## 1

### 1 – T-Reduce

#### 1] Interpretation – “Reduce” means to annul.

Black’s Law 90 Black’s Law Dictionary 2ND ED. “Reduce” <https://dictionary.thelaw.com/reduce/> //Elmer

In Scotch law. **To rescind or annul**.

#### That means the Aff has to cancel IP protections in their entirety, they can’t just modify it.

Black’s Law 90 Black’s Law Dictionary 2ND ED. “Annul” <https://thelawdictionary.org/annul/>

//Elmer

**To cancel**; **make void ; destroy.** To annul a judgment or judicial proceeding is to **deprive it of all force and operation**, either a6 initio or prospectively as to future transactions. Wait v. Wait, 4 Barb. (N. Y.) 205; Woodson v. Skinner, 22 Mo. 24; In re Morrow’s Estate, 204 Pa. 484, 54 Atl. 342.

#### 2] Violation – They don’t remove the IP, the Trade Secret still has the same protection under law, it cannot be disclosed unless disclosure is in the public interest – the Aff only shifts who has to prove that NOT the actual protection.

#### 3] Standards –

#### a] Limits – Allowing the Aff’s to deal with the enforcement of IP rather than the actual protection explodes the Topic – Affs can modify court proceedings, specify which courts hear the cases, how long those proceedings last, which agencies pursue legal action, etc. – it eviscerates a predictable stasis by shifting it away from IPP good/bad.

#### b] Neg Ground – Shifting the topic to enforcement means DAs like Innovation, Biotech Heg, Politics no longer apply since the Aff doesn’t have to reduce anything related to the IPP itself – proven by the fact we can’t read Trade Secrets Good vs this Aff since the 1AR will shift to the IP itself doesn’t change and if they were good, the Aff wouldn’t be enforced proving modifications are infinitely abusive.

#### 4] TVA – eliminate Trade Secret protection of Pharma to eliminate deterrent litigation against whistle-blowers since there’s no longer a legal basis for enforcement.

#### 5] Paradigm Issues –

#### a] Topicality is Drop the Debater – it’s a fundamental baseline for debate-ability.

#### b] Use Competing Interps – 1] Topicality is a yes/no question, you can’t be reasonably topical and 2] Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation.

#### c] No RVI’s - 1] Forces the 1NC to go all-in on Theory which kills substance education, 2] Encourages Baiting since the 1AC will purposely be abusive, and.

## 2

### Innovation DA

#### Strong current IP guarantees causes massive Pharma innovation.

* Answers Evergreening/Me-Too Drugs

Stevens and Ezell 20 Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated 7,000 new medicines under development globally (about half of them in the United States), with 74 percent being potentially first in class, meaning they use a new and unique mechanism of action for treating a medical condition.31 In the United States, over 85 percent of all drugs sold are generics (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were first-in-class medicines.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $**3.2 billion**.45 IP rights—including patents, copyrights, and data exclusivity protections—give innovators, whether in the life sciences or other sectors, the **confidence** to undertake the risky and expensive process of innovation, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, **in the global public’s long-term interests.** Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

#### Trade Secrets are key to incentivize competitive Innovation – specifically key to protect start-ups.

Gutfleisch 18, Georg. "Employment issues under the European Trade Secrets Directive: Promising opportunity or burden for European companies." European Company Law Journal 15 (2018): 175-181. (working as an Associate with Brandl & Talos Rechtsanwälte GmbH in Vienna, Austria, and recently studied in the LL.M. (International and European Business Law) program at Trinity College Dublin, Ireland.)//Elmer

