

Cabot RH Progressive Negative

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I stand in firm negation of today's resolution; Resolved, "The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines."

Before we begin, the Negative provides the following definition:

Reduction is defined as; To gradually make something smaller or less a finite amount.

The value for this debate is Morality, per the word ought.

The standard for today's debate should be protection of human rights.

Human rights are best defined as following the International Declaration of Human Rights, as the actor for today's resolution are members of the World Trade Organization, which falls under the authority of the United Nations. Human rights need to be protected due to the obligation countries are under for being a part of United Nations.

United Nations, 2018, "OHCHR," No Publication,

<https://www.ohchr.org/en/professionalinterest/pages/internationallaw.aspx> [R.H.]

International human rights law lays down obligations which States are bound to respect. By becoming parties to international treaties, States assume obligations and duties under international law to respect, to protect and to fulfil human rights. The obligation to respect means that States must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires States to protect individuals and groups against human rights abuses. The obligation to fulfil means that States must take positive action to facilitate the enjoyment of basic human rights.

Observation one: Reduction does not mean removal.

The Negative's burden for today's debate is to prove the resolution is inherently inadequate to solve the problems we are currently facing.

Our sole contention is COVID-19.

We are currently facing a horrible pandemic from the COVID-19 pandemic, and the truth is we don't need reduction of IP Rights, we need removal.

The COVID-19 Vaccine is inherently unavailable to underdeveloped countries;

Khatun 2021 [Dr. Fahmida, Executive Director at the Centre for Policy Dialogue, The Daily Star, "Can patent waiver for Covid-19 treatment bring vaccine equity? July 12,

<https://www.thedailystar.net/opinion/macro-mirror/news/can-patent-waiver-covid-19-treatment-bring-vaccine-equity-2127591>

The inequality in accessing vaccines to tackle the Covid-19 pandemic is growing. Since the invention of the vaccines, there was apprehension regarding the accessibility of the vaccines by the citizens of poorer countries. **The supply of vaccines is also far less than the demand.** And **whatever is being manufactured are being purchased by developed countries in advance** and in plenty, **leaving low and lower middle-income countries far behind in the vaccination drive.** Many high-income countries have already managed to vaccinate a large number of their population. Whereas **most people in the least developed countries (LDCs) are still waiting for their shots and struggling** to recover from the pandemic, both in terms of health and economy.

Furthermore, the problem stems from IPR;

Pharma Times 21 ["The patent waiver debate" July,

https://www.pharmatimes.com/magazine/2021/julyaugust_2021/the_patent_waiver_debate

Richer nations acknowledge the global nature of the pandemic and agree that the incidence of the virus in other populations poses a continuing risk to them despite their own vaccination success. Nevertheless, vaccination programmes of poorer nations, despite generally higher mortality rates, remain slow or negligible relative to those of industrial countries. There are also widespread complaints of vaccine inequality with the vast majority of vaccinations occurring in the wealthiest countries. Rather than vaccine