# Theory

#### Interpretation: Framework standards or role of the ballots must not be impact-justified. To clarify, debaters may not read standard texts that contain aspects of their offensive impacts in them. For example, if you read framing arguments that indicate that promote well-being is good, you cannot just read a standard of reducing disease, but must read a standard of promoting well-being.

#### Violation: you indicate that things like violence and extinction are bad but your role of the ballot is about resisting capitalism

#### Standards:

#### 1: Limits – there are infinite standards they can generate convoluted arguments for so any random argument counts as offense. Assist worker strikes, spread communist methodology, reduce capitalism are functionally consistent with the cards you read. Skews pre-round prep since there’s no way for me to access the same non-existent lit base for your arguments, which is unfair

#### 2: Phil Ed: impact justified frameworks remove any incentive to develop a coherent, normatively justified framework and also makes phil debate impossible since there’s no syllogism to answer. That outweighs because LD is uniquely about phil debate

#### 3: Clash - narrow criteria exclude relevant impacts. They can crowd out nearly 100% of the available offense by restricting the debate to a single impact which denies a substantial portion of the topic lit. That independently outweighs: debate is uniquely about clash which separates it from speech.

#### TVA – read an aff that supports Jaeggi’s moral theory about alienation, we still get to learn about why capitalism is bad but we do that through a normative ethical theory that is contestable, solves both of our offense

#### Voters:

#### Fairness is a voter: 1) all argumentation assumes it’ll be evaluated fairly which means it’s a gateway issue to other layers 2) it’s constitutive to debate, debate is a game where you vote for the better debater, not the better cheater 3) it controls the internal link to engagement, if debate was unfair nobody would participate in it.

#### Education is a voter: 1) it’s the only portable impact to debate, other impacts won’t matter in 10 years 2) it’s the reason why schools fund debate in the first place

#### Drop the debater [1] to deter future AC abuse [2] because my strat was already completely skewed by the one abusive practice

#### Competing interps because reasonability invites a race to the bottom where debaters set lower brightlines to defend abuse

#### No RVIs – [A] Illogical – fairness is a burden – they can’t win for following the rules. Logic outweighs because it’s a prereq to argumentation [B] Incentivizes good theory debaters to run infinitely abusive strategies, bait theory, and win off the RVI every time [C] Chilling effect—chills theory because I’ll be scared that they’ll win off the RVI

# Hobbes NC

#### The metaethic is constructivism – truth is not absolute but rather created by individuals based on their own individual perspective. Prefer it

#### [1] Opacity – we can never access another person’s perspective because we can never fully understand how someone else thinks. Every truth I create cannot be universalized because I can’t guarantee that they will create the same truth because they do what they want

#### [2] Linguistics – Truth is constructed by language, which is completely arbitrary. Nothing tells me that a chair is a chair; I only assign it that name arbitrarily because I want to. Meaning can’t be contained within language if we make it up ourselves, and truth doesn’t exist absent language.

#### But, the state of nature leads to infinite violence – competing truth claims means conflicts cannot be resolved. Two warrants:

#### [2] Self-Interest – everyone wants their truth claims to be true because it benefits them – this leads to conflict because we can’t divide limited resources and have to compete with each other – terminates in death because neither of us want to concede to the other

#### This state of nature is brutish and has no conception of morality because we don’t have any unified truth to guide us, and thus outweighs on magnitude. The solution is the creation of the sovereign to mediate what is true and enforce the law; she is the ultimate ruler and arbitrator. It must eliminate all conflicts to bring peace to our violent natures.

#### Therefore, the standard is adhering to the state’s perspective.

#### Impact Calculus: Only evaluate impacts to structural purpose –what you justify through doing the action. We can control what we justify but we can’t control what we cause.

#### Reject consequentialism: A) Normativity, moral theories that hold agents responsible for all consequences of their actions destroy motivation to be ethical because moral intentions can still lead to immoral consequences B) Infinite Regress, every consequence leads to another consequence ad infinitum which means under consequences every action has the same infinite impact

#### Prefer my standard additionally

#### 2. Infinite Regress- other moral theories inevitably fail because individuals can question why they follow them, but state basedmorality escapes this because individuals consent to the state by virtue of engaging in it.

