### 1AC Framework

#### Ethics must begin a priori:

#### [A] Naturalistic fallacy – experience only tells us what is since we can only perceive what is, not what ought to be. But it’s impossible to derive an ought from descriptive premises, so there needs to be additional a priori premises to make a moral theory.

#### [B] Empirical uncertainty – evil demon could deceive us, dreaming, simulation, and inability to know others’ experience make empiricism an unreliable basis for universal ethics. Outweighs since it would be escapable since people could say they don’t experience the same.

#### Next, the relevant feature of reason is universality – any non-universalizable norm justifies someone’s ability to impede on your ends i.e. if I want to eat ice cream, I must recognize that others may affect my pursuit of that end and demand the value of my end be recognized by others which also means universalizability acts as a side constraint on all other frameworks. It’s impossible to will a violation of freedom since deciding to do would will incompatible ends since it logically entails willing a violation of your own freedom

#### Thus, the standard is consistency with the categorical imperative

### 1AC Offense

#### [1] Intellectual property protection violates the formula of autonomy – multiple warrants.

#### Hale 18 Zachary A., 4-4-2018, "Patently Unfair: The Tensions Between Human Rights and Intellectual Property Protection," Arkansas Journal of Social Change and Public Service, <https://ualr.edu/socialchange/2018/04/04/patently-unfair/> JG

#### Before entering discussion of more recent institutional developments, it is germane to the object of this paper to examine the role of intellectual property in the United Nations preceding the incorporation of the WIPO. As noted above, intellectual property rights were included in the UDHR. Article 27 of the UDHR states that: 1. Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits. 2. Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.[17] This should not be interpreted as a consensus amongst the international community on how intellectual property should be regulated, or even on how to define the “moral and material” interests that deserved protection. As with many aspects of the UDHR, the inclusion of intellectual property was highly contested.[18] While a large number of states disagreed with Article 27, they were overpowered by states convinced of the material value of intellectual property protection. As Paul Torremans notes: [T]he initial strong criticism that [intellectual property] was not properly speaking a Human Right or that it already attracted sufficient protection under the regime of protection afforded to property rights in general was eventually defeated by a coalition of those who primarily voted in favour because they felt that the moral rights deserved and needed protection and met the Human Rights standard and those who felt the ongoing internationalization of copyright needed a boost and that this could be a tool in this respect.[19] This shift from discussion of intellectual property as a matter of trade law to discussion of intellectual property as a matter of human rights was furthered by the inclusion of intellectual property rights in Article 15 of the ICESCR, which took force in January of 1976. Article 15 states: 1. The States Parties to the present Covenant recognize the right of everyone: (a) To take part in cultural life; (b) To enjoy the benefits of scientific progress and its applications; (c) To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture. 3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity. 4. The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields.[20] The sub-clauses of 15.1 are essentially a reiteration of Article 27, but the mention of “development and diffusion” in 15.2 and “co-operation in the scientific and cultural fields” in 15.4 represent a radical shift in intellectual property interpretation. The conception of innovation in terms of market value and incentive systems was being challenged by ideas about human development, as is reflected in the suggestion that “the full realization” of the human rights aspect of intellectual property requires “the diffusion of science and culture,” a suggestion that was not present in the UDHR.[21] The Patents Cooperation Treaty (PCT),[22] arguably the most important development in international intellectual property law between the ICESCR (1976) and the TRIPs (1995), serves as an example of the continued dominance of traditional intellectual property notions, even within the diverse arena of the United Nations. The PCT came into effect under the authority of the United Nations in 1978, four years after the incorporation of the WIPO. This treaty, certainly the most consequential undertaking of the international intellectual property community since the 19th century, was engineered by a group of neoliberal economists led by Edward Brenner (US Commissioner of Patents) and Arpad Bogsch (Deputy Director of BIRPI and first Director General of WIPO) in response to the concerns of multinational corporations about international patent applicability.[23] The PCT set out to ensure that corporations with patents enjoyed equal protection in every country. This meant that a large pharmaceutical company could prosecute pharmaceutical actors around the world for using patented formulas as a starting point for generic drugs development. This protection provides a particular advantage to companies that already hold a large number of patents, as they can use patent-extending strategies to maintain a monopoly over formulas and technologies beyond the standard twenty-year limit.[24] Thus, twelve years after United Nations member states affirmed the value of diffusing scientific and cultural knowledge in the ICESCR, the WIPO became responsible for overseeing the regulation of such knowledge through the PCT. This protection, which largely favors companies with pre-existing patents,[25] set the tone for the most controversial institutionalization of intellectual property thus far, the TRIPs.[26] The TRIPs, established in the 1994 Uruguay Round of the General Agreements on Tariffs and Trade, was the first attempt to put forth comprehensive protection for intellectual property through the World Trade Organization (WTO).[27] This agreement represented a monumental change in the field of international intellectual property law, pushing the protection of intellectual property into the center of international trade law.[28] It forced a minimum standard of copyright and patent protection on all 162 WTO members, severely hindering the distribution and development of agricultural and pharmaceutical innovations.[29] Though there have been subsequent agreements aimed at increasing access to “essential drugs,”[30] the TRIPs and its restrictive prescriptions continue to dominate the institutional framework of international intellectual property.[31] III. Conflict Between Intellectual Property Protection and Human Rights Although the right to the protection of “moral and material interests resulting from any scientific, literary, or artistic production,”[32] is a human right as defined in the UDHR and the ICESCR, the current system of intellectual property protection conflicts with and even violates rights that are considered to be fundamental to human life. Although intellectual property instruments are certainly used to violate essential civil and political freedoms like the freedom of expression, and economic and social freedoms like the freedom to share in the scientific advancements of society, the most blatant violations of human rights caused by intellectual property protection occur in the fields of nutrition, healthcare, and culture.[33] Of these essential entitlements, the rights to food and health are made even more significant by their relationship to the most fundamental of all human rights: the right to life.

