## 1

**The standard is minimizing material violence.**

**[1] Personal identity reductionism is true – if the hemispheres of my brain were transplanted into 2 different people, neither would be me.**

**Parfit 84.** Derek Parfit 1984, “Reasons and Persons”, Oxford Paperbacks

It is in fact true that one hemisphere is enough. There are many people who have survived, when a stroke or injury puts out of action one of their hemispheres. With his remaining hemisphere, such a person may need to re-learn certain things, such as adult speech, or how to control both hands. But this is possible. In my example I am assuming that, as may be true of certain actual people, both of my hemispheres have the full range of abilities. I could thus survive with either hemisphere, without any need for re-learning.¶ I shall now combine these last two claims. I would survive if my brain was successfully transplanted into my twin's body. And I could survive with only half my brain, the other half having been destroyed. Given these two facts, it seems clear that I would survive if half my brain was successfully transplanted into my twin's body, and the other half was destroyed.¶ What if the other half was not destroyed? This is the case that Wiggins described: that in which a person, like an amoeba, divides.40 To simplify the case, I assume that I am one of three identical triplets. Consider¶ My Division. My body is fatally injured, as are the brains of my two brothers. My brain is divided, and each half is successfully transplanted into the body of one of my brothers. Each of the resulting people believes that he is me, seems to remember living my life, has my character, and is in every other way psychologically continuous with me. And he has a body that is very like mine.¶ This case is likely to remain impossible. Though it is claimed that, in certain people, the two hemispheres may have the same full range of abilities, this claim might be false. I am here assuming that this claim is true when applied to me. I am also assuming that it would be possible to connect a transplanted half-brain with the nerves in its new body. And I am assuming that we could divide, not just the upper hemispheres, but also the lower brain. My first two assumptions may be able to be made true if there is enough progress in neurophysiology. But it seems likely that it would never be possible to divide the lower brain, in a way that did not impair its functioning.¶ Does it matter if, for this reason, this imagined case of complete division will always remain impossible? Given the aims of my discussion, this does not matter. This impossibility is merely technical. The one feature of the case that might be held to be deeply impossible—the division of a person's consciousness into two separate streams—is the feature that has actually happened. It would have been important if this had been impossible, since this might have supported some claim about what we really are. It might have supported the claim that we are indivisible Cartesian Egos. It therefore matters that the division of a person's consciousness is in fact possible. There seems to be no similar connection between a particular view about what we really are and the impossibility of dividing and successfully transplanting the two halves of the lower brain. This impossibility thus provides no ground for refusing to consider the imagined case in which we suppose that this can be done. And considering this case may help us to decide both what we believe ourselves to be, and what in fact we are. As Einstein's example showed, it can be useful to consider impossible thought-experiments.¶ It may help to state, in advance, what I believe this case to show. It provides a further argument against the view that we are separately existing entities. But the main conclusion to be hdrawn is that personal identity is not what matters.¶ It is natural to believe that our identity is what matters. Reconsider the Branch-Line Case, where I have talked to my Replica on Mars, and am about to die. Suppose we believe that I and my Replica are different people. It is then natural to assume that my prospect is almost as bad as ordinary death. In a few days, there will be no one living who will be me. It is natural to assume that this is what matters. In discussing My Division, I shall start by making this assumption.¶ In this case, each half of my brain will be successfully transplanted into the very similar body of one of my two brothers. Both of the resulting people will be fully psychologically continuous with me, as I am now. What happens to me?¶ There are only four possibilities: (1) I do not survive; (2) I survive as one of the two people; (3) I survive as the other; (4) I survive as both.¶ The objection to (1) is this. I would survive if my brain was successfully transplanted. And people have in fact survived with half their brains destroyed. Given these facts, it seems clear that I would survive if half my brain was successfully transplanted, and the other half was destroyed. So how could I fail to survive if the other half was also successfully transplanted? How could a double success be a failure?¶ Consider the next two possibilities. Perhaps one success is the maximum score. Perhaps I shall be one of the two resulting people. The objection here is that, in this case, each half of my brain is exactly similar, and so, to start with, is each resulting person. Given these facts, how can I survive as only one of the two people? What can make me one of them rather than the other?¶ These three possibilities cannot be dismissed as incoherent. We can understand them. But, while we assume that identity is what matters, (1) is not plausible. My Division would not be as bad as death. Nor are (2) and (3) plausible. There remains the fourth possibility: that I survive as both of the resulting people.¶ This possibility might be described in several ways. I might first claim: ‘What we have called “the two resulting people” are not two people. They are one person. I do survive this operation. Its effect is to give me two bodies, and a divided mind.’¶ This claim cannot be dismissed outright. As I argued, we ought to admit as possible that a person could have a divided mind. If this is possible, each half of my divided mind might control its own body. But though this description of the case cannot be rejected as inconceivable, it involves a great distortion in our concept of a person. In my imagined Physics Exam I claimed that this case involved only one person. There were two features of the case that made this plausible. The divided mind was soon reunited, and there was only one body. If a mind was permanently divided, and its halves developed in different ways, it would become less plausible to claim that the case involves only one person. (Remember the actual patient who complained that, when he embraced his wife, his left hand pushed her away.)¶ The case of complete division, where there are also two bodies, seems to be a long way over the borderline. After I have had this operation, the two ‘products’ each have all of the features of a person. They could live at opposite ends of the Earth. Suppose that they have poor memories, and that their appearance changes in different ways. After many years, they might meet again, and fail even to recognise each other. We might have to claim of such a pair, innocently playing tennis: ‘What you see out there is a single person, playing tennis with himself. In each half of his mind he mistakenly believes that he is playing tennis with someone else.’ If we are not yet Reductionists, we believe that there is one true answer to the questionwhether these two tennis-players are a single person. Given what we mean by ‘person’, the answer must be No. It cannot be true that what I believe to be a stranger, standing there behind the net, is in fact another part of myself.

**That justifies util.**

**Gruzalski 86.** Bart Gruzalski 86 [UChicago], “Parfit's Impact on Utilitarianism”, Ethics, Vol. 96, No. 4, July 1986.

Parfit concludes his discussion of distributive moral principles by claiming that, “when we cease to believe that persons are separately existing entities, the Utilitarian view becomes more plausible. Is the gain in plausibility great, or small? My argument leaves this question open” (p. 342). In contrast, I have argued that the Reductionist View strongly supports the utilitarian account of desert and distributive justice. The argument has two aspects. One is the recognition of the utilitarian emphasis on secondary rules, including principles of distributive justice and policies of desert. These rules, principles, and policies are treated within the utilitarian account as if they have self-standing, whereas in fact they are justified on the principle of utility which alone has self-standing within the utilitarian program. The other aspect of the argument involves the recognition that the utilitarian’s dual treatment of secondary principles dovetails with the dual account of the nature of persons on the Reductionist View: persons exist, yet their existence just involves bodies and interrelated mental and physical events, and a complete description of our lives need not claim that persons exist. Furthermore, a body, brain, and interrelated series of mental and physical events are more fundamental and basic than the person whose existence just consists in them, much as the citizens and the territory are more fundamental and basic than the nation whose existence just consists in them. This corresponds precisely with the utilitarian account, for utilitarianism treats persons as fundamental and separate existents, while grounding this treatment on the impersonal elements of pain, suffering, happiness, and contentment. Because util-itarianism accurately reflects in this way the true nature of persons, it is much more plausible than has been previously recognized. In addition, since many of the current competitors to utilitarianism presuppose that the person is separate from the body, brain, and interrelated mental and physical events, it follows that these views err by being too personal and are therefore implausible. It follows that when we cease to believe that persons are separately existing entities, utilitarianism becomes significantly more plausible than any of its person-centered theoretical competitors.

**[2] Actor Spec— States must use util. Any other standard dooms the moral theory**

**Goodin 90.** Robert Goodin 90, [professor of philosophy at the Australian National University college of arts and social sciences], “The Utilitarian Response,” pgs 141-142 //RS

My larger argument turns on the proposition that there is something special about the situation of public officials that makes utilitarianism more probable for them than private individuals. Before proceeding with the large argument, I must therefore say what it is that makes it so special about public officials and their situations that make it both more necessary and more desirable for them to adopt a more credible form of utilitarianism. Consider, first, the argument from necessity. Public officials are obliged to make their choices under uncertainty, and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, private individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. Public officials, in contrast, are relatively poorly informed as to the effects that their choices will have on individuals, one by one. What they typically do know are generalities: averages and aggregates. They know what will happen most often to most people as a result of their various possible choices, but that is all. That is enough to allow public policy-makers to use the utilitarian calculus – assuming they want to use it at all – to choose general rules or conduct.