#### 3. Constitutivism– other moral theories might matter in the abstract but obligations differ based on the nature of agency. For example, a janitor has different obligations than teachers, in the same vein the state has unique obligations that might be inconsistent with morality in general.

#### Now negate –

#### 1: the state’s perspective determines what is just so if the state decides not to reduce intellectual property protections for medicines then that’s what the state has decided is just.

# DA

#### Pharma innovation high now – monetary incentive is the biggest factor.

**Swagel 21** Phillip L. Swagel, Director of the Congressional budget office 4-xx-2021, "Research and Development in the Pharmaceutical Industry," Congressional Budget Office, <https://www.cbo.goc/publication/57126#_idTextAnchor020> SJ//DA

**Every year, the U.S. pharmaceutical industry develops a variety of new drugs that provide valuable medical benefits. Many of those drugs are expensive and contribute to rising health care costs for the private sector and the federal government. Policymakers have considered policies that would lower drug prices and reduce federal drug expenditures. Such policies would probably reduce the industry’s incentive to develop new drugs.** In this report, the Congressional Budget Office assesses trends in spending for drug research and development (R&D) and the introduction of new drugs. CBO also examines factors that determine how much drug companies spend on R&D: expected global revenues from a new drug; cost to develop a new drug; and federal policies that affect the demand for drug therapies, the supply of new drugs, or both. What Are Recent Trends in Pharmaceutical R&D and New Drug Approvals? T**he pharmaceutical industry devoted $83 billion to R&D expenditures in 2019. Those expenditures covered a variety of activities, including discovering and testing new drugs, developing incremental innovations such as product extensions, and clinical testing for safety-monitoring or marketing purposes. That amount is about 10 times what the industry spent per year in the 1980s, after adjusting for the effects of inflation.** The share of revenues that drug companies devote to R&D has also grown: **On average, pharmaceutical companies spent about one-quarter of their revenues (net of expenses and buyer rebates) on R&D expenses** in 2019, which is **almost twice as large a share of revenues as they spent in 2000.** That revenue share is larger than that for other knowledge-based industries, such as semiconductors, technology hardware, and software. The number of new drugs approved each year has also grown over the past decade. On averace, the Food and Drug Administration (FDA) approved 38 new drugs per year from 2010 through 2019 (with a peak of 59 in 2018), which is 60 percent more than the yearly average over the previous decade. **Many of the drugs that have been approved in recent years are “specialty drugs.” Specialty drugs generally treat chronic, complex, or rare conditions, and they may also require special handling or monitoring of patients**. Many specialty drugs are biologics (large-molecule drugs based on living cell lines), **which are costly to develop, hard to imitate, and frequently have high prices.** Previously, most drugs were small-molecule drugs based on chemical compounds. Even while they were under patent, those drugs had lower prices than recent specialty drugs have. Information about the kinds of drugs in current clinical trials indicates that much of the industry’s innovative activity is focused on specialty drugs that would provide new cancer therapies and treatments for nervous-system disorders, such as Alzheimer’s disease and Parkinson’s disease. **What Factors Influence Spending for R&D?** Drug companies’ R&D spending decisions depend on three main factors: Anticipated lifetime global revenues from a new drug, **Expected costs to develop a new drug**, and Policies and programs that influence the supply of and demand for prescription drugs. Various considerations inform companies’ expectations about a drug’s revenue stream, including the anticipated prices it could command in different markets around the world and the expected global sales volume at those prices (given the number of people who might use the drug). The prices and sales volumes of existing drugs provide information about consumers’ and insurance plans’ willingness to pay for drug treatments. Importantly, when drug companies set the prices of a new drug, they do so to maximize future revenues net of manufacturing and distribution costs. A drug’s sunk R&D costs—that is, the costs already incurred in developing that drug—do not influence its price. **Developing new drugs is a costly and uncertain process, and many potential drugs never make it to market. Only about 12 percent of drugs entering clinical trials are ultimately approved for introduction by the FDA. In recent studies, estimates of the average R&D cost per new drug range from less than $1 billion to more than $2 billion per drug**. Those estimates include the costs of both laboratory research and clinical