### 1AC Advantage

### 1AC: Innovation

#### The Advantage is Innovation -

#### We are in an innovation crisis – new drugs are not being developed in favor of re-purposing old drugs to infinitely extend patent expiration.

Feldman 1 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

Drug companies **have brought great innovations** to market. Society rewards innovation with patents, or with non-patent exclusivities that can be obtained for activities such as testing drugs in children, undertaking new clinical studies, or developing orphan drugs. The rights provided by patents or non-patent exclusivities provide a defined time period of protection so companies can recoup their investments by charging monopoly prices. When patents end, lower-priced competitors should be able to jump into the market and drive down the price. **But that’s not happening**. Instead, drug companies build massive patent walls around their products, extending the protection **over and over again**. Some modern drugs have an avalanche of U.S. patents, with expiration dates **staggered across time**. For example, the rheumatoid arthritis drug Humira is **protected by more than 100 patents**. Walls like that **are insurmountable**. Rather than rewarding innovation, our patent system is now largely repurposing drugs. Between 2005 and 2015, **more than three-quarters** of the drugs associated with new patents **were not new ones** coming on the market but existing ones. In other words, we are mostly churning and recycling. Particularly troubling, new patents can be **obtained on minor tweaks** such as adjustments to dosage or delivery systems — a once-a-day pill instead of a twice-a-day one; a capsule rather than a tablet. Tinkering like this may have some value to some patients, but it nowhere near justifies the rewards we lavish on companies for doing it. From society’s standpoint, incentives should drive scientists back to the lab to look for new things, not to recycle existing drugs for minimal benefit.