**[3] Extinction comes first under any framework.**

**Pummer 15** [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015] AT

There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future people that reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people. Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But ***that is a huge mistake.*** Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; ***it is not the view that the latter don’t matter***. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” ***Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good***, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. ***We should also take into account moral uncertainty.*** What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, ***all minimally plausible moral views would converge on the conclusion that we should try to save the world***. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.” (From chapter 36 of On What Matters)

**[4] Pleasure and pain are intrinsic value and disvalue.**

**Blum et al. 18**

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**Pleasure** is not only one of the three primary reward functions but it also **defines reward.** As homeostasis explains the functions of only a limited number of rewards, the principal reason why particular stimuli, objects, events, situations, and activities are rewarding may be due to pleasure. This applies first of all to sex and to the primary homeostatic rewards of food and liquid and extends to money, taste, beauty, social encounters and nonmaterial, internally set, and intrinsic rewards. Pleasure, as the primary effect of rewards, drives the prime reward functions of learning, approach behavior, and decision making and provides the **basis for hedonic theories** of reward function. We are attracted by most rewards and exert intense efforts to obtain them, just because they are enjoyable [10]. Pleasure is a passive reaction that derives from the experience or prediction of reward and may lead to a long-lasting state of happiness. The word happiness is difficult to define. In fact, just obtaining physical pleasure may not be enough. One key to happiness involves a network of good friends. However, it is not obvious how the higher forms of satisfaction and pleasure are related to an ice cream cone, or to your team winning a sporting event. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure [14]. Pleasure as a hallmark of reward is sufficient for defining a reward, but it may not be necessary. A reward may generate positive learning and approach behavior simply because it contains substances that are essential for body function. When we are hungry, we may eat bad and unpleasant meals. A monkey who receives hundreds of small drops of water every morning in the laboratory is unlikely to feel a rush of pleasure every time it gets the 0.1 ml. Nevertheless, with these precautions in mind, we may define any stimulus, object, event, activity, or situation that has the potential to produce pleasure as a reward. In the context of reward deficiency or for disorders of addiction, homeostasis pursues pharmacological treatments: drugs to treat drug addiction, obesity, and other compulsive behaviors. The theory of allostasis suggests broader approaches - such as re-expanding the range of possible pleasures and providing opportunities to expend effort in their pursuit. [15]. It is noteworthy, the first animal studies eliciting approach behavior by electrical brain stimulation interpreted their findings as a discovery of the brain’s pleasure centers [16] which were later partly associated with midbrain dopamine neurons [17–19] despite the notorious difficulties of identifying emotions in animals. Evolutionary theories of pleasure: The love connection BO:D Charles Darwin and other biological scientists that have examined the biological evolution and its basic principles found various mechanisms that steer behavior and biological development. Besides their theory on natural selection, it was particularly the sexual selection process that gained significance in the latter context over the last century, especially when it comes to the question of what makes us “what we are,” i.e., human. However, the capacity to sexually select and evolve is not at all a human accomplishment alone or a sign of our uniqueness; yet, we humans, as it seems, are ingenious in fooling ourselves and others–when we are in love or desperately search for it. It is well established that modern biological theory conjectures that **organisms are** the **result of evolutionary competition.** In fact, Richard Dawkins stresses gene survival and propagation as the basic mechanism of life [20]. Only genes that lead to the fittest phenotype will make it. It is noteworthy that the phenotype is selected based on behavior that maximizes gene propagation. To do so, the phenotype must survive and generate offspring, and be better at it than its competitors. Thus, the ultimate, distal function of rewards is to increase evolutionary fitness by ensuring the survival of the organism and reproduction. It is agreed that learning, approach, economic decisions, and positive emotions are the proximal functions through which phenotypes obtain other necessary nutrients for survival, mating, and care for offspring. Behavioral reward functions have evolved to help individuals to survive and propagate their genes. Apparently, people need to live well and long enough to reproduce. Most would agree that homo-sapiens do so by ingesting the substances that make their bodies function properly. For this reason, foods and drinks are rewards. Additional rewards, including those used for economic exchanges, ensure sufficient palatable food and drink supply. Mating and gene propagation is supported by powerful sexual attraction. Additional properties, like body form, augment the chance to mate and nourish and defend offspring and are therefore also rewards. Care for offspring until they can reproduce themselves helps gene propagation and is rewarding; otherwise, many believe mating is useless. According to David E Comings, as any small edge will ultimately result in evolutionary advantage [21], additional reward mechanisms like novelty seeking and exploration widen the spectrum of available rewards and thus enhance the chance for survival, reproduction, and ultimate gene propagation. These functions may help us to obtain the benefits of distant rewards that are determined by our own interests and not immediately available in the environment. Thus the distal reward function in gene propagation and evolutionary fitness defines the proximal reward functions that we see in everyday behavior. That is why foods, drinks, mates, and offspring are rewarding. There have been theories linking pleasure as a required component of health benefits salutogenesis, (salugenesis). In essence, under these terms, pleasure is described as a state or feeling of happiness and satisfaction resulting from an experience that one enjoys. Regarding pleasure, it is a double-edged sword, on the one hand, it promotes positive feelings (like mindfulness) and even better cognition, possibly through the release of dopamine [22]. But on the other hand, pleasure simultaneously encourages addiction and other negative behaviors, i.e., motivational toxicity. It is a complex neurobiological phenomenon, relying on reward circuitry or limbic activity. It is important to realize that through the “Brain Reward Cascade” (BRC) endorphin and endogenous morphinergic mechanisms may play a role [23]. While natural rewards are essential for survival and appetitive motivation leading to beneficial biological behaviors like eating, sex, and reproduction, crucial social interactions seem to further facilitate the positive effects exerted by pleasurable experiences. Indeed, experimentation with addictive drugs is capable of directly acting on reward pathways and causing deterioration of these systems promoting hypodopaminergia [24]. Most would agree that pleasurable activities can stimulate personal growth and may help to induce healthy behavioral changes, including stress management [25]. The work of Esch and Stefano [26] concerning the link between compassion and love implicate the brain reward system, and pleasure induction suggests that social contact in general, i.e., love, attachment, and compassion, can be highly effective in stress reduction, survival, and overall health. Understanding the role of neurotransmission and pleasurable states both positive and negative have been adequately studied over many decades [26–37], but comparative anatomical and neurobiological function between animals and homo sapiens appear to be required and seem to be in an infancy stage. Finding happiness is different between apes and humans As stated earlier in this expert opinion one key to happiness involves a network of good friends [38]. However, it is not entirely clear exactly how the higher forms of satisfaction and pleasure are related to a sugar rush, winning a sports event or even sky diving, all of which augment dopamine release at the reward brain site. