

The Medicine

Running the enclosure algorithm on the cures

Hold in Common · June 2026

When the team that discovered insulin patented it in the 1920s, they sold the patent to the University of Toronto for one dollar. One of them said insulin did not belong to him, it belonged to the world.¹ A century later, three companies dominate the American insulin market, the price climbed so high that people rationed doses, and some of them died for lack of a medicine that costs a few dollars to make. Everything that happened between the one-dollar gift and the rationing is the enclosure algorithm, run on the cures.

Step 1 TARGET | *find shared value not yet owned*

The target is medical knowledge and the molecules of healing, much of it discovered with public money, in public universities and public labs, and intended, like insulin, to belong to everyone. It is the most valuable commons of all, because it is measured in lives.

Step 2 REFRAME | *call the commons a tragedy*

The story is innovation. Only patent-protected private industry, we are told, can afford to develop new drugs, so the monopoly is the price of progress, and without it the cures would never come. Public and generic medicine is framed as a threat to the very research that saves us.

Step 3 ABSTRACT | *turn it into a countable unit*

The remedy is abstracted into property: the patent claim, the molecule, the brand, the “novel formulation.” Even a whole plant can be reduced to a single patented compound. What heals becomes, on paper, a thing that can be owned.

Step 4 TITLE | *vest the unit in a private owner*

Patents vest the medicine in a firm. In insulin, three companies, Eli Lilly, Novo Nordisk, and Sanofi, hold essentially the entire United States market.²

In genetics, a single company, Myriad, owned the BRCA breast-cancer genes and the only test for them until the Supreme Court struck the patents down in 2013. The thing the public discovered is titled to a private holder.

Step 5 INVERT | *make the old custom a crime*

The temporary bargain of a patent, a limited monopoly, then the public domain, is inverted into a permanent wall through “evergreening.” A company makes a trivial change to an old drug and files a fresh patent; Sanofi filed dozens of patents on newer versions of a single insulin so the monopoly would never end.³ Meanwhile importing the identical cheaper medicine from abroad is blocked. The gift that was meant to enter the commons is fenced so it never arrives.

Step 6 TOLL | *charge for access, dump the cost downstream*

Then the toll, and here it is paid in both money and lives. Insulin that costs a few dollars to produce was sold for hundreds; patients rationed it, and some died. The cost is dumped onto the sick, the uninsured, and the family choosing between a prescription and the rent. A fence around medicine is not a metaphor for harm. It is the harm.

Step 7 NATURALIZE | *erase the memory of the commons*

And the cover story we hear on a loop: drugs are expensive because innovation is expensive, and that is simply the cost of miracles. The public funding behind so many of those discoveries, and the one-dollar patent that began the whole story, are quietly forgotten.

The loop

Then it loops, lavishly. Monopoly profits fund the patent thickets, the lobbying, and the acquisitions that buy up competitors and promising public research, which protect the monopoly, which funds the next round.

Who pays for this fence

The cost lands on the diabetic rationing insulin, the patient who skips the cancer screen because the test is owned, the uninsured, and the household that treats a prescription as a luxury. And it lands, as enclosure always does,

hardest on those with the least, the people for whom the price is not an inconvenience but a verdict.

The counter-algorithm

The proof that another way works is built into the story: the one-dollar patent. Medicine has been given to the world before, on purpose. The counter-move is to do it again deliberately, public-interest drug development, public and open licensing of publicly funded discoveries, strong generics, and price caps. When public pressure finally forced it, insulin makers capped out-of-pocket costs at thirty-five dollars a month and cut list prices by seventy to seventy-five percent, the counter-algorithm working in real time.⁴ And there is the model this project keeps returning to: a nonprofit can carry a full-spectrum remedy through approval and license it to everyone, keeping the cure a commons instead of a monopoly. Insulin already told us the truth. Some medicines were always meant to belong to the world.

The fence around the cure

This is the program run where it costs the most. A public, life-saving commons targeted, the monopoly reframed as the only engine of innovation, the remedy abstracted into a patent, the cure titled to a few firms, the public-domain bargain inverted by evergreening into a permanent wall, a toll collected in money and in lives, and the one-dollar gift erased from memory. This is also where the cannabis story I have followed for years finally rhymes with all the rest: a whole plant, argued for generations to be bigger than any single molecule, now being claimed compound by compound and routed through a process only the largest can afford. Same plant, same fence, same seven steps. The cure for forgetting is to keep telling the truth out loud: some things were never meant to be owned.

Notes and Sources

1. On the discoverers of insulin selling the patent to the University of Toronto for \$1 (“it belongs to the world”): [Snopes](#).

2. Three companies (Eli Lilly, Novo Nordisk, Sanofi) dominate the U.S. insulin market: [Nature Biotechnology](#); U.S. Senate Finance Committee insulin investigation.
3. On patent “evergreening,” including Sanofi filing dozens of patents on newer versions of Lantus insulin: [Nature Biotechnology](#).
4. On the 2023 insulin price caps (\$35/month out of pocket) and list-price cuts of roughly 70% to 75% by Lilly, Novo, and Sanofi after public pressure. On Association for Molecular Pathology v. Myriad Genetics (2013) and the whole-plant cannabis patent story, see “The Quiet Fence” and Drug Policy Watch.

Spot the Fence is a recurring Hold in Common series that runs the enclosure algorithm on one commons at a time. Figures were checked against the sources above; the framing is the project's own.