#### We control Uniqueness – 78% of New Drugs aren’t innovative.

PFAD 21 Patients for Affordable Drugs 2-3-2021 “BIG PHARMA’S BIG LIE: THE TRUTH ABOUT INNOVATION & DRUG PRICES” <https://patientsforaffordabledrugs.org/2021/02/03/innovation-report/> (a patient advocacy and lobbying organisation based in Washington, D.C. founded by David Mitchell who suffers from multiple myeloma. Ben Wakana is the executive director. It focuses on policies to lower drug prices.)//Elmer

The drug industry talks a lot about how reforms to lower prices threaten cutting-edge breakthroughs, but in reality, **only a fraction of new medications are truly innovative**. **Since 1975**, **only 10** to 15 **percent** of drugs entering the market **represented** **therapeutic advances**; **instead**, **drug companies prioritized the development of existing drugs with minor variations that lack clinical significance**.21 Drug patents offer a stark illustration of this point. Between 2005 and 2015, **78 percent of drug patents were related to drugs already on the market.**22 **Instead of investing in R&D that could lead to new** breakthrough **therapies**, **drug companies spend resources obtaining patents on old drugs** — not to improve user experience — but **to extend patent protection**, prolong monopoly pricing periods, and keep generic competitors off the market. So if we understand that new drugs are not the same as new cures, a small reduction in new drugs doesn’t pose a threat to innovation. Harvard economist Richard Frank summed it up this way: “If drug companies claim lowering drug prices means somewhat fewer new drug launches, remember that there are **numerous new products sold every year whose elimination would have little to no impact on the health of Americans**.”23 If our current system of drug development does not result primarily in truly innovative drugs, we can’t let the pharmaceutical industry use the threat of R&D cuts as a scapegoat to thwart reforms. We can create a system that incentivizes valuable innovation that delivers meaningful clinical benefit to patients — instead of repurposing old drugs.

#### The only major study confirms our Internal Link – Evergreening decimates competition by resulting in functional monopolies

Arnold Ventures 20 9-24-2020 "'Evergreening' Stunts Competition, Costs Consumers and Taxpayers" <https://www.arnoldventures.org/stories/evergreening-stunts-competition-costs-consumers-and-taxpayers/> (Arnold Ventures is focused on evidence-based giving in a wide range of categories including: criminal justice, education, health care, and public finance)//Elmer