trials of successful new drugs as well as expenditures on drugs that do not make it past the laboratory-development stage, that enter clinical trials but fail in those trials or are withdrawn by the drugmaker for business reasons, or that are not approved by the FDA. Those estimates also include the company’s capital costs—the value of other forgone investments—incurred during the R&D process. Such costs can make up a substantial share of the average total cost of developing a new drug. The development process often takes a decade or more, and during that time the company does not receive a financial return on its investment in developing that drug. The federal government affects R&D decisions in three ways. First, it increases demand for prescription drugs, which encourages new drug development, by fully or partially subsidizing the purchase of prescription drugs through a variety of federal programs (including Medicare and Medicaid) and by providing tax preferences for employment-based health insurance. Second, the federal government increases the supply of new drugs. It funds basic biomedical research that provides a scientific foundation for the development of new drugs by private industry. Additionally, tax credits—both those available to all types of companies and those available to drug companies for developing treatmentscof uncommon diseases—provide incentives to invest in R&D. Similarly, deductions for R&D investment can be used to reduce tax liabilities immediately rather than over the life of that investment. Finally, the patent system and certain statutory provisions that delay FDA approval of generic drugs provide pharmaceutical companies with a period of market exclusivity, when competition is legally restricted. During that time, they can maintain higher prices on a patented product than they otherwise could, which makes new drugs more profitable and thereby increases drug companies’ incentives to invest in R&D. Third, some federal policies affect the number of new drugs by influencing both demand and supply. For example, federal recommendations for specific vaccines increase the demand for those vaccines and provide an incentive for drug companies to develop new ones. Additionally, federal regulatory policies that influence returns on drug R&D can bring about increases or decreases in both the supply of and demand for new drugs. Trends in R&D Spending and New Drug Development Private spending on pharmaceutical R&D and the approval of new drugs have both increased markedly in recent years, resuming a decades-long trend that was interrupted in 2008 as generic versions of some top-selling drugs became available and as the 2007–2009 recession occurred. **In particular, spending on drug R&D increased by nearly 50 percent between 2015 and 2019.** Many of the drugs approved in recent years are high-priced specialty drugs for relatively small numbers of potential patients. By contrast, the top-selling drugs of the 1990s were lower-cost drugs with large patient populations. R&D Spending R&D spending in the pharmaceutical industry covers a variety of activities, including the following: Invention, or research and discovery of new drugs; Development, or clinical testing, preparation and submission of applications for FDA approval, and design of production processes for new drugs; Incremental innovation, including the development of new dosages and delivery mechanisms for existing drugs and the testing of those drugs for additional indications; Product differentiation, or the clinical testing of a new drug against an existing rival drug to show that the new drug is superior; and Safety monitoring, or clinical trials (conducted after a drug has reached the market) that the FDA may require to detect side effects that may not have been observed in shorter trials when the drug was in development. In real terms**, private investment in drug R&D among member firms of the Pharmaceutical Research and Manufacturers of America (PhRMA), an industry trade association, was about $83 billion in 2019, up from about $5 billion in 1980 and $38 billion in 2000**.1 Although those spending totals do not include spending by many smaller drug companies that do not belong to PhRMA, the trend is broadly representative of R&D spending by the industry as a whole.2 A survey of all U.S. pharmaceutical R&D spending (including that of smaller firms) by the National Science Foundation (NSF) reveals similar trends.3 Although total R&D spending by all drug companies has trended upward, small and large firms generally focus on different R&D activities. **Small companies not in PhRMA devote a greater share of their research to developing and testing new drugs,** many of which are ultimately sold to larger firms (see Box 1). By contrast, a greater portion of the R&D spending of larger drug companies (including those in PhRMA) is devoted to conducting clinical trials, developing incremental “line extension” improvements (such as new dosages or delivery systems, or new combinations of two or more existing drugs), and conducting postapproval testing for safety-monitoring or marketing purposes.

