## Innovation DA

#### Pharma innovation is high now – profit 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 drug innovation.

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 industry.

#### Innovation is key to stopping bioterror

**Marjanovic and Fejiao ‘20** Marjanovic, Sonja, and Carolina Feijao. Sonja Marjanovic, Ph.D., Judge Business School, University of Cambridge. Carolina Feijao, Ph.D. in biochemistry, University of Cambridge; M.Sc. in quantitive biology, Imperial College London; B.Sc. in biology, University of Lisbon. "Pharmaceutical Innovation for Infectious Disease Management: From Troubleshooting to Sustainable Models of Engagement." https://www.rand.org/pubs/perspectives/PEA407-1.html (2020). [Quality Control]

As key actors in the healthcare innovation landscape, pharmaceutical and life sci-ences companies have been called on to develop medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also infectious diseases that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a bioterrorism context.1 The general threat to public health that is posed by antimicrobial resistance is also well recognized as an area in need of pharmaceutical innovation. Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and compe-tition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, make pharmaceutical companies and the wider life sciences sector an indispensable partner in the search for solutions that save lives. This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceu-tical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic. In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is essential for socially responsible companies in the sec-tor.2 It is therefore unsurprising that we are seeing indus-try-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently contributing in a variety of ways. Examples include pharmaceutical companies donating existing com-pounds to assess their utility in the fight against COVID-19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating tri-als for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accel-erate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6 The primary purpose of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be rela-tively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pres-sure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing com-bination product that is being tested for therapeutic poten-tial against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10 Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider how pharmaceutical innovation for responding to emerging infectious diseases can best be enabled beyond the current crisis. Many public health threats (including those associated with other infectious diseases, bioterror-ism agents and antimicrobial resistance) are urgently in need of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the imme-diate term. The pharmaceutical industry has responded to previous public health emergencies associated with infec-tious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contribu-tions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are important policy questions as to whether – and how – industry could engage with such public health threats to an even greater extent under improved innova-tion conditions.

#### State-created bioweapons uniquely risk extinction in the hands of bioterrorists

**Millett & Snyder-Beattie ‘17**. Millett, Ph.D., Senior Research Fellow, Future of Humanity Institute, University of Oxford; and Snyder-Beattie, M.S., Director of Research, Future of Humanity Institute, University of Oxford. 08-01-2017. “Existential Risk and Cost-Effective Biosecurity,” Health Security, 15(4), PubMed -CAT

In the decades to come, advanced bioweapons could threaten human existence. Although the probability of human extinction from bioweapons may be low, the expected value of reducing the risk could still be large, since such risks jeopardize the existence of all future generations. We provide an overview of biotechnological extinction risk, make some rough initial estimates for how severe the risks might be, and compare the cost-effectiveness of reducing these extinction-level risks with existing biosecurity work. We find that reducing human extinction risk can be more cost-effective than reducing smaller-scale risks, even when using conservative estimates. This suggests that the risks are not low enough to ignore and that more ought to be done to prevent the worst-case scenarios. How worthwhile is it spending resources to study and mitigate the chance of human extinction from biological risks? The risks of such a catastrophe are presumably low, so a skeptic might argue that addressing such risks would be a waste of scarce resources. In this article, we investigate this position using a cost-effectiveness approach and ultimately conclude that the expected value of reducing these risks is large, especially since such risks jeopardize the existence of all future human lives. Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world's population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity's favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6 While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and the Western Abenaki (which suffered a staggering 98% loss of population).9 In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-21 Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a long historical track record of state-run bioweapon research applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.22 Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.23,24 While there is no evidence of state-run bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and mutually assured destruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.25 The possibility of a war between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,26 and Japan using plague to cause an epidemic in China during WWII.27 Non-state actors may also pose a risk, especially those with explicitly omnicidal aims. While rare, there are examples. The Aum Shinrikyo cult in Japan sought biological weapons **for the express purpose of causing extinction**.28 Environmental groups, such as the Gaia Liberation Front, have argued that “we can ensure Gaia's survival only through the extinction of the Humans as a species … we now have the specific technology for doing the job … several different [genetically engineered] viruses could be released”(quoted in ref. 29). Groups such as R.I.S.E. also sought to protect nature by destroying most of humanity with bioweapons.30 Fortunately, to date, non-state actors have lacked the capabilities needed to pose a catastrophic bioweapons threat, but this could change in future decades as biotechnology becomes more accessible and the pool of experienced users grows.31,32 What is the appropriate response to these speculative extinction threats? A balanced biosecurity portfolio might include investments that reduce a mix of proven and speculative risks, but striking this balance is still difficult given the massive uncertainties around the low-probability, high-consequence risks. In this article, we examine the traditional spectrum of biosecurity risks (ie, biocrimes, bioterrorism, and biowarfare) to categorize biothreats by likelihood and impact, expanding the historical analysis to consider even lower-probability, higher-consequence events (catastrophic risks and existential risks). In order to produce reasoned estimates of the likelihood of different categories of biothreats, we bring together relevant data and theory and produce some first-guess estimates of the likelihood of different categories of biothreat, and we use these initial estimates to compare the cost-effectiveness of reducing existential risks with more traditional biosecurity measures. We emphasize that these models are highly uncertain, and their utility lies more in enabling order-of-magnitude comparisons rather than as a precise measure of the true risk. However, even with the most conservative models, we find that reduction of low-probability, high-consequence risks can be more cost-effective, as measured by quality-adjusted life year per dollar, especially when we account for the lives of future generations. This suggests that despite the low probability of such events, society still ought to invest more in preventing the most extreme possible biosecurity catastrophes.