In 2011, Elsa Dixler was diagnosed with multiple myeloma. That August, she was prescribed Revlimid, a drug that had come on the market six years earlier. By January 2012, she went into full remission, where she has remained since. So long as Revlimid retains its effectiveness, she will take it for the rest of her life. “I was able to go back to work, see my daughter receive her Ph.D, and have a pretty normal life,” said Dixler, a Brooklyn resident who is now 74. “So, on the one hand, I feel enormously grateful.” But Dixler’s normal life has come at a steep financial cost to her family and to taxpayers. Revlimid typically costs nearly $800 per capsule, and Dixler takes one capsule per day for 21 days, then seven days off, and then resumes her daily dose, requiring 273 capsules a year. Since retiring from The New York Times at the end of 2017, she has been on Medicare. Dixler entered the Part D coverage gap (known as the donut hole) “within minutes,” she said. She estimates that adding her deductible, her copayment of $12,000, and what her Part D insurance provider pays totals approximately $197,500 a year. Revlimid should have **been subject to competition** from generic drug makers starting in 2009, bringing down its cost by many orders of magnitude. But by obtaining **27 additional patents**, eight orphan drug exclusivities and 91 total additional protections from the U.S. Food and Drug Administration (FDA) since Revlimid’s introduction in 2005, its manufacturer, Celgene, has extended the drug’s **monopoly** **period** **by 18 years** — through March 8, 2028. “I cannot fathom the immorality of a business that relies on **squeezing people with cancer**,” Dixler said, noting her astonishment that Revlimid has obtained orphan drug protections when it treats a disease that is not rare and does not serve a very limited population. She also observed that Revlimid’s underlying drug is thalidomide, which has been around for decades. “They didn’t invent a new drug, rather, they found a new use for it,” she said. “The cost of Revlimid has imposed constraints on our retirement,” Dixler said, “but when I hear other people’s stories, I feel very lucky. A lot of people have been devastated financially.” Revlimid is a case study in a process known as “evergreening” — artificially sustaining a monopoly for years and even decades by manipulating intellectual property laws and regulations. Evergreening is most commonly used with blockbuster drugs generating the highest prices and profits. **Of the roughly 100 best-selling drugs, more than 70 percent have extended their protection** from competition at least once. More than half have extended the protection cliff multiple times. The true scope and cost of evergreening has been brought into sharper focus by a groundbreaking, publicly available, comprehensive database released Thursday by the Center for Innovation at the University of California Hastings College of Law and supported by Arnold Ventures. **The Evergreen Drug Patent Search is the first database to exhaustively track the patent protections filed by pharmaceutical companies**. Using data from 2005 to 2018 on brand-name drugs listed in the FDA’s Orange Book — a listing of relevant patents for brand name, small molecule drugs — it demonstrates the full extent of how evergreening has been used by Big Pharma to prolong patents and delay the entry of generic, lower-cost competition. “Competition is the backbone of the U.S. economy,” said Professor Robin Feldman, Director of the UC Hastings Center for Innovation, who spearheaded the database’s creation. “But it’s not what we’re seeing in the drug industry. “With evergreening, pharmaceutical companies repeatedly make slight, often trivial, modifications to drugs, dosage levels, delivery systems or other aspects to obtain new protections,” she said. “They pile these protections on over and over again — so often that 78 percent of the drugs associated with new patents were not new drugs coming on the market, but existing drugs.” Competition is the backbone of the U.S. economy. But it’s not what we’re **seeing in the drug industry**. Professor Robin Feldman Director of the UC Hastings Center for Innovation In recent decades, evergreening has systematically undermined the Drug Price Competition and Patent Term Restoration Act of 1984, which created the generic drug industry. Commonly known as the Hatch-Waxman Act, it established a new patent and market exclusivity regime in which new drugs are protected from competition for a specified period of time sufficient to allow manufacturers to recoup their investments and earn a reasonable profit. When that protection expires, generic drug makers are incentivized to enter the market through a streamlined regulatory and judicial process. Drug prices typically drop by as much as 20 percent when the first generic enters the market**, and with more than one generic manufacturer, prices can plummet by 80 to 85 percent**. “Hatch-Waxman created an innovation/reward/competition cycle, but it’s been distorted into an innovation/reward/more reward cycle,” Feldman said. “To paraphrase something a former FDA commissioner once said, the greatest creativity in Big Pharma should come from the research and development departments, not from the legal and marketing departments.” Feldman led the development of the Evergreen Drug Patent Search in response to repeated requests from Congressional committees, members of Congress, state regulators and journalists for information about specific drugs and companies. “We want to make it so anyone can have the question about drug protections at their fingertips whenever they want,” Feldman said. “It’s designed to be easy and user-friendly, and to enhance public understanding about how competition may be limited rather than enhanced through the drug patent system.” The **database** was **created through** a painstaking process of **combing** through **160,000 data points** **to examine every instance where a pharmaceutical company added a new drug patent or exclusivity**. “Most of it was done by hand,” Feldman said, “with multiple people reviewing it at every