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure. Remarkably, there are pathways for ordinary liking and pleasure, which are limited in scope as described above in this commentary. However, there are **many brain regions**, often termed hot and cold spots, that significantly **modulate** (increase or decrease) our **pleasure or** even **produce the opposite** of pleasure— that is disgust and fear [39]. One specific region of the nucleus accumbens is organized like a computer keyboard, with particular stimulus triggers in rows— producing an increase and decrease of pleasure and disgust. Moreover, the cortex has unique roles in the cognitive evaluation of our feelings of pleasure [40]. Importantly, the interplay of these multiple triggers and the higher brain centers in the prefrontal cortex are very intricate and are just being uncovered. Desire and reward centers It is surprising that many different sources of pleasure activate the same circuits between the mesocorticolimbic regions (Figure 1). Reward and desire are two aspects pleasure induction and have a very widespread, large circuit. Some part of this circuit distinguishes between desire and dread. The so-called pleasure circuitry called “REWARD” involves a well-known dopamine pathway in the mesolimbic system that can influence both pleasure and motivation. In simplest terms, the well-established mesolimbic system is a dopamine circuit for reward. It starts in the ventral tegmental area (VTA) of the midbrain and travels to the nucleus accumbens (Figure 2). It is the cornerstone target to all addictions. The VTA is encompassed with neurons using glutamate, GABA, and dopamine. The nucleus accumbens (NAc) is located within the ventral striatum and is divided into two sub-regions—the motor and limbic regions associated with its core and shell, respectively. The NAc has spiny neurons that receive dopamine from the VTA and glutamate (a dopamine driver) from the hippocampus, amygdala and medial prefrontal cortex. Subsequently, the NAc projects GABA signals to an area termed the ventral pallidum (VP). The region is a relay station in the limbic loop of the basal ganglia, critical for motivation, behavior, emotions and the “Feel Good” response. This defined system of the brain is involved in all addictions –substance, and non –substance related. In 1995, our laboratory coined the term “Reward Deficiency Syndrome” (RDS) to describe genetic and epigenetic induced hypodopaminergia in the “Brain Reward Cascade” that contribute to addiction and compulsive behaviors [3,6,41]. Furthermore, ordinary “liking” of something, or pure pleasure, is represented by small regions mainly in the limbic system (old reptilian part of the brain). These may be part of larger neural circuits. In Latin, hedus is the term for “sweet”; and in Greek, hodone is the term for “pleasure.” Thus, the word Hedonic is now referring to various subcomponents of pleasure: some associated with purely sensory and others with more complex emotions involving morals, aesthetics, and social interactions. The capacity to have pleasure is part of being healthy and may even extend life, especially if linked to optimism as a dopaminergic response [42]. Psychiatric illness often includes symptoms of an abnormal inability to experience pleasure, referred to as anhedonia. A negative feeling state is called dysphoria, which can consist of many emotions such as pain, depression, anxiety, fear, and disgust. Previously many scientists used animal research to uncover the complex mechanisms of pleasure, liking, motivation and even emotions like panic and fear, as discussed above [43]. However, as a significant amount of related research about the specific brain regions of pleasure/reward circuitry has been derived from invasive studies of animals, these cannot be directly compared with subjective states experienced by humans. In an attempt to resolve the controversy regarding the causal contributions of mesolimbic dopamine systems to reward, we have previously evaluated the three-main competing explanatory categories: “liking,” “learning,” and “wanting” [3]. That is, dopamine may mediate (a) liking: the hedonic impact of reward, (b) learning: learned predictions about rewarding effects, or (c) wanting: the pursuit of rewards by attributing incentive salience to reward-related stimuli [44]. We have evaluated these hypotheses, especially as they relate to the RDS, and we find that the incentive salience or “wanting” hypothesis of dopaminergic functioning is supported by a majority of the scientific evidence. Various neuroimaging studies have shown that anticipated behaviors such as sex and gaming, delicious foods and drugs of abuse all affect brain regions associated with reward networks, and may not be unidirectional. Drugs of abuse enhance dopamine signaling which sensitizes mesolimbic brain mechanisms that apparently evolved explicitly to attribute incentive salience to various rewards [45]. Addictive substances are voluntarily self-administered, and they enhance (directly or indirectly) dopaminergic synaptic function in the NAc. This activation of the brain reward networks (producing the ecstatic “high” that users seek). Although these circuits were initially thought to encode a set point of hedonic tone, it is now being considered to be far more complicated in function, also encoding attention, reward expectancy, disconfirmation of reward expectancy, and incentive motivation [46]. The argument about addiction as a disease may be confused with a predisposition to substance and nonsubstance rewards relative to the extreme effect of drugs of abuse on brain neurochemistry. The former sets up an individual to be at high risk through both genetic polymorphisms in reward genes as well as harmful epigenetic insult. Some Psychologists, even with all the data, still infer that addiction is not a disease [47]. Elevated stress levels, together with polymorphisms (genetic variations) of various dopaminergic genes and the genes related to other neurotransmitters (and their genetic variants), and may have an additive effect on vulnerability to various addictions [48]. In this regard, Vanyukov, et al. [48] suggested based on review that whereas the gateway hypothesis does not specify mechanistic connections between “stages,” and does not extend to the risks for addictions the concept of common liability to addictions may be more parsimonious. The latter theory is grounded in genetic theory and supported by data identifying common sources of variation in the risk for specific addictions (e.g., RDS). This commonality has identifiable neurobiological substrate and plausible evolutionary explanations. Over many years the controversy of dopamine involvement in especially “pleasure” has led to confusion concerning separating motivation from actual pleasure (wanting versus liking) [49]. We take the position that animal studies cannot provide real clinical information as described by self-reports in humans. As mentioned earlier and in the abstract, on November 23rd, 2017, evidence for our concerns was discovered [50] In essence, although nonhuman primate brains are similar to our own, the disparity between other primates and those of human cognitive abilities tells us that surface similarity is not the whole story. Sousa et al. [50] small case found various differentially expressed genes, to associate with pleasure related systems. Furthermore, the dopaminergic interneurons located in the human neocortex were absent from the neocortex of nonhuman African apes. Such differences in neuronal transcriptional programs may underlie a variety of neurodevelopmental disorders. In simpler terms, the system controls the production of dopamine, a chemical messenger that plays a significant role in pleasure and rewards. The senior author, Dr. Nenad Sestan from Yale, stated: “Humans have evolved a dopamine system that is different than the one in chimpanzees.” This may explain why the behavior of humans is so unique from that of non-human primates, even though our brains are so surprisingly similar, Sestan said: “It might also shed light on why people are vulnerable to mental disorders such as autism (possibly even addiction).” Remarkably, this research finding emerged from an extensive, multicenter collaboration to compare the brains across several species. These researchers examined 247 specimens of neural tissue from six humans, five chimpanzees, and five macaque monkeys. Moreover, these investigators analyzed which genes were turned on or off in 16 regions of the brain. While the differences among species were subtle, **there was** a **remarkable contrast in** the **neocortices**, specifically in an area of the brain that is much more developed in humans than in chimpanzees. In fact, these researchers found that a gene called tyrosine hydroxylase (TH) for the enzyme, responsible for the production of dopamine, was expressed in the neocortex of humans, but not chimpanzees. As discussed earlier, dopamine is best known for its essential role within the brain’s reward system; the very system that responds to everything from sex, to gambling, to food, and to addictive drugs. However, dopamine also assists in regulating emotional responses, memory, and movement. Notably, abnormal dopamine levels have been linked to disorders including Parkinson’s, schizophrenia and spectrum disorders such as autism and addiction or RDS. Nora Volkow, the director of NIDA, pointed out that one alluring possibility is that the neurotransmitter dopamine plays a substantial role in humans’ ability to pursue various rewards that are perhaps months or even years away in the future. This same idea has been suggested by Dr. Robert Sapolsky, a professor of biology and neurology at Stanford University. Dr. Sapolsky cited evidence that dopamine levels rise dramatically in humans when we anticipate potential rewards that are uncertain and even far off in our futures, such as retirement or even the possible alterlife. This may explain what often motivates people to work for things that have no apparent short-term benefit [51]. In similar work, Volkow and Bale [52] proposed a model in which dopamine can favor NOW processes through phasic signaling in reward circuits or LATER processes through tonic signaling in control circuits. Specifically, they suggest that through its modulation of the orbitofrontal cortex, which processes salience attribution, dopamine also enables shilting from NOW to LATER, while its modulation of the insula, which processes interoceptive information, influences the probability of selecting NOW versus LATER actions based on an individual’s physiological state. This hypothesis further supports the concept that disruptions along these circuits contribute to diverse pathologies, including obesity and addiction or RDS.