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## Framing --- Util

ROB: vote for the best debater.

#### The standard is maximizing expecting well being.

#### 1] Util is a lexical pre-requisite to any other framework: Threats to life preclude the ability for moral actors to effectively utilize and act upon other moral theories since they are in a constant state of crisis – that inhibits the ideal moral conditions which other theories presuppose.

#### 2] Extinction matters under any framework:

#### ---A] It precludes the possibility of any kind of moral value – we can’t confer value onto anything if we’re not alive.

#### ---B] Future generations means infinite magnitude – we have to look towards future lives too

## 1AR Theory

No 1AR theory a] There is a 7-6-time skew after NC, negs get 1 less minute text b] They get new 2AR responses to 2NR counter-interps, that makes theory irresolvable because I don’t have a 3NR, and they win every theory debate because I can’t answer their responses c] AC spikes solve there aren’t that many theory issues d] deters 1NC abuse checking because of meta-theory, that means 6 minutes of aff abuse e] infinite abuse doesn’t exist, 1] 7 minutes if finite, 2] resolvability is a pre-req to checking abuse, you cant check abuse on a irresolvable issue

## Case

**Morgenson—XT**

**Morgensen says we must attend to nuance in invoking the term “settler”—their  uncritical use of “settler colonialism” in the 1NC equates black chattel slavery with white plantation owners as somehow equally co-implicated in reproducing settler  colonialism— that reproduces white supremacy and the epistemic violence of  whiteness**

**AT: ‘Decolonize (x)’**

**We are unsatisfied with calls to sovereignty or land return or the empty signifier of  “decolonization” which seems to be only the phantasmal call to wholeness, a demand  from an Other who will finally free Indigenous Peoples from genocide. No, the  alternative is no alternative, it is the radical demand that the affirmative be  condemned, be forced to confront the genocide which makes it possible without hope  of redemption. Eve Tuck and C. Ree once wrote that “Haunting… is the relentless  remembering and reminding that will not be appeased by settler society’s assurances  of innocence and reconciliation. Haunting is both acute and general; individuals are  haunted, but so are societies. […] Haunting doesn’t hope to change people’s  perceptions, nor does it hope for reconciliation. Haunting lies precisely in its refusal to  stop. […] Haunting aims to wrong the wrongs…”**

**Henderson 15** (Phil, Doctoral Student at the University of Victoria “Imagoed communities: the  psychosocial space of settler colonialism” *Settler Colonial Studies* DOI:

