building an analysis that highlights the **historical and contemporary antagonisms between trans/queer folks and the police state**.[4] This collection argues that **prison abolition must be one of the centers of trans and queer liberation struggles**. Starting with abolition we open questions often disappeared by both mainstream LGBT and anti-prison movements. Among these many silences are the radical trans/queer arguments against the proliferation of hate crimes enhancements. Mainstream LGBT organizations, in collaboration with the state, have been working hard to make us believe that hate crimes enhancements are a necessary and useful way to make trans and queer people safer. Hate crimes enhancements are used to add time to a person’s sentence if the offense is deemed to target a group of people. However, hate crimes enhancements ignore the roots of harm, do not act as deterrents, and reproduce the force of the PIC, which produces more, not less harm. Not surprisingly, in October 2009, when President Obama signed the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act into law, extending existing hate crimes enhancements to include “gender and sexuality,” there was no mention by the LGBT mainstream of the historical and contemporary ways that the legal system itself works to deaden trans and queer lives. As antidote, this collection works to understand how gender, sexuality, race, ability, class, nationality, and other markers of difference are constricted, often to the point of liquidation, in the name of a normative carceral state. Among the most volatile points of contact between state violence and one’s body is the domain of gender. An understanding of these connections has produced much important activism and research that explores how non-trans women are uniquely harmed through disproportionate prison sentences, sexual assault while in custody, and nonexistent medical care, coupled with other forms of violence. This work was and continues to be a necessary intervention in the ways that prison studies and activism have historically imagined the prisoner as always male and have until recently rarely attended to the ways that gendered difference produces carceral differences. Similarly, queer studies and political organizing, along with the growing body of work that might be called trans studies— while attending to the work of gender, sexuality, and more recently to race and nationality—has (with important exceptions) had little to say about the force of imprisonment or about trans/queer prisoners. Productively, we see this as both an absence and an opening for those of us working in trans/queer studies to attend—in a way that centers the experiences of those most directly impacted—to the ways that the prison must emerge as one of the major sites of trans/queer scholarship and political organizing.[5] In moments of frustration, excitement, isolation, and solidarity, Captive Genders grew out of this friction as a rogue text, a necessarily unstable collection of voices, stories, analysis, and plans for action. What these pieces all have in common is that they suggest that gender, ability, and sexuality as written through race, class, and nationality must figure into any and all accounts of incarceration, even when they seem to be nonexistent. Indeed, the **oftentimes ghosted ways that gender and heteronormativity function most forcefully are in their presumed absence.** In collaboration and sometimes in contestation, this project offers vital ways of understanding not only the specific experience of trans and queer prisoners, but also more broadly the ways that regimes of normative sexuality and gender are organizing structures of the prison industrial complex. To be clear, Captive Genders is not offered as a definitive collection. Our hope is that it will work as a space where conversations and connections can multiply with the aim of making abolition flourish.

## Case

#### Vaccine cost is reasonable, making reductions unnecessary.

Mercurio ‘21 (Bryan Mercurio; Chinese University of Hong Kong - Faculty of Law, ; 2-12-2021; "Wto Waiver From Intellectual Property Protection For Covid-19 Vaccines And Treatments: A Critical Review (February 12, 2021)”; Virginia Journal Of International Law Online (Forthcoming 2021), Available At Ssrn: Https://Ssrn.Com/Abstract=3789820 Or Http://Dx.Doi.Org/10.2139/Ssrn.3789820"; https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3789820, accessed 7-21-2021; JPark)

First, **pharmaceutical companies are selling the vaccine at extremely reasonable rates** and several announced plans for extensive not-for-profit sales.30 Although agreements between the pharmaceutical companies and governments are not publicly disclosed, the Belgian Secretary of State Eva De Bleeker temporarily made publicly available in a tweet the prices the EU is being charged by each manufacturer. The De Bleeker **tweet indicated the European Commission negotiated price arrangements with six companies**, with the range of spending between €1.78 and €18 per coronavirus vaccine dosage. Specific price per dose listed for each of the six vaccines was as follows: Oxford/AstraZeneca: (€1.78), Johnson & Johnson (€8.50), Sanofi/GSK (€7.56), CureVac (€10), BioNTech/Pfizer (€12) and Moderna (€18).31 While much as been made of the fact that South Africa agreed to purchase 1.5 million doses of the Oxford/AstraZeneca from the Serum Institute of India (SII) at a cost of €4.321 per dose,32 **these criticisms are directed at the lack of transparency in pharmaceutical licenses and production contracts – an issue which would be wholly unaddressed by a waiver of IPRs**. Moreover, **while the disparity in pricing is concerning the overall per dosage rate South Africa is paying nevertheless represents value for money given the expected health and economic returns on investment.** Despite the disparity in pricing between nations, the larger point remains that the industry has not only rapidly produced vaccines for the novel coronavirus but is making them available at unquestionably reasonable prices.