stage. And along the way we repeatedly made conservative choices. **We erred on the side of underrepresenting the evergreen gain** to be sure we were as fair and reasonable as possible.” Among the 2,065 drugs covered in Evergreen Drug Patent Search, there are many examples of the evergreening strategy used by pharma to delay the entry of competition, especially generics, often for widely prescribed drugs, including those used to treat heartburn, chronic pain, and opioid addiction. Nexium Before Nexium, there was Prilosec, a popular drug to treat gastroesophageal reflux disease (GERD). But its patent exclusivity was due to expire in April 2001. In the late 1990s, with a precipitous drop in revenue looming, Prilosec’s manufacturer, AstraZeneca, decided to develop a replacement drug. Using “one-half of the Prilosec molecule — an isomer of it,” the result was Nexium, which received approval in February 2001. Essentially an evergreened version of Prilosec, Nexium’s exclusivity was then extended by more than 15 years, as AstraZeneca received 97 protections stemming from 16 patents. These included revised dosages, compounds, and formulations. Feldman said that tinkering changes such as Nexium’s do not involve the substantial research and development required for a new drug, nor do they constitute true innovations, yet for a decade and a half, patients and taxpayers were forced to pay far more than was warranted for GERD relief. In fact, in 2016 — one year after patent exclusivity expired — Nexium still topped all drugs in Medicare Part D spending, totaling $1.06 billion. Suboxone Use of this combination of buprenorphine and naloxone for treating opioid addiction has exploded in the wake of the opioid epidemic. Since its approval, Suboxone’s manufacturer, Reckitt Benckiser (now operating as Indivior), extended its protection cliff eight times, gaining nearly two extra decades of exclusivity through early 2030. The drug maker gained six patents for creating a film version of the drug — notably around the time protection was expiring for its tablet version. (The therapeutic benefits of the film and tablet are identical.) An earlier version of Suboxone also obtained an orphan drug designation, despite an opioid epidemic that has expanded Suboxone’s customer base to millions of potential customers. Suboxone generates more than $1 billion in annual revenue and ranks among the 40 top-selling drugs in the U.S. Truvada When Truvada, commonly referred to as PrEP, was approved in 2004, this HIV-prevention drug was a breakthrough. But 16 years later — and 14 years after its original exclusivity was to expire — it retains its monopoly status. Truvada’s manufacturer, Gilead, has received 15 patents and 120 protections since it came on the market, extending its exclusivity for more than 17 years, until July 3, 2024. In countries where generic Truvada is available, PrEP costs $100 or less per month, compared to $1,600 to $2,000 in the U.S. As a result, Truvada is unaffordable to many people **who need protection from HIV**. Barred from access, they are left vulnerable to infection. “We’re establishing a precedent that a pharmaceutical company can charge whatever it wants even as it allows an epidemic to continue, and the government refuses to intervene,” said James Krellenstein, co-founder of the group PrEP4All. “That should scare every American. If it’s HIV today, it will be another disease tomorrow.” EpiPen First approved in 1987, the EpiPen has saved the lives of countless numbers of people with deadly allergies. But it is protected from competition until 2025 — 38 years after its introduction — because its owner, Mylan, has filed five patents, four since 2010, all involving tweaks to the automatic injector. The actual medication used, epinephrine, has existed for more than a century — the innovation here is in the delivery device. Because these small changes to the injector have maintained its monopoly for so long, the cost of an EpiPen package (containing two injectors) has risen from $94 when Mylan purchased the device to between $650 and $700 today. For many people, especially parents of children with severe reactions to common allergens like peanuts, EpiPen’s increasing price tag imposes an onerous financial burden. What Can Be Done As the Evergreen Drug Patent Search makes clear, the positive impact of Hatch-Waxman has been steadily and severely eroded by a regulatory system vulnerable to increasingly sophisticated forms of manipulation. “You might say that the patent and regulatory system has been weaponized,” Feldman said. “When billions of dollars are at stake, there’s a lot of money available to look for ways to exploit the legal system. And companies have become adept at this, as our work has found.” There are several key steps that Congress could take to restore the balance between innovation and competition that is the key to a successful prescription drug regulatory process. These may include: Imposing restrictions on the number of patents that prescription drug manufacturers can defend in court to discourage the use of anticompetitive patent thickets. Limiting the patentability of so-called secondary patents — which don’t improve the safety or efficacy of a drug — through patent and exclusivity reform. Reforming the 180-day generic exclusivity, which can currently be abused to block other competitive therapies. “**The Evergreen Drug Patent Search provides the publicly available, evidence-based foundation that defines the extent of the problem**, and it can be used to develop policies that solve the problem of anti-competitive patent abuses,” said Kristi Martin, VP of Drug Pricing at Arnold Ventures. “Our incentives have gotten out of whack,” Martin said. “The luxury of monopoly protection should only be provided to innovations that provide meaningful benefits in saving lives, curing illnesses, or improving the quality of people’s lives. It should not be provided to those gaming the system. If we can change that, we can save consumers, employers, and taxpayers many billions of dollars while increasing the incentives for pharmaceutical companies to achieve breakthroughs."