## 2

#### Infrastructure passes now with limited corporation support, but increased big Pharma backlash causes it to fail

Waldman 8/31 [Paul, opinion writer for the Plum Line blog. Before joining The Post, he worked at an advocacy group, edited an online magazine, taught at university and worked on political campaigns. He has authored or co-authored four books on media and politics, and his work has appeared in dozens of newspapers and magazines. He is also a senior writer at the American Prospect, “Opinion: Democrats, don’t knuckle under to corporations on the reconciliation bill”, 08-31-2021, Washington Post, https://www.washingtonpost.com/opinions/2021/08/31/democrats-dont-knuckle-under-corporations-reconciliation-bill/]//pranav

The infrastructure bill that passed the Senate and awaits action in the House was in some ways a model of bipartisanship, supported by some Republicans as well as all the chamber’s Democrats, and given a boost from traditionally Republican business groups. That wasn’t a surprise; big corporations need infrastructure to do business. If the government pays for better roads, a more resilient electrical grid and wider availability of broadband, it’ll probably help the bottom line. But what happens when the government suggests addressing Americans’ needs and asks those corporations to help pay for it? This is what happens: A torrent of political groups representing some of the country’s most influential corporations — including ExxonMobil, Pfizer, and the Walt Disney Company — is laying the groundwork for a massive lobbying blitz to stop Congress from enacting significant swaths of President Biden’s $3.5 trillion economic agenda. The emerging opposition appears to be vast, spanning drug manufacturers, big banks, tech titans, major retailers and oil-and-gas giants. In recent weeks, top Washington organizations representing these and other industries have started strategizing behind the scenes, seeking to battle back key elements in Democrats proposed overhaul to federal health care, education and safety net programs. This campaign will have lots of behind-the-scenes pressure: Together, these companies employ a group of lobbyists that are approximately equal in number to China’s People’s Liberation Army — as well as online and TV ads coming to a screen near you. So Democrats should now ask themselves: What are we doing here? As in, why did we decide to run for Congress? Because there are some moments that test your resolve, in which you have to ask what the purpose of public service is, and whether it’s more than just staying in your job for as long as possible. There are disagreements among Democrats about what should be in the final bill, and it’s almost certain that these corporations will have some success in stripping away some provisions they find threatening. There’s an increase in the corporate tax rate (though under every proposal, it would still be less than before the 2017 Republican tax cut). There’s money to boost Internal Revenue Service enforcement of existing tax laws, which the people who run corporations don’t like; an overstretched, overworked IRS that can’t manage to audit the super-rich is just how CEOs like things. Perhaps most threatening is the proposal to allow Medicare to negotiate prices for prescription drugs, as they are currently barred by law from doing. Democrats insist that change would pay for much of the trillions of dollars in new and beefed-up social programs this bill creates.

#### Big Pharma hates the plan – empirics – err neg our ev literally cites their press releases

PhRMA ’21 [The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier and more productive lives. Since 2000, PhRMA member companies have invested nearly $1 trillion in the search for new treatments and cures, including an estimated $83 billion in 2019 alone, “PhRMA Statement on WTO TRIPS Intellectual Property Waiver”, 05-05-2021, https://www.phrma.org/coronavirus/phrma-statement-on-wto-trips-intellectual-property-waiver]//pranav

WASHINGTON, D.C. (May 5, 2021) – Pharmaceutical Research and Manufacturers of America (PhRMA) president and CEO Stephen J. Ubl made the following statement after the United States Trade Representative expressed support for a proposal to waive patent protections for COVID-19 medicines: “In the midst of a deadly pandemic, the Biden Administration has taken an unprecedented step that will undermine our global response to the pandemic and compromise safety. This decision will sow confusion between public and private partners, further weaken already strained supply chains and foster the proliferation of counterfeit vaccines. “This change in longstanding American policy will not save lives. It also flies in the face of President Biden’s stated policy of building up American infrastructure and creating jobs by handing over American innovations to countries looking to undermine our leadership in biomedical discovery. This decision does nothing to address the real challenges to getting more shots in arms, including last-mile distribution and limited availability of raw materials. These are the real challenges we face that this empty promise ignores. “In the past few days alone, we’ve seen more American vaccine exports, increased production targets from manufacturers, new commitments to COVAX and unprecedented aid for India during its devastating COVID-19 surge. Biopharmaceutical manufacturers are fully committed to providing global access to COVID-19 vaccines, and they are collaborating at a scale that was previously unimaginable, including more than 200 manufacturing and other partnerships to date. The biopharmaceutical industry shares the goal to get as many people vaccinated as quickly as possible, and we hope we can all re-focus on that shared objective.”

#### They lash out against infra and use COVID clout to kill it – they have public support, and a win now postpones reform indefinitely which turns case

Fuchs et al. 09/02 [Hailey Fuchsattended Yale University and was an inaugural Bradlee Fellow for The Washington Post, where she reported on national politics**,** Alice Ollstein is a health care reporter for POLITICO Pro, covering the Capitol Hill beat. Prior to joining POLITICO, she covered federal policy and politics for Talking Points Memo, Megan Wilson is a health care and influence reporter at POLITICO, “Drug industry banks on its Covid clout to halt Dems’ push on prices”, 09-02-2021, https://www.politico.com/news/2021/09/02/drug-prices-democrats-lobbying-508127]//pranav

As Democrats prepare a massive overhaul of prescription drug policy, major pharmaceutical companies are mounting a lobbying campaign against it, arguing that the effort could undermine a Covid fight likely to last far longer than originally expected. In meetings with lawmakers, lobbyists for the pharmaceutical industry have issued warnings about the reconciliation package now moving through both chambers of Congress that is set to include language allowing Medicare to negotiate the price of some drugs, which could generate billions of dollars in savings. In those conversations, K Street insiders say, lobbyists have explicitly mentioned that the fight against the coronavirus will almost certainly extend beyond the current surge of the Delta variant. And they’re arguing that now isn’t the time to hit the industry with new regulations or taxes, particularly in light of its successful efforts to swiftly develop vaccines for the virus. “For years, politicians have been saying that the federal government can interfere in the price of medicines and patients won’t suffer any harm,” said Brian Newell, a spokesperson for the Pharmaceutical Research and Manufacturers of America, or PhRMA, in a statement. “But in countries where this already happens, people experience fewer choices and less access to prescription medicines. Patients know if something sounds too good to be true, then it usually is.” The escalating warnings from the pharmaceutical industry are part of what is expected to be one of the more dramatic and expensive lobbying fights in recent memory, and a heightened repeat of the industry’s pushback to actions by former President Donald Trump to target drug prices. The proposal now under consideration in Democrats’ reconciliation package could save the federal government hundreds of billions of dollars by leveraging its ability to purchase prescription drugs, according to a report from the Congressional Budget Office. Without those funds, Democrats won’t be able to pay for the rest of the health care agenda they’ve promised to voters, including expansions of Medicare, Medicaid and Obamacare. But the plan has political power as more than a revenue raiser. Party leaders — from President Joe Biden to Senate Budget Chair Bernie Sanders (I-Vt.) — are touting it as one of the most important components of the $3.5 trillion package, with the potential to lower out-of-pocket health spending for tens if not hundreds of millions of people. Outside advocates have also zeroed in on it as the most consequential policy fight on the horizon. “This is the best chance that we have seen in a couple of decades to enact meaningful reforms to drug pricing policy in the United States that will lower the prices of prescription drugs, and it’s very clear that the drug companies are going all out to stop it,” said David Mitchell, founder of Patients for Affordable Drugs. “This is Armageddon for pharma.” Progressive Democrats and their outside allies believe they’re closer than they’ve been in decades to imposing some price controls, and worry that failure to do so this year will delay progress indefinitely given the possibility of the party losing one or more chambers of Congress in the 2022 midterms. In April, the House passed a fairly aggressive version — H.R. 3 (117) — though a handful of moderate Democrats friendly to the industry have threatened to block it when it comes back to the floor for a vote later this fall. Leadership has largely shrugged off this threat, banking on the fact that the most vulnerable frontline Democrats are vocally in favor of the policy, while most of the dissenters sit in safe blue districts. The Senate is designing its own version, outlined by Sen. Ron Wyden (D-Ore.) in June, as a middle ground between HR3 and the more narrow, bipartisan bill he and Sen. Chuck Grassley (R-Iowa) put forward last Congress. A senior Senate Democratic aide confirmed to POLITICO that the bill is nearly complete and that they’re in the process of shopping it around to undecided senators to make sure it has enough support to move forward in the 50-50 upper chamber. “It makes sense to get buy-in before releasing it rather than releasing it with fingers crossed and then tweaking it once members complain,” the aide said. But the reform push is coming at a time when the pharmaceutical industry is working hand-in-hand with government officials to combat the pandemic and enjoying a boost in public opinion as a result, even as drug costs continue to rise. The companies claim that fundamental changes to their bottom line — in addition to the Medicare provision, the reconciliation bill will likely raise corporate tax rate significantly, as high as 28 percent (a jump of 7 percentage points) — will threaten its current investments in research and development at a historically critical juncture. With the final draft of the bill expected in the coming weeks, the Pharmaceutical Research and Manufacturers of America, the lobbying arm of the pharmaceutical industry, is taking its case public. The group has recently spent at least seven figures on ads pressuring Congress not to change Medicare drug policy.