10.1080/2201473X.2015.1092194, pp. 10-14) NIJ

Facing assertive indigenous presences within settler colonial spaces, settlers must answer the legitimate charge that their daily life – in  all its banality – is predicated upon the privileges produced by ongoing genocide. The jarring nature of  such charges offers an irreconcilable challenge to settlers qua settlers. 64 Should these charges become  impossible to ignore, they threaten to explode the imago of settler colonialism, which had hitherto  operated within the settler psyche in a relatively smooth and benign manner. **This explosion is  potentiated by the revelation of even a portion of the violence that is required to make settler life  possible.** If, for example, settlers are forced to see ‘their’ beach as a site of murder and ongoing colonization, it  becomes more difficult to sustain it within the imaginary as a site of frivolity. 65 As Brown writes, in the ‘loss of horizons, order,  and identity’ the subject experiences a sense of enormous vulnerability. 66 Threatened with this ‘loss of containment’, the settler subject embarks down the road to psychosis. 67 Thus, to  parlay Brown’s thesis to the settler colonial context, the uncontrollable rage that indigenous presences induce within the settler is not evidence of the strength of settlers, but rather of a  subject lashing out on the brink of its own dissolution. This panic – this rabid and insatiable anger – is always already at the core of the settler as a  subject. As Lorenzo Veracini observes, the settler necessarily remains in a disposition of aggression ‘even after  indigenous alterities have ceased to be threatening’. 68 This disposition results from the precarity  inherent in the maintenance of settler colonialism’s imago, wherein any and all indigenous presences  threaten subjective dissolution of the settler as such. Trapped in a Gordian Knot, the very thing that provides a balm to the settler subject – further  development and entrenchment of the settler colonial imago – is also what panics the subject when it is inevitably contravened. 69 We might think of this as a process of hardening that leaves  the imago brittle and more susceptible to break- age. Their desire to produce a firm imago means that settlers are also always already in a psychically defensive position – that is, the settler’s  offensive position on occupied land is sustained through a defensive posture. For while settlers desire the total erasure of indi- genous populations, the attendant desire to disappear their own  identity as settlers necessitates the suppression of both desires, if the subject’s reliance on settler colonial power structure is to be psychically naturalized. Settlers’ reactions  to indigenous peoples fit, almost universally, withthe two ego defense responsesthat Sigmund Freud observed. The first of these  defenses is to attempt a complete conversion of the suppressed desire into a new idea. In settler  colonial contexts, this requires averting attention from the violence of dispossession; as such, settlers  often suggest that they aim to create a ‘city on the hill’. 70 Freud noted that the conversion defense mechanism does suppress the anxiety inducing desire, but it also leads to ‘periodic hysterical outbursts’. Such is the case when settlers’ utopic visions are forced to confront  the reality that the gentile community they imagine is founded in and perpetuates irredeemable  suffering. A second type of defense is to channel the original desire’s energy into an obsession or a  phobia. The effects of this defense are seen in the preoccupation that settler colonialism has with purity

of blood or of community. 71 As we have already seen, this obsessionat once solidifies the power of the settler state, thereby  naturalizing the settler and simultaneously perpetuating the processes of erasing indigenous peoples. Psychic defenses are intended to secure the subject from pain, and whether that pain originates inside or outside the psyche is inconsequential. Because of the threat  that indigeneity presents to the phantasmatic wholeness of settler colonialism, settlers must always  remain suspended in a state of arrested development between these defensive positions. Despite any pretensions to  the contrary, the settler is necessarily a parochial subject who continuously coils, reacts, disavows, and lashes  out, when confronted with his dependency on indigenous peoples and their territory. This psychic precarity exists at the core of the settler subject because of the unending fear of its own  dissolution, should indigenous sovereignty be recognized. 72 **Goeman writes as an explicit challenge to other indigenous peoples,  but this holds true to settler-allies as well, that decolonization must include an analysis of the  dominant ‘self-disciplining colonial subject’.** 73 However, as this discussion of subjective precarity demonstrates, the degree of to which these  disciplinary or phenomenological processes are complete should not be overstated. For settler-allies must also examine and cultivate the ways  in which settler subjects fail to be totally disciplined. Evidence of this incompletion is apparent in the subject’s arrested state of development.  Discovering the instability at the core of the settler subject, indeed of all subjects, is the central conceit  of psychoanalysis. This exception of at least partial failure to fully subjectivize the settler is also what sets my account apart from Rifkin’s. His phenomenology falls into the trap  that Jacqueline Rose observes within many sociological accounts of the subject: that of assuming a successful internalization of norms. From the psychoanalytical perspective, the ‘unconscious  constantly reveals the “failure”’ of internalization. 74 As we have seen, within settler subjects this can be expressed as an irrational anxiety that expresses itself whenever a settler is  confronted with the facts regarding their colonizing status. Under conditions of total subjectification, such charges ought to be unintelligible to the settler. Thus, the process of subject  formation is always in slippage and never totalized as others might suggest. 75 **Because of this precarity**, the settler subject is prone to violence and lashing out; but **the  subject in slippage also provides an avenue by which the process of settler colonialism can be  subverted – creating cracks in a phantasmatic wholeness which can be opened wider.** Breakages of this sort offer an