#### Only innovation now solves AMR super-bugs -- timeframe’s key.

Sobti 19 [Dr. Navjot Kaur Sobti is an internal medicine resident physician at Dartmouth-Hitchcock-Medical Center/Dartmouth School of Medicine and a member of the ABC News Medical Unit. May 1, 2019. “Amid superbug crisis, scientists urge innovation”. <https://abcnews.go.com/Health/amidst-superbug-crisis-scientists-urge-innovation/story?id=62763415>] Dhruv

[The United Nations](https://abcnews.go.com/Politics/amal-clooney-angelina-jolie-speak-us-weighed-vetoing/story?id=62574726) has called antimicrobial resistance a “global crisis.” With the [rise in superbugs](https://abcnews.go.com/Health/superbug-fungus-global-health-threat-600-us-infected/story?id=62297532) across the globe, common infections are becoming harder to treat, and lifesaving procedures riskier to perform. Drug-resistant infections result in about 700,000 deaths per year, with at least 230,000 of those deaths due to multidrug resistant tuberculosis, [according to a groundbreaking report from the World Health Organization (WHO).](https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_final_report_EN.pdf?ua=1) Given that antibiotic resistance is present in every country, antimicrobial resistance (AMR) now represents a global health crisis, according to the UN, which has urged immediate, coordinated and global action to prevent a potentially devastating health and financial crisis. With the rising rates of AMR -- including antivirals, antibiotics, and antifungals -- estimates from the WHO show that AMR may cause 10 million deaths every year by 2050, send 24 million people into extreme poverty by 2030, and lead to a financial crisis as severe as the on the U.S. experienced in 2008. Antimicrobial resistance develops when germs like bacteria and fungi are able to “defeat the drugs designed to kill them,” according to the Centers for Disease Control and Prevention. Through a biologic “survival of the fittest,” germs that are not killed by antimicrobials and continue to grow. WHO explains that “poor infection control, inadequate sanitary conditions and inappropriate food handling encourage the spread” of AMR, which can lead to “superbugs.” Those superbugs require powerful and oftentimes more expensive antimicrobials to treat. Examples of superbugs are far and wide, and can range from drug-resistant bacteria like Pseudomonas aeruginosa and Staphylococcus aureus to fungi like Candida. These bugs can cause illnesses that range from pneumonia to urinary tract and sexually transmitted infections. According to the WHO, AMR has caused complications for nearly 500,000 people with tuberculosis, and a number of people with HIV and malaria. The people at the [highest risk for AMR](https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed) are those with chronic diseases, people living in nursing homes, hospitalized in the ICU or undergoing life-saving treatments such as organ transplantation and cancer therapy. These people often develop infections, which can become antimicrobial-resistant, rendering them difficult, if not impossible, to treat. [(MORE: Melissa Rivers talks about her father's suicide with Dr. Jennifer Ashton)](https://abcnews.go.com/Health/melissa-rivers-talks-fathers-suicide-dr-jennifer-ashton/story?id=62733179&cid=clicksource_26_null_headlines_hed) The CDC notes that “antibiotic resistance has the potential to affect people at any stage of life,” including the “healthcare, veterinary, and agriculture industries, making it one of the world’s most urgent public health problems." AMR can cause prolonged hospital stays, billions of dollars in healthcare costs, disability, and potentially, death. “The most important thing is to understand and embrace the interconnectedness of all of this,” said Dr. Robert Redfield, director of the CDC, in a recent interview with ABC News’ Dr. Jennifer Ashton. It’s not just our countries that are connected.” Research has shown that superbugs like Candida auris “came from multiple places, at the same time. It wasn’t just one organism that [evolved]” in a single location, Redfield added. Given longstanding concerns about antimicrobial misuse leading to AMR, physicians have embraced a medical approach called antibiotic stewardship. This encourages physicians to carefully evaluate which antibiotic is most appropriate for their patient, and discontinue it once it is no longer medically needed. WHO has also highlighted that the inappropriate use of antimicrobials in agriculture -- such as on farms and in animals -- may be an underappreciated cause of AMR. Noting these trends, the WHO has urged for “coordinated action...to minimize the emergence and spread of antimicrobial resistance.” It urges all countries to make national action plans, with a focus on the development of new antimicrobial medications, vaccines, and careful antimicrobial use. Redfield emphasized the importance of vaccination during the global superbug crisis, stating that “the only way we have to eliminate an infection is vaccination.” He added that investing in innovation is key to solving the crisis. While WHO continues to advocate for superbug awareness, they warn that AMR has reversed “a century of progress in health.” The WHO added that “the challenges of antimicrobial resistance” are “not insurmountable,” and that coordinated action will “help to save millions of lives, preserve antimicrobials for generations to come and secure the future from drug-resistant diseases.”