#### Big pharma always wins – independently kills aff solvency bc it causes the plan to be watered down so much that de facto monopolies can survive

Florko & Facher ‘19 [Nicholas Florko is a Stat News Washington correspondent and Lev Facher is Stat News health and life sciences writer, “How pharma, under attack from all sides, keeps winning in Washington”, 07-16-2019, Stat News, https://www.statnews.com/2019/07/16/pharma-still-winning/]//pranav

It does not seem to matter how angrily President Trump tweets, how pointedly House Speaker Nancy Pelosi lobs a critique, or how shrewdly health secretary Alex Azar drafts a regulatory change. The pharmaceutical industry is still winning in Washington. In the past month alone, drug makers and the army of lobbyists they employ pressured a Republican senator not to push forward a bill that would have limited some of their intellectual property rights, according to lobbyists and industry representatives. They managed to water down another before it was added to a legislative package aimed at lowering health care costs. Lobbyists also convinced yet another GOP lawmaker — once bombastically opposed to the industry’s patent tactics — to publicly commit to softening his own legislation on the topic, as STAT reported last month. Even off Capitol Hill, they found a way to block perhaps the Trump administration’s most substantial anti-industry accomplishment in the past two years: a rule that would have required drug companies to list their prices in television ads. To pick their way through the policy minefield, drug makers have successfully deployed dozens of lobbyists and devoted record-breaking sums to their federal advocacy efforts. But there is also a seemingly new strategy in play: industry CEOs have targeted their campaign donations this year on a pair of vulnerable Republican lawmakers — and then called on them not to upend the industry’s business model. In more than a dozen interviews by STAT with an array of industry employees, Capitol Hill staff, lobbyists, policy analysts, and advocates for lower drug prices, however, an unmistakable disconnect emerges. Even though Washington has stepped up its rhetorical attacks on the industry, and focused its policymaking efforts on reining in high drug prices, the pharmaceutical industry’s time-honored lobbying and advocacy strategies have kept both lawmakers and the Trump administration from landing any of their prescription-drug punches. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers,” Sen. Dick Durbin (D-Ill.) said in a statement to STAT. Durbin, who recently saw the industry successfully oppose his proposal to curtail some of the industry’s patent maneuvering, added that, “Pharma’s billions allow them to continue to rip off American families and taxpayers.” The industry doesn’t get all the credit; it has also benefited from a fractured Congress and discord between President Trump’s most senior health care advisers. PhRMA, the drug industry’s largest lobbying group here, declined to comment for this article. But industry leaders have broadly argued against efforts to rein in the industry’s practices in terms of price hikes and patents, making the case that that could irreparably stifle medical innovation. The battle is far from over, and industry representatives and lobbyists are quick to hypothesize that the worst, for them, is yet to come. They point to several ongoing legislative initiatives, including in the Senate Finance Committee, that could take more concerted direct aim at their pricing strategies in Medicare. They’re waiting, too, to see if House Democrats can cut a drug pricing deal with the White House to empower Medicare to negotiate at least some drug prices. Another pending regulation, loathed by drug makers, might tie their pricing decisions in Medicare to an index of international prices. They’ve also bemoaned the Trump administration’s decision last week to abandon a policy change that would have ended drug rebates — which, the pharmaceutical industry has said, could have given drug makers more space to lower their prices voluntarily. “We’re getting killed!” one pharma lobbyist told STAT. Of course, the Trump administration’s supposedly devastating decision to abandon that proposal simply maintains the status quo. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers.” n Valentine’s Day, Sen. Thom Tillis (R-N.C.) enjoyed a showering of love that is familiar in Washington: a flood of campaign contributions, many at the federal limit of $2,800 for a candidate or $5,000 for an affiliated political committee. One donation came from Pfizer’s CEO, Albert Bourla, who donated $5,000 to Tillis and another $10,000 to Sen. John Cornyn (R-Texas) and associated campaign committees. Another came from Kenneth Frazier, the top executive at Merck. The Tillis campaign committee eventually cashed checks from CEOs and other high-ranking executives at those companies as well as Amgen, Eli Lilly, Sanofi, and Bristol Myers-Squibb, plus two high-ranking officials at the advocacy group PhRMA. Six lobbyists at one firm that works with PhRMA, BGR, also combined to contribute $100,000 to a bevy of Republican lawmakers and the party’s campaign arms. Tillis raised an additional $64,500 from drug industry political action committees in the past quarter, according to disclosures released on Monday. A Pfizer spokeswoman declined to comment about Bourla’s contributions, and representatives for the other companies did not respond to STAT’s request for comment. Tills was one of few individual lawmakers — in many cases, the only one — to whom the executives had written personal checks during the current election cycle. While drug industry CEOs frequently contribute to political committees for congressional leadership, the breadth of executives who donated Tillis specifically is notable, particularly considering his outspoken role on pharmaceutical industry issues. While lobbyists pushed back on the notion that campaign contributions directly influence votes, the donations targeted so specifically to a particular candidate could be seen as a prime example of Washington’s system for rewarding loyalty and how industries protect their interests. The same PhRMA PAC that donated to Tillis has given generously in recent years: nearly $200,000 in the 2018 campaign cycle, roughly 58% of which was targeted toward Republicans. Drug industry PACs donated $10.3 million in total in that cycle, according to the Center for Responsive Politics. The figure two years before was even higher: a total of $12.2 million from industry-aligned PACs alone. It is no accident that the pharmaceutical industry has maintained its reputation among the nation’s most powerful lobbies, said Sheila Krumholz, the executive director of the Center for Responsive Politics, an organization that tracks political influence. “Their access and influence goes beyond this Congress or even the administration,” Krumholz said in an interview, adding that she “was struggling to think of evidence” it had waned. Pharma has a reputation here for winning on policy — often thanks to the lawmakers who are among the biggest recipients of the millions that drug corporations, employees, and the industry political arms donate each year. Even as the rhetoric has escalated, the industry has quietly worked to insulate itself from any major legislative changes. Take, for example, a recent about-face from Cornyn, the Texas Republican who took in some campaign cash alongside Tillis. As recently as February, Cornyn seemed to be positioning himself as a rare Republican figurehead for anti-pharma congressional wrath. At a widely publicized hearing before the Senate Finance Committee, he went head-to-head with AbbVie CEO Richard Gonzalez, pressing him to explain why the company had filed more than 100 patents on its blockbuster arthritis drug Humira. Cornyn introduced legislation soon after the skirmish to crack down on patent “thicketing,” a term for a drug company tactic to accumulate tens, if not hundreds, of patents to shield a drug from potential generic competition. Pharma sprung into action. They recruited congressional allies, including Tillis, to pressure Cornyn to significantly rework the bill, and they succeeded. The version of the bill that eventually cleared the Senate Judiciary Committee was stripped of language that would have empowered the Federal Trade Commission to go after patent thicketing. Instead, the bill limited how many patents a drug maker could assert in a patent lawsuit. The new version of the bill lost “a lot of teeth” and “solves a narrower problem in a narrow way,” advocates told STAT when the change was first introduced. It is far from the only example of the industry’s aggressive interventions to water down legislation. “In lots of ways they’re like the [National Rifle Association], because they have an incredible power to squash out any negative opinion, nor to feel any of the ill effects of those things,” said Pallavi Damani Kumar, an American University crisis communications professor who once worked in media relations for drug manufacturers. “It just speaks to how incredibly savvy they are.” Pharmaceutical industry lobbyists also successfully fought to keep another anti-drug industry patent proposal from Sen. Bill Cassidy (R-La.) and Dick Durbin (D-Ill.) out of a bipartisan drug pricing package moving through the Senate HELP Committee. The legislation would have allowed the FDA to approve cheaper versions of drugs, even when the more expensive product was protected by certain patents. Cassidy’s proposal never even made it into the HELP package. As the lobbyist who bemoaned the withdrawal of the rebate rule put it, Cassidy “simmered down” in the face of industry pressure. In recent weeks, the industry had targeted Cassidy in particular, in recent weeks, for fear he would break with many of his GOP colleagues to support a cap on some price hikes for drugs purchased under Medicare, a proposal so far pushed only by Democrats. “Sen. Cassidy doesn’t care what lobbyists think — he is going to do what’s best for patients,” said Ty Bofferding, a Cassidy spokesman. “Sen. Cassidy fought for the committee to include the REMEDY Act in the package, despite strong opposition from the pharmaceutical industry.” The committee eventually included half the bill’s provisions, he added, as well as four other pieces of legislation meant to prevent the industry from taking advantage of the patent system. The drug industry also notched a win by watering down another proposal in that package from Sen. Susan Collins (R-Maine) that would have blocked drug makers from suing over patents they didn’t disclose to the FDA. The version of the bill that actually made it into the package doesn’t block drug makers from suing, but instead directs the FDA to create a public list of companies that fail to disclose their patents. “This change is a big win for drug makers,” Michael Carrier, a Rutgers University professor and expert on patent gaming, told STAT. “Shaming is something drug makers don’t seem worried about.” Matthew Lane, the executive director of the Coalition Against Patent Abuse, likewise added that the altered bill “doesn’t seem to be doing much anymore.” Not all of the pharma-endorsed changes, however, are self-serving. Patent experts and federal regulators too had raised concerns with some of the bill being proposed. Cornyn’s patent bill was particularly controversial. “These provisions encourage ‘fishing expeditions’ by zealous bureaucrats, politically motivated by the popularity of efforts to reduce drug prices and garner the political benefits of being seen to be pursuing these ends,” Kevin Noonan, a patent lawyer at McDonnell Boehnen Hulbert & Berghoff wrote in a recent blog post, referring to the original Cornyn bill. Drug-pricing advocates said lobbyists have even managed to convince lawmakers to introduce some legislation they say has explicitly favored the drug industry, including intellectual property-focused legislation that would allow drug makers to patent human genes. That particular bill would “undo the bipartisan effort underway to fix pharma’s exploitation of the patent system,” said the Coalition Against Patent Abuse. And they were far from the only group raising concerns. The American Civil Liberties Union and more than 150 other groups wrote to lawmakers last month opposing the bill. Pharma’s list of policy victories goes on: Drug companies and allied patient groups forced the Trump administration to back off a proposal to make relatively minor changes to Medicare’s so-called protected classes policy. Currently, Medicare is required to cover all drugs for certain conditions, including depression and HIV. The Trump administration proposed in November that private Medicare plans should be able to remove certain drugs in those classes from their formularies, if the drugs were just new formulations of a cheaper, older version of the same drug, or when a drug spiked in price. But drug industry opposition helped convince the administration to spike that effort. A week ago, the industry struck its biggest blow yet. Three of the country’s largest pharmaceutical companies —Amgen, Eli Lilly, and Merck — prevailed in a lawsuit to strike down a Trump administration requirement that they disclose list prices in television advertisements. The lack of congressional action — despite the Democratic enthusiasm and bipartisan appetite — is still further evidence of industry’s ability to stave off defeat. As the dozens of Democrats running for president ramp up their anti-pharma rhetoric, both Trump and progressives have begun to fret that Washington’s efforts have proven to be all bark and no bite. With two weeks remaining before the August recess and an escalating 2020 campaign, some advocates fear that the window for bold action is closing quickly. “It’s appalling that we are six months into this Congress and we haven’t seen meaningful legislation passed on American’s number one issue for this congress,” said Peter Maybarduk, who leads drug-pricing initiatives for the advocacy group Public Citizen. “Congress needs to get its act together.”