opportunity to pursue what Paulette Regan calls a ‘restorying’ of settler colonial history and culture, to decanter settler mythologies built upon and within the dispossession of indigenous  peoples. 76 **The cultivation of these cracks is a necessary part of decolonizing work, as it continues to panic  and thus to destabilize settler subjects.** Resistance to settler colonialism does not occur only in highly visible moments like the famous conflict at Kanesatake  and Kahnawake, 77 it also occurs in reiterative and disruptive practices, presences, and speech acts. Goeman correctly observes that **the ‘repetitive practices of  everyday life’ are what give settler spaces their meaning, as they provide a degree of naturalness to  the settler imago and its psychic investments.** 78 **As such, to disrupt the ease of these repetitions is at  once to striate radically the otherwise smooth spaces of settler colonialism and also to disrupt the  easy (re)production of the settler subject.** Goeman calls these subversive acts the ‘micro-politics of resistance’, which historically took the form of ‘moving

fences, not cooperating with census enumerators, sometimes disrupting survey parties’ amongst other process. 79 These acts panic the subject that is disciplined as a product of settler  colonial power, by forcing encounters with the sovereign indigenous peoples that were imagined to be gone. This reveals to the settler, if only fleetingly, the violence that founds and sustains  the settler colonial relationship. While such practices may not overthrow the settler colonial system, they do subvert its logics by insistently drawing attention to the ongoing presence of  indigenous peoples who refuse erasure. Today, we can draw similar inspiration from the variety of tactics used in movements like Idle No More. From flash mobs in major malls, to round  dances that block city streets, and even projects to rename Toronto locations, Idle No More is engaged in a series of micro-political projects across Turtle Island. 80 The micro-politics of the  movement strengthen indigenous subjects and their spatialities, while leaving an indelible imprint in the settler psyche. Predictably, rage and resentment were provoked in some settlers; 81  however, Idle No More also drew thousands of settler-allies into the streets and renewed conversations about the necessity of nation-to-nation relationships. With settler colonial spaces  disrupted and a relationship of domination made impossible to ignore, in the tradition of centuries of indigenous resistance, Idle No More put the settler subject into serious flux once more.  Conclusion Settler colonialism has been distinguished from colonialism proper by what Wolfe calls its ‘logic of  elimination’, which requires the erasure of indigenous peoples from the colonized territory. This is accomplished through a variety of  mechanisms that range fromoutright violence to policies of gradual elimination. Ultimately, settler  colonialism is perpetuated through a double move: to erase indigenous peoples and then to disappear settlers by naturalizing the violence inherent their existence in colonized territory. This is accomplished through the  production of spatialities bereft of indigeneity. Out of this spatial logic, an imago of settler society is produced that binds settlers both  psychically and socially to each other and to the colonized spaces. The continual (re)production of a  settler colonial imago is necessary to secure the psychic horizons of the settler subject;it is also inextricably bound up

with an insatiable need to constantly renew the erasure of indigenous peoples. Thus, in order to secure its continued survival as a subject, the settler must always strive to maintain the  conditions of settler colonialism. **Total erasure of indigeneity is the grotesque desire of the settler that must be  constantly disrupted.** Where indigenous peoples have persisted as an insurgent presence in the settler imago, they are always already threatening this disruption of the  settler subject at its very core. For while the affirmation of indigeneity can induce panic, and subsequently rage, in the settler, it also opens a crack within the  imago– that is, within thesettler subject itself – through which an ethic of decolonization can emerge. While it

seems that settler colonialism is propelled by a tightly circuitous movement of subject formation, projection,  and (re)formation, the presence of indigenous peoples in ongoing and sovereign relationship with the land serves as a powerful blockage of to the smoothness of this process.