#### The aff crushes innovation in the pharma sector---incentivizes them to focus on non-important issues.

Glassman 21 [Amanda; 5/6/21; Executive vice president and a senior fellow at the Center for Global Development, a nonpartisan, nonprofit think tank in Washington and London; “*Big Pharma Is Not the Tobacco Industry*,” Barron, <https://www.barrons.com/articles/big-pharma-is-not-the-tobacco-industry-51620315693>] Justin

But here is the crux of the problem: The pharmaceutical industry is not the tobacco industry. They are not merchants of death. The companies are amoral and exist to make money, but their business is not fundamentally immoral. Big Pharma (mostly) develops and sells products that people need to survive and thrive. Their products improve health and welfare. Fights over access to medicines are possible because medicines exist in the first place—medicines that were usually developed by Big Pharma. And yes, the pharmaceutical industry benefits from public subsidy and publicly financed foundational research. But the companies also put their own capital at risk to develop new products, some of which offer enormous public benefits. In fact, several of them did just that in the pandemic: invested their own money to develop patented manufacturing technologies in record time. Those technologies are literally saving the world right now. Public funding supported research and development, but companies also brought their own proprietary ingenuity and private investments to bear toward solving the world’s singular, collective challenge. Their reward should be astronomical given the insane scale of the health and economic benefits these highly efficacious vaccines produce every day. Market incentives sent a clear signal that further needed innovation—greater efficacy, single doses, more-rapid manufacturing, updated formulations, fast boosters, and others—would be richly rewarded. Market incentives could also have been used to lubricate supply lines and buy vaccines on behalf of the entire world; with enough money, incredible things can happen. But activist lobbying to waive patents—a move the Biden administration endorsed yesterday—sends exactly the opposite signal. It says that the most important, valuable innovations will be penalized, not rewarded. It tells innovators, don’t bother attacking the most important global problems; instead, throw your investment dollars at the next treatment for erectile disfunction, which will surely earn you a steady return with far less agita. It is worth going back to first principles. What problem are we trying to solve? We have highly efficacious vaccines that we would like to get out to the entire world as quickly as possible to minimize, preventable disease and deaths address atrocious inequities, and enable the reopening of society, trade, and commerce. Hundreds of millions of people have been plunged into poverty over the past year; in the developing world, the pandemic is just getting started. What is the quickest way to get this done? Vaccine manufacturing is not just a recipe; if you attack and undermine the companies that have the know-how, do you really expect they’ll be eager to help you set up manufacturing elsewhere? Is the plan to march into Pfizer and force its staff to redeploy to Costa Rica to build a new factory? Do the U.S. administration or activists care that this decision could take years to negotiate at the World Trade Organization, and will likely be litigated for years thereafter? Does it make sense to eliminate the incentive for private companies to invest in vaccine R&D or in the response to the next health emergency? And if the patent waiver is only temporary and building a factory takes months or years, will anyone bother to do so, even if they could? No, none of it makes sense. Worse still, we could solve the policy problem more easily by harnessing market incentives for the global good by ponying up cash to vaccinate the entire world. No confiscation necessary.

#### Pharma Innovation prevents Extinction – checks new diseases.

Engelhardt 8, H. Tristram. Innovation and the pharmaceutical industry: critical reflections on the virtues of profit. M & M Scrivener Press, 2008 (doctorate in philosophy (University of Texas at Austin), M.D. (Tulane University), professor of philosophy (Rice University), and professor emeritus at Baylor College of Medicine)