#### Infra’s k2 stopping existential climate change – warming is incremental and every change in temperature is vital

Higgins 8/16 [Trevor, Senior Director, Domestic Climate and Energy, “Budget Reconciliation Is the Key to Stopping Climate Change”, 08-16-2021, https://www.americanprogress.org/issues/green/news/2021/08/16/502681/budget-reconciliation-key-stopping-climate-change/]//pranav

The United States is suffering acutely from the chaotic changes in climate that scientists now directly attribute to the burning of fossil fuels and other human activity. The drought, fires, extreme heat, and floods that have already killed hundreds this summer across the continent and around the world are a tragedy—and a warning of worsening instability yet to come. However, this week, the Senate initiated an extraordinary legislative response that would set the world on a different path. Enacting the full scope of President Joe Biden’s Build Back Better agenda would put the American economy to work leading a global transition to clean energy and stabilizing the climate. A look at what’s coming next through the budget reconciliation process reveals a ray of hope that is easy to miss amid the fitful negotiations of recent months: At long last, Congress is on the verge of major legislation that would build a more equitable, just, and inclusive clean energy economy. This is our shot to stop climate change. Building a clean energy future must start now Until the global economy stops polluting the air and instead starts to draw down the emissions of years past, the world will continue to heat up, blundering past perilous tipping points that threaten irreversible and catastrophic consequences. Stemming the extent of warming at 1.5 degrees Celsius rather 2 degrees or worse will reduce the risk of crossing such tipping points or otherwise exceeding the adaptive capacity of human society. Every degree matters. Stabilizing global warming at 1.5 degrees Celsius starts with cutting annual greenhouse gas emissions in the United States to half of peak levels by 2030. This isn’t about temporary offsets or incremental gains in efficiency—it’s about the rapid adoption of scalable solutions that will work throughout the world to eliminate global net emissions by 2050 and sustain net-negative emissions thereafter. Building this better future will tackle climate change, deliver on environmental justice, and create good jobs. It will give us a shot to stop the planet from continuously warming. It will alleviate the concentrated burdens of fossil fuel pollution, which are concentrated in systemically disadvantaged, often majority Black and brown communities. It will empower American workers to compete in the global clean energy economy of the 21st century. There is no time to lose in the work of building a clean energy future.

## 3

#### CP Text: The member nations of the World Trade organization should give everyone adequate health care.

#### Solves the first contention – ww is blue

1AC Forman 07 Trade Rules, Intellectual Property, and the Right to Health From: Ethics & International Affairs By: Lisa Forman Fall 2007

Given the adverse health impacts of the intellectual property protections contained in these free-trade agreements, why do countries consent to entering them at all? On the one hand, it is not surprising that governments may favor economic growth over critical health investments, especially considering how routinely health systems are underfinanced and how access to health care for marginalized and poor populations is so often neglected in both rich and poor countries.30 Governments may also assume that the aggregate economic benefits of these trade agreements outweigh and indeed justify any restrictions in access to medicines that they may cause. At the same time, trade negotiators may simply lack knowledge of the health implications of higher levels of intellectual property protection. There is, however, a degree of coercion that may accompany the finalization of these agreements. Peter Drahos suggests that developing countries have little room to refuse bilateral agreements, as trade negotiations take place alongside actual or threatened unilateral trade sanctions.32 Debates about the economic benefits of trade aside, from a human rights perspective sacrificing access to essential medicines for the poorest (those who most assuredly will be affected) in the service of broader economic growth is not an acceptable trade-off. Nor should it be a necessary trade-off. In Peru recently, largely due to the advocacy of Paul Hunt, the UN Special Rapporteur on Health, the government conducted an assessment of the potential impact of a free-trade agreement being negotiated with the United States. The assessment indicated that the agreement would limit access to medicines for approximately 700,000 people, and the government accordingly recommended implementing a fund from industries that would profit from the agreement to supplement this shortfall.33 While the Peruvian experience suggests that governments can mitigate the restrictive impact of trade rules on medicines access at the domestic level, impact assessments cannot directly challenge the injustices inherent in the current trade regime on medicines. Free-trade agreements and corporate and governmental challenges effectively turn TRIPS rights into powerful corporate entitlements that can be only rarely limited. This not only perpetuates the inaccessibility of present medicines but excludes poor people from accessing new therapeutic advances. INTERNATIONAL HUMAN RIGHTS ON HEALTH Since the global imposition and enforcement of stringent patent rights play a direct role in the high loss of life due to inaccessible medicines, such a system should be justifiable not simply from the perspective of intellectual property rights but from the perspective of human rights law. Access to essential medicines is a fundamental human rights claim under the rights to health and life.34 In accordance with international human rights law, it should therefore be seen as a core human rights entitlement to receive minimally adequate health care. Under these rights, governments have a range of duties with regard to medicines, which include, inter alia, ensuring the affordability of essential medicines and preventing restrictions on access. In this light, government use of TRIPS flexibilities to provide access to lifesaving medicines should be seen as necessary to fulfill their duties under rights to health and life. In cases where the adoption of patent provisions in TRIPS-plus free-trade agreements will result in the loss of life due to limited access to lifesaving drugs, this action should be seen as a violation of these duties. Support for the idea that the enforcement of trade-related intellectual property rights may violate human rights is found in the work of Thomas Pogge. Pogge argues that those who uphold social rules, such as trade and economic policies, can violate human rights when these rules 'Joreseeably and avoidably deprive human beings of secure access to the objects of their human rights."35 Pogge argues that the present international patent system fulfils these conditions.