#### A waiver greenlights counterfeit vaccines specifically – independently turns Case

Conrad 5-18 John Conrad 5-18-2021 "Waiving intellectual property rights is not in the best interests of patients" <https://archive.is/vsNXv#selection-5353.0-5364.0> (president and CEO of the Illinois Biotechnology Innovation Organization in Chicago.)//Elmer

The Biden's administration's support for India and South Africa's proposal before the World Trade Organization to temporarily waive anti-COVID vaccine patents to boost its supply will fuel the **development of counterfeit vaccines and weaken the already strained global supply chain**. The proposal will not increase the effective number of COVID-19 vaccines in India and other countries. The manufacturing standards to produce COVID-19 vaccines are **exceptionally complicated**; it is unlike any other manufacturing process. To ensure patient safety and efficacy, only manufacturers with the **proper facilities and training should produce the vaccine, and they are**. Allowing a temporary waiver that permits compulsory licensing to allow a manufacturer to export counterfeit vaccines will **cause confusion and endanger public health**. For example, between 60,000 and 80,000 children in Niger with fatal falciparum malaria were treated with a counterfeit vaccine containing incorrect active pharmaceutical ingredients, resulting in more than **100 fatal infections.** Beyond the patients impacted, counterfeit drugs erode public confidence in health care systems and the pharmaceutical industry. Vaccine hesitancy is a rampant threat that feeds off of the distribution of misinformation. Allowing the production of vaccines from improper manufacturing facilities further opens the door for antivaccine hacks to stoke the fear fueling **vaccine hesitance**.

#### Waiving patents can’t resolve drug access issues

Garde 21

Damian Garde (national biotech reporter for STAT), Helen Branswell (senior writer at STAT covering infectious diseases and global health; former CDC Knight Fellow and Nieman Global Health Fellow at Harvard; recipient of the 2020 George Polk Award for coverage of the Covid pandemic), and Matthew Herper (senior writer at STAT covering medicine). “Waiver of patent rights on Covid-19 vaccines, in near term, may be more symbolic than substantive.” Stat News. 6 May 2021. JDN. <https://www.statnews.com/2021/05/06/waiver-of-patent-rights-on-covid-19-vaccines-in-near-term-may-be-more-symbolic-than-substantive/>

In October, **Moderna vowed not to enforce its Covid-19-related patents for the duration of the pandemic, opening the door for manufacturers that might want to copy its vaccine. But to date, it’s unclear whether anyone has, despite the vaccine’s demonstrated efficacy and the worldwide demand for doses.** That underscores the drug industry’s case that patents are just one facet of the complex process of producing vaccines. “There are currently no generic vaccines primarily because there are hundreds of process steps involved in the manufacturing of vaccines, and thousands of check points for testing to assure the quality and consistency of manufacturing. One may transfer the IP, but the transfer of skills is not that simple,” said Norman Baylor, who formerly headed the Food and Drug Administration’s Office of Vaccines Research and Review, and who is now president of Biologics Consulting. While there are factories around the world that can reliably produce generic Lipitor, vaccines like the ones from Pfizer and Moderna — using messenger RNA technology — require skilled expertise that even existing manufacturers are having trouble sourcing. “In such a setting, imagining that someone will have staff who can create a new site or refurbish or reconfigure an existing site to make mRNA [vaccine] is highly, highly unlikely,” Yadav said. There are already huge constraints on some of the raw materials and equipment used to make vaccines. Pfizer, for instance, had to appeal to the Biden administration to use the Defense Production Act to help it cut the line for in-demand materials necessary for manufacturing. Rajeev Venkayya, head of Takeda Vaccines — which is not producing its own Covid vaccine but is helping to make vaccine for Novavax — said supply shortages are impacting not just Covid vaccine production but the manufacture of other vaccines and biological products as well. “**This is an industry-wide … looming crisis that will not at all be solved by more tech transfers,” Venkayya said**. He suggested many of the people advocating for this move are viewing the issue through the prism of drug development, where lifting intellectual property restrictions can lead to an influx of successful generic manufacturing. “I think in this area there is an unrecognized gap in understanding of the complexities of vaccine manufacturing by many of the ‘experts’ that are discussing it,” said Venkayya, who stressed that while he believes they have good intentions, “nearly all of the people who are providing views on the value of removing patent protections have zero experience in vaccine development and manufacturing.” As Michelle McMurry-Heath, CEO of the trade group BIO, put it in a statement, “handing needy countries a recipe book without the ingredients, safeguards, and sizable workforce needed will not help people waiting for the vaccine.”

# 2NR

#### Overview: Society, currently governed by notions of state power in a borderline-militaristic-stance sees people as ‘good’ and ‘other’, the good being the population that fits under certain standards and other heteronormative binaries. These binaries make it clear to the queer that they are unwanted in society and that the state is actively working to get rid of them, as the only way that the state gets legitimacy is saving the “pure” “good” society from the “dirty” “other”. Sadly, the only way to end this cycle of oppression is to actively resist the state – not just reject it, but resist it in riot. We must work to reject the debilitation and slow death that is imposed onto queer bodies. Thus the alternative is to refuse the police state radically (around the world ofc) and deconstruct the oppression that is upon us and upon the queer bodies of our world.

## Alt Explanation

#### The institutions and noms the aff takes as generating safety and health only generate death for queer folk. So instead of embracing law and saving civil society, we need to dismantle them. That's what it means to throw bricks at the police.

#### Embrace a different way of looking at civil society.

#### Instead of assuming you should secure the health and safety of society you should recognize it's built on queer suffering and reject attempts to imagine it as something worth saving or preserving. Instead embrace a mindset that wants to undermine it.

#### This solves the impact of the K because it recognizes the violence against queer bodies and seeks to end the systems which are built upon queer death and queer overkill. Therefore, it is the best mindset for the