### 1AC: Plan

#### I affirm resolved: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines by implementing a one-and-done approach for patent and exclusivity protection.

#### Resolved is defined as[[1]](#footnote-1) firm in purpose or intent; determined and I’m determined.

#### Affirm means to express agreement[[2]](#footnote-2) and you already know I do.

#### The Plan solves Evergreening.

Feldman 3 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

I believe that one period of protection **should be enough**. We should make the legal changes necessary to prevent companies **from building patent walls** and piling up mountains of rights. This could be accomplished **by a “one-and-done” approach** for patent protection. Under it, a drug would receive just one period of exclusivity, and no more. The choice of which “one” could be left entirely in the hands of the pharmaceutical company, with the election made when the FDA approves the drug. Perhaps development of the drug went swiftly and smoothly, so the remaining life of one of the drug’s patents is of greatest value. Perhaps development languished, so designation as an orphan drug or some other benefit would bring greater reward. The choice would be up to the company itself, based on its own calculation of the maximum benefit. The result, however, is that a pharmaceutical company chooses whether its period of exclusivity would be a patent, an orphan drug designation, a period of data exclusivity (in which no generic is allowed to use the original drug’s safety and effectiveness data), or something else — but **not all of the above** and more. Consider Suboxone, a combination of buprenorphine and naloxone for treating opioid addiction. The drug’s maker has extended its protection cliff eight times, including obtaining an orphan drug designation, which is intended for drugs that serve only a small number of patients. The drug’s first period of exclusivity ended in 2005, but with the additions its protection now lasts until 2024. That makes almost two additional decades in which the public has borne the burden of monopoly pricing, and access to the medicine may have been constrained. Implementing a one-and-done approach in conjunction with FDA approval underscores the fact that these problems and solutions are designed for pharmaceuticals, not for all types of technologies. That way, one-and-done could be implemented through **legislative changes to the FDA’s drug approval system**, and would apply to patents granted going forward. One-and-done would apply to both patents and exclusivities. A more limited approach, a baby step if you will, would be to invigorate the existing patent obviousness doctrine as a way to cut back on patent tinkering. Obviousness, one of the five standards for patent eligibility, says that inventions that are obvious to an expert or the general public can’t be patented. Either by congressional clarification or judicial interpretation, many pile-on patents could be eliminated with a ruling that the core concept of the additional patent is nothing more than the original formulation. Anything else is merely an obvious adaptation of the core invention, modified with existing technology. As such, the patent would fail for being perfectly obvious. Even without congressional action, a more vigorous and robust application of the existing obviousness doctrine could significantly improve the problem of piled-up patents and patent walls. Pharmaceutical companies have become adept at maneuvering through the system of patent and non-patent rights to create mountains of rights that can be applied, one after another. This behavior lets drug companies keep competitors out of the market and beat them back when they get there. We shouldn’t be surprised at this. Pharmaceutical companies are profit-making entities, after all, that face pressure from their shareholders to produce ever-better results. If we want to change the system, we must change the incentives driving the system. And right now, the incentives for creating patent walls are just too great.

### 1AC Underview

#### [[1] 1AR theory is legit – anything else means infinite abuse – drop the debater, competing interps, no rvis– 1AR is too short to make up for the time trade-off – no RVIs or 2NR theory and paradigm issues– 6 min 2NR means they can brute force me every time.