#### Solves 2nd contention – ww is blue

1AC Baker 13 AFRICAN HUMAN RIGHTS LAW JOURNAL \* BA (UDW), BProc (UNISA), LLM (UDW), LLD (UKZN); vawday@ukzn.ac.za \*\* BA (Harvard), JD (Northeastern); b.baker@neu.edu (2013) 13 AHRLJ 55-81 Achieving social justice in the human rights/intellectual property debate: Realising the goal of access to medicines Yousuf A Vawda\* Associate Professor of Law, University of KwaZulu-Natal, South Africa Brook K Baker\*\* Professor of Law, Northeastern University, Boston MA, USA; Honorary Research Fellow, University of KwaZulu-Natal, South Africa

The increasing privatisation of knowledge and the products of knowledge have been a significant feature of the capitalist system from its earliest phases. It was typified by the ‘enclosure movement’,106 the design to fence off public spaces and bring them under private ownership and control. This culminated in according proprietary status to the products of the intellect – the recognition of intellectual property rights. In more recent times, the harmonisation and integration of intellectual property rights, through institutions such as the WIPO and WTO, signify a new wave of the enclosure movement, with intellectual property right protection now having a global reach. Protagonists of this approach have argued that the new property regime has given rise to ‘unparalleled expansion of productive possibilities’.107 But for whose benefit? Life-saving medicines and medical devices, critical to the health and well-being of individuals and societies alike, have not escaped appropriation as private assets. Medicines are thus often viewed as private commodities because of various factors, including, amongst others: • Reigning bioethical models with their focus on patient autonomy have emphasised individual aspects of health care, reinforced by the fact that medicines are privately consumed.108 • The market pre-selects consumers of highly-priced medicines, by excluding those individuals who cannot afford them. But medicines are – at least partially – public goods in the sense that they have significant implications for public health, are also global in their development and impact, and are prone to regulation in their development, manufacture, allocation and use.109 The public dimensions of medicines are well known, directly from their role in public health vaccination measures, as well as in the treatment of epidemic and endemic diseases. The public dimension also entails the public consequences emanating from choices made in research and development of new medicines, and the profiteering surrounding lifestyle drugs which draws resources away from research into socalled ‘neglected’ diseases. In contrast to private goods, ‘public goods’ are goods that are essentially social in character, even though (like medicines) they may be intended for private consumption.110 Public goods also often have positive externalities, meaning that their broad accessibility and use benefit the public at large, not just those who use them. This public benefit is most obvious in the instance of vaccination, where herd immunity develops because of wide diffusion. However, the same dynamic can be seen with respect to the prevention and treatment of infectious diseases. Indeed, because healthier populations have increased capacity in the economic, cultural, political and self actualising sphere, there are positive externalities for treating chronic and even temporary disease conditions. Medicines, therefore, cannot merely be regarded as private goods. Drug development itself has assumed a global character. It may be true that most innovation in this area emanates from laboratories in developed countries. However, developing countries make a significant contribution to the development of medicines in several ways, including sharing knowledge of indigenous plants and their properties, and controversially, being involved as research participants in clinical trials for medicines, from which they sometimes may not themselves benefit.111 A major change in the recent discourse on global health concerns the ‘framing, norms, and policy approaches to addressing the problem of globally inequitable access to drugs, diagnostics, vaccines and other health technologies’.112 This development is due, in no small part, to the global political and social mobilisation on the issue of access to affordable anti-retrovirals, which has fomented a re-think of the traditional approaches to understanding medicines as private goods, has focused attention on the global demand for access to health technologies for all (as opposed to merely ‘neglected’ diseases), and has highlighted the need for new, more inclusive governance mechanisms to manage pharmaceutical and related innovation.113

## Case

### Underview

#### Permissibility, presumption, and skep negate:

#### [1] Obligations- the resolution indicates the affirmative has to prove an obligation, and permissibility would deny the existence of an obligation

#### [2] Falsity- Statements are more often false than true because proving one part of the statement false disproves the entire statement. Presuming all statements are true creates contradictions which would be ethically bankrupt.

#### [3] Negating is harder – Aff gets last speech to crystallize and shape the debate in a way the favors them with no 3NR

#### [4] Affirmation theory- Affirming requires unconditionally maintaining an obligation

**Affirm: maintain as true.**

**That’s Dictionary.com**- “affirm” <https://www.dictionary.com/browse/affirm>

I’ll concede you get 1ar theory but it’s dta – a) solves infinite abuse – only 7 mins but gets rid of abusive positions b) puts u ahead bc I lose an off.

Also frame the theory debate through reasonability with a briteline of defense – key to substance edu – that o/w – only 2 months to talk about the topic which theory forecloses – anything else causes a race to the top where we keep finding the tiniest bit better interp.

AT: Kaczmarek

[1] wrong – decreasing inequality doesn’t stop global warming bc temps keep increasing

[2] extinction tursn suffering – existential threats cause massive amounts of structural violence which o/w

[3] extinction events o/w on TF – the time it takes for a singular reduction in inequality to deter an existential event is wayy longer than the time it takes for warming to cause extinction.

[4] warming turns – every degree change causes ripple effects that replicates and turns any benefit to the 1AC

[5] just be skeptical the internal link chain for stopping an instance of inequality to denying a large scale existential risk is so sketchy, so you should probably just err neg

### Framework

Overview -

**[1] Butler cannot guide action—just because we understand that some lives are ungrievable does not BIND us to taking actions that reduce their grievability; this is fatal because if your ethic cannot guide action then it is not useful to solve real issues**

**[2] Prefer util; this binds us to action, i.e. we look at experience and decide which set of consequences are better because we are intuitively disposed to viewing experience as a reliable way to act. Nothing binds us to being open to the other.**

**[3] Butler devolves to util—to understand if we have successfully made a life grievable we have to look to the ends of our actions**

**[4] Turn: Induction solves butler—we can look to past actions, past policies, etc. and see if they deemed lives ungrievable, if they did we would not take that action.**

**[5] Turn: Experience solves butler—in order to understand someone’s social position in society you have to have experience to understand how power operates, how we operate with lives ungrievable, this necessitates an experience-based framework i.e. util**

**[6] The disad proves that we solve butler—you have to care about the mechanisms that you use to deem lives grievable, butler is not entirely means based, i.e. my intentions to recognize you as another worth grieving is not enough to meet the framework, which means that actions that we take matter, we have proved that yours are wrong**

**[7] The framework double turns the case: Butler says that vulnerability is inevitable and that we should accept, but the aff paints two different types of vulnerability – our vulnerability to the Other and the Other’s vulnerability to themselves. This creates a paternalistic mindset that fails to answer the central question of vulnerability.**

**Hawkins on Butler, April 10, 2017** [Allyson, graduate student at the Fletcher School of Law and Diplomacy at Tufts University, Gender @ Fletcher, “Precarity, Grievability, Speech, and Assembly: Reflections on Judith Butler’s Visit to Tufts”, <https://sites.tufts.edu/fletchergender/2017/04/10/593/m>, BJM]