The **protection of trade secrets** can be **considered** as a **prerequisite for the continuous growth and success of European companies as well as the** general (**technological) advancement and competitiveness of the European economy**.7 Trade secrets can basically be described as secret information that is of value for its owner because of its secrecy. Trade secrets must be differentiated from other (registered) intellectual property rights, such as patents, designs or trademarks. They are not publicly registered and do not grant the trade secret owner an exclusive right against third parties. Most legal systems rank trade secret protection as part of unfair-competition law rather than intellectual property law.8 However, trade secrets are nevertheless related to intellectual property rights. In particular, they could be considered as a **preliminary** step or by-product **to** the **i**ntellectual **p**roperty rights **creation**. Further, trade secrets could also be maintained as permanent alternative to (registered) intellectual property rights. They do not involve costs for the application or subsequent prolongations with the competent authorities and do not impose risks of disclosure during such proceedings.9 Especially **small- and medium-sized enterprises** and start-ups **in** the **research and engineering** business often **rely on the confidentiality of sensitive information as basis of their existence**.10 The **importance** **of** effective **trade secret protection** has been **acknowledged by lawmakers globally.** Back in 1994, the member states of the World Trade Organisation (WTO) entered into the international Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement),11 which mandates the WTO member states to ensure the protection of undisclosed information without consent in a manner contrary to honest commercial practices. In addition, the Paris Convention on the protection of industrial property of 20 March 1883 (CUP Agreement)12 provides another international legal framework, which some scholars argue does afford protection to trade secrets.13 However, the rather vague minimum requirements of the TRIPS Agreement and the CUP Agreement resulted in significant differences in the national levels of trade secret protection, especially within the member states of the European Union (EU).14 The European Commission acknowledged this situation and started to actively engage with the issue of trade secret protection in the EU. In November 2013, the European Commission introduced its proposal for the TSD (together with an impact assessment and implementation plan).15 The TSD was then enacted in June 2016 after further input from the European Economic and Social Committee16 and the European Parliament Committee on Legal Affairs.17 The TSD has been based on two main reasons.18 On the one hand, it has been argued that the different levels of protection in Europe caused companies to refrain from exchanging confidential information across borders and hindered the proper development of research and innovation. On the other hand, **European companies** regularly **faced** **competitive disadvantages when their trade secrets are misappropriated**.

#### Pharma innovation solves Pandemics, ABR, and Bioterrorism – only Private Firms have the ability for preparedness and reaction.

Marjanovic and Feijao 20 Sonja Marjanovic and Carolina Feijao May 2020 "Pharmaceutical Innovation for Infectious Disease Management" <https://www.rand.org/content/dam/rand/pubs/perspectives/PEA400/PEA407-1/RAND_PEA407-1.pdf> (directs RAND Europe's portfolio of research in the field of healthcare innovation, industry and policy)//Re-cut by Elmer

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

## 3

#### Interpretation: If the affirmative defends anything other than a whole res affirmative(defends The member nations of the world trade organization ought to reduce intellectual property protections) then they must provide a counter-solvency advocate for their specific advocacy in the 1AC. *(To clarify, you must have an author that states we should not do your aff, insofar as the aff is not a whole res phil aff)*

#### Violation:Their plan text isn’t whole res it defends the EU

#### Standards:

#### Fairness – This is a litmus test to determining whether your aff is fair –

#### a) Limits – there are infinite things you could defend outside the exact text of the resolution which pushes you to the limits of contestable arguments, even if your interp of the topic is better, the only way to verify if it’s substantively fair is proof of counter-arguments. Nobody knows your aff better than you, so if you can’t find an answer, I can’t be expected to. Our interp narrows out trivially true advocacies since counter-solvency advocates ensure equal division of ground for both sides.

#### Fairness and education are voters – its how judges evaluate rounds and why schools fund debate

#### DTD – it’s key to norm set and deter future abuse

#### Competing interps – Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation – it also collapses since brightlines operate on an offense-defense paradigm

#### No RVIs – A – Encourages theory baiting – outweighs because if the shell is frivolous, they can beat it quickly B – its illogical for you to win for proving you were fair – outweighs since logic is a litmus test for other arguments

## 4

#### Interpretation: Debaters must discloses all speechdocs on the NDCA LD 2021-2022 Wiki

#### Violation: Their valley R1 is misdisclosed and discloses a 1NC speechdoc and not their aff speechdoc. Screenshots in the doc.

Graphical user interface, text, application, Word

Description automatically generated

#### Standards:

#### 1). Inclusion: Kills inclusion of novices who won’t know what your reading and will not be able to engage in round. That o/w under education.

#### 2). Normsetting: Their model of debate encourages debaters to misdisclose rounds to gain an advantage which kills predictability because there are infinite affs you could be reading or inifinite advantages which I can’t engage with. That o/w on fairness because without some form predicability we can’t engage with the aff.

#### C/A paradigm issues from CSA.

## 5

#### 1). NC theory first - 1] They started the chain of abuse and forced me down this strategy 2] We have more speeches to norm over it

#### 2). No 1AR theory

#### a). Kills neg strategy because they can blow up a 30 second shell for 3 minutes in the 2AR which we don’t have a 3NR to respond

#### b). Spikes solve read your shells in the 1AC

#### 3). DTA on 1AR shells - They can blow up blippy 20 second shells in the 2AR but I have to split my time and can’t preempt 2AR spin which necessitates judge intervention