#### a). The role of the ballot is to determine whether the resolution is a true or false statement – anything else moots 6 minutes of the 1AC– their framing collapses since you must say it is true that a world is better than another before you adopt it.

#### They justify substantive skews since there will always be a more correct side of the issue but we compensate for flaws in the lit.

#### 2). Liar’s Paradox – the resolution is always true

**Camus** [Albert Camus (existentialist). “The Myth of Sisyphus.” Penguin Books. 1975(originally published 1942). Accessed 12/11/19. Pg 22. Copy on hand. Houston Memorial DX]

The mind’s first step is to distinguish what is true from what is false. However, as soon as thought reflects on itself, what it first discovers is a contradiction. Useless to strive to be convincing in this case. Over the centuries no one has furnished a clearer and more elegant demonstration of the business than Aristotle: “The often ridiculed consequence of these opinions is that they destroy themselves. For by asserting that all is true we assert the truth of the contrary assertion and consequently the falsity of our own thesis (for the contrary assertion does not admit that it can be true). And if one says that all is false, that assertion is itself false. If we declare that solely the assertion opposed to ours is false or else that solely ours is not false, we are nevertheless forced to admit an infinite number of true or false judgments. For the one who expresses a true assertion proclaims simultaneously that it is true, and so on ad infinitum.”

#### [3] The rules of logic claim that the only time a statement is invalid is if the antecedent is true, but the consequent is false.

SEP [Stanford Encyclopedia of Philosophy.] “An Introduction to Philosophy.” Stanford University. <https://web.stanford.edu/~bobonich/dictionary/dictionary.html> TG Massa

Conditional statement: an “if p, then q” compound statement (ex. If I throw this ball into the air, it will come down); p is called the antecedent, and q is the consequent. A conditional asserts that if its antecedent is true, its consequent is also true; any conditional with a true antecedent and a false consequent must be false.  For any other combination of true and false antecedents and consequents, the conditional statement is true.

#### If the aff is winning, they get the ballot is a tacit ballot conditional which means denying the premise proves the conclusion that I should get the ballot.

#### 4). Affirm because either the neg is true meaning its bad for us to clash w/ it because it turns us into Fake News people OR it’s not meaning it’s a lie that you can’t vote on for ethics

#### 5). Decision Making Paradox- in order to judge we need a decision-making procedure to determine it is a good decision. But to chose a decision-making procedure requires another meta level decision making procedure leading to infinite regress so just vote aff to break the paradox.

#### 6). GCB- I am the greatest conceivable being so vote for me because I am infinitely good. To prove this, I will make them contest the aff and say they are not under my control.

#### 7). Negative arguments presuppose the aff being true since they begin with a descriptive premise about the affirmative such as the aff does x, and then justify why x is bad. However, if the aff does not have truth value, that entails the descriptive premise would also not have truth value, which is contradictory.

#### 8] No neg analytics - I don’t have time to cover 100 blippy arguments in the NC since you can read 7 min of analytics and extend any of them to win.

#### 9). No neg arguments – skews me to answer those. Answering this triggers a contradiction since it relies on an analytic argument and those affirm since I spoke first and they were your fault for creating. Reject 1NC responses– you’re psychologically skewed to believe them because the 1NC is longer

#### 10). No new 2N framing issues or responses. a) Destroys aff ability to frame the round, k2 recourse because the neg can uplayer in the 1N unchecked, makes the 4 minute 1AR impossible because either I have to respond to every layer or I have to make a weaker uplayering that is stomped by the 6 min 2N b) Reciprocity – I can’t make new 2AR responses because there’s no 3N, so you shouldn’t be able to pin the aff to defense. c) Implications are clear out of the AC per arguments – you can respond to the new parts of extended interps like violations and voters, but not the arguments themselves.

#### 11). Reject theory on arguments in the 1ac – it’s infinitely regressive and never resolves abuse. Action under one framework doesn’t preclude action under another. This means other framing or offense doesn’t exclude mine.

1. http://www.dictionary.com/browse/resolved [↑](#footnote-ref-1)
2. http://www.dictionary.com/browse/affirm [↑](#footnote-ref-2)