While speaking about the politics of care and the politics of vulnerability, Dr. Butler spoke about the nature of vulnerability itself. Vulnerability, she said, is embedded in social relations. Thus, everyone is vulnerable. Terming certain populations as “vulnerable” creates a politics of paternalism. Vulnerability is not the characteristic of a group but of social bonds. When these social bonds are broken by the provider they create a sense of abandonment. At that time, the dependent person in the relationship feels dependency rage. Thus, aggression has a very real place within the politics of care. A population that is disproportionately exposed to suffering is not inherently more vulnerable. The suffering is created by the practice of abandonment. For example, when European countries refuse to reply to SoS messages on the basis that the call is coming from the territorial waters of another country, they are using sovereignty to abandon their treaty obligations under the Law of the Sea Convention, 1982 the Maritime Search and Rescue Convention, 1979 and the Barcelona Convention of 1975. In this way, by abandoning social obligations, the European countries cause suffering to refugees crossing the sea. Dependency rage is a concept theorized by Austrian-British psychoanalyst Melanie Klein, which says that the child, dependent on the caregiver, feels intense rage when its needs are not being fulfilled. The caregiver is not always a consensual participant in the relationship since the dependency of the child does not change into independence over time. Thus, the caregiver sometimes abandons his or her responsibilities. While on the one hand the child hates the caregiver for abandoning it, on the other hand it also loves the caregiver because its own survival is dependent on this person. This leads to confusion, anger and anxiety, where the abandoning caregiver can neither be destroyed nor fully loved. Care can thus be an instrument of damage. Hence, the politics of care is not inherently virtuous. A question that arises, from this theory, is what makes some communities more ‘abandon-able’, so to say, than others? Why do the social structures on which some communities are dependent fail more often than the structures of other groups? This goes back to Dr. Butler’s opening question of why are all lives not equally valuable? Why are some deaths more grievable than others? Judith Butler says, only equals are grievable. On Language, Precarity, and Agency Allyson Hawkins Dr. Butler used the recent refugee crisis to frame her arguments around language, precarity, experiences of vulnerability, and paternalism within humanitarianism. The language we use to discuss the dispossessed, the imperiled, and the abandoned matters. The politics of human rights surge to the fore again and again within today’s forced migration contexts- shaping new nationalisms, racisms, and militarizations along the way. The organized character of deprivation and death has extended to the borders of Europe, prompting questions around how to name and understand the organization of populations primed for dispossession and abandonment. Paternalistic language, categorizations, and corresponding care (or lack thereof) of these populations prompt an ethical dilemma: when war extends beyond warzones, can we ethically remain bystanders? What is the best way to intervene? Notably, in her discussion on language and compulsory categorizations of vulnerable populations, Dr. Butler noted, “there is no refugee without the war.” Those who die in war, those who die because of war, those who die fleeing from war- how do these classifications encourage different modalities of care? How does language shape perceptions of vulnerability and agency? The current status quo requires when declaring a humanitarian crisis, one must also identify the “vulnerable population” at risk. Dr. Butler questioned this language, asserting that those who have lost infrastructural support maintain their agency. She used an example of refugees who stitched their mouths shut to protest the closing of “the Jungle” in Calais. Here, these refugees used their “voicelessness” to make a point about audibility and agency. Refugees and other “vulnerable populations,” Dr. Butler noted, are not any more vulnerable than anyone else. “Vulnerability is not an exhaustive title.” Trapping subjects into the frame of vulnerability is a reflex that must be abandoned. Acknowledgement of agency, interdependence, and the precarity of humanity, should instead follow

LBL –

AT: Neuhouser

[1] no impact in context – util knows that maybe not all individuals think the exact the same but it’s intrinsic of all individuals to use pain + pleasure to guide action

[2] util solves – don’t need to recognize the other to act, anything else freezes action bc infinite others to recognize

AT: Butler 1

[1] Parfit takes out – we can’t be dependent on the Other because our subjectivity is in a constant flux due to experiences – only experience explains incompleteness – means util hijacks

AT: Butler 2

[1] pain + pleasure explain it – grievability is bad because it is a state of living that is painful to the psyche

[2] proves extinction o/w & turns grievability – we have to care for someone to live which proves life is the end goal

[3] util’s more objective – comparing two different forms of ungreivability is a terrible metric for debate – ie comparing between racism & ableism is messed up – only comparing death totals can resolve

AT: Standard

[1] requires consequences – we can only know if a life is precarious based on the consequences of the action

[2] vague & irresolvable – if both debaters respect it in different ways there’s no way to compare

AT: Kolozova

[1] util isn’t abstract, it’s also the most concrete – it looks at past experience and evidence in order to make political decisions

[2] also just doesn’t have a warrant

AT: Mignolo

[1] is a criticism of very specific Christion mission discourse which is obviously not discourse about saving everyones lives

[2] util condemns instances of structural violence as something that are bad because they cause pain, but extinction is worse because those people are just dead

### Contention 3

#### Vote neg on presumption, the squo solves all of their impacts – it provides less developed countries with access to patent protected drugs

Enrico Bonadio 15 [11-24-2015, "World's poorest countries allowed to keep copying patent-protected drugs," Conversation, <https://theconversation.com/worlds-poorest-countries-allowed-to-keep-copying-patent-protected-drugs-50799>] // WW DL

The World Trade Organisation has agreed to extend a waiver that allows poor countries to copy patented medicines. The waiver, which was due to expire in January 2016, has now been extended to 2033. The countries that will benefit from the waiver are the 48 poorest nations, classified by the United Nations as “Least Developed Countries” or LDCs, and include many African and some Asian countries. About half of the 900m population across these countries live on less than US$1.25 a day. All other countries, including developing countries such as India and China, are still bound by the WTO’s agreement on trade-related intellectual property rights (or TRIPS) with respect to drug patents. Higher disease burden The waiver is critical for the least developed countries. Compared with richer countries, they have a much higher disease burden, especially infectious diseases such as HIV and malaria. In 2011, about 9.7m people in these countries were living with HIV. We believe good journalism is good for democracy and necessary for it. Keeping antiretrovirals affordable. jonrawlinson/flickr Many of the drugs that treat these diseases are still under patent protection. Drug patents last for 20 years and allow drugs companies time to recoup their investment into research and development and turn a profit. Once the patent protection period ends, other drugs companies can then copy the drug and sell it as a generic medicine. These generics are much cheaper than branded drugs. Developing a local pharma industry Countries such as Uganda, Cambodia and Rwanda have already taken advantage of the WTO’s temporary waiver and begun to develop their own pharmaceutical industry.

This has been helped by investments from drug companies in the developing world. For example, Uganda-based Cipla Quality Chemicals was originally a joint-venture between Cipla, a large Indian generics manufacturer, and the Ugandan government. It is the only company in Africa that makes triple-combination antiretroviral drugs. Developing and strengthening manufacturing capacities in LDCs is important as these countries are often unable to import cheap copies of patent protected drugs from countries like India. India has many large generics firms within its borders and, although it ratified TRIPS in 1995, it only brought its patent laws in line with the treaty in 2005. It too now has to respect international drug patents. So the extension of the waiver is important, but it is only temporary, which doesn’t please everybody. Least developed countries and some NGOs would have preferred an indefinite extension or at least an extension until a country is no longer classified as a least developed country, rather than the set date of 2033. This position is supported by the European Union, but not by the US. Patents don’t work for poor countries It costs pharmaceuticals companies about US$2.6 billioin to develop a new drug. If these companies were not allowed to protect their investment with patents, it is doubtful that any new drugs would be developed. So patents are an important incentive. But patent protection doesn’t work for poor countries. Intellectual property (IP) rights, like patents, aren’t an effective incentive in countries which have not reached an adequate level of economic development because they have no intellectual property to protect. IP rights might be effective over the long term, but only after a local and relatively strong pharmaceutical industry is developed. The exemption could be dropped once countries that have benefited from it have developed enough, and the industry reaches a self-sustaining size. Although building a home grown pharmaceuticals industry is not a requirement of the WTO waiver, a strong local industry would give poor countries direct access to much needed cheap medicines. The WTO’s transitional waiver makes sense. By temporarily allowing LDCs to ignore patents on drugs, it gives them time to develop their own pharmaceuticals industries. And we are already seeing evidence of this happening. According to the UN agencies, UNDP and UNAids, the proportion of people with HIV who are not receiving antiretrovirals reduced from 90% in 2006 to 63% in 2013 thanks to the availability of drugs made by LDCs. Despite some criticisms, the WTO’s decision to extend the waiver should be praised. It seems fair and reasonable, and it doesn’t excessively jeopardise companies that make branded (non-generic) drugs. They don’t seem to lose much from missed royalties. Overall, the poorest countries account for less than 2% of the world’s gross domestic product and about 1% of global trade in goods. Not a big business opportunity for big pharma.