Many are suspicious of, or indeed jealous of, the good fortune of others. Even when profit is gained in the market without fraud and with the consent of all buying and selling goods and services, there is a sense on the part of some that something is wrong if considerable profit is secured. There is even a sense that good fortune in the market, especially if it is very good fortune, is unfair. One might think of such rhetorically disparaging terms as "wind-fall profits". There is also a suspicion of the pursuit of profit because it is often embraced not just because of the material benefits it sought, but because of the hierarchical satisfaction of being more affluent than others. The pursuit of profit in the pharmaceutical and medical-device industries is tor many in particular morally dubious because it is acquired from those who have the bad fortune to be diseased or disabled. Although the suspicion of profit is not well-founded, this suspicion is a major moral and public-policy challenge. Profit in the market for the pharmaceutical and medical-device industries is to be celebrated. This is the case, in that if one is of the view (1) that the presence of additional resources for research and development spurs innovation in the development of pharmaceuticals and med-ical devices (i.e., if one is of the view that the allure of **profit is one of the most effective ways not only to acquire resources but productively to direct human energies** in their use), (2) that given the limits of altruism and of the willingness of persons to be taxed, the possibility of profits is necessary to secure such resources, (3) that the allure of profits also tends to enhance the creative use of available resources in the pursuit of phar-maceutical and medical-device innovation, and (4) if one judges it to be the case that such innovation is both necessary to maintain the human species in an ever-changing and always dangerous environment in which new microbial and other threats may at any time emerge to threaten human well-being, if not survival (i.e., that such innovation is necessary to prevent increases in morbidity and mortality risks), as well as (5) in order generally to decrease morbidity and mortality risks in the future, it then follows (6) that one should be concerned regarding any policies that decrease the amount of resources and energies available to encourage such innovation. One should indeed be of the view that the possibilities for profit, all things being equal, should be highest in the pharmaceutical and medical-device industries. Yet, there is a suspicion regarding the pursuit of profit in medicine and especially in the pharmaceutical and medical-device industries.

#### Pharma spills-over – has cascading global impacts that are necessary for human survival.

NAS 8 National Academy of Sciences 12-3-2008 “The Role of the Life Sciences in Transforming America's Future Summary of a Workshop” //Re-cut by Elmer

Fostering Industries to Counter Global Problems The life sciences have applications in areas that range far beyond human health. Life-science based approaches could **contribute to advances in** many industries, from energy production and pollution remediation, to clean manufacturing and the production of new biologically inspired materials. In fact, biological systems could provide the basis for new products, services and industries that we cannot yet imagine. Microbes are already producing biofuels and could, through further research, provide a major component of future energy supplies. Marine and terrestrial organisms extract carbon dioxide from the atmosphere, which suggests that biological systems could be used to help manage climate change. Study of the complex systems encountered in biology is decade, it is really just the beginning.” Advances in the underlying science of plant and animal breeding have been just as dramatic as the advances in genetic can put down a band of fertilizer, come back six months later, and plant seeds exactly on that row, reducing the need for fertilizer, pesticides, and other agricultural inputs. Fraley said that the global agricultural system needs to adopt the goal of doubling the current yield of **crops while reducing key inputs like pesticides, fertilizers, and water** by one third. “It is more important than putting a man on the moon,” he said. Doubling agricultural yields would “change the world.” Another billion people will join the middle class over the next decade just in India and China as economies continue to grow. And all people need and deserve secure access to food supplies. Continued progress will require both basic and applied research, The evolution of life “put earth under new management,” Collins said. Understanding the future state of the planet will require understanding the biological systems that have shaped the planet. Many of these biological systems are found in the oceans, which cover 70 percent of the earth’s surface and have a crucial impact on weather, climate, and the composition of the atmosphere. In the past decade, new tools have become available to explore the microbial processes that drive the **chemistry of the oceans**, observed David Kingsbury, Chief Program Officer for Science at the Gordon and Betty Moore Foundation. These technologies have revealed that a large proportion of the planet’s genetic diversity resides in the oceans. In addition, many organisms in the oceans readily exchange genes, creating evolutionary forces that can have global effects. The oceans are currently under great stress, Kingsbury pointed out. Nutrient runoff from agriculture is helping to create huge and expanding “dead zones” where oxygen levels are too low to sustain life. Toxic algal blooms are occurring with higher frequency in areas where they have not been seen in the past. Exploitation of ocean resources is disrupting ecological balances that have formed over many millions of years. Human-induced changes in the chemistry of the atmosphere are changing the chemistry of the oceans, with potentially catastrophic consequences. “If we are not careful, we are not going to have a sustainable planet to live on,” said Kingsbury. Only by understanding the basic biological processes at work in the oceans can humans live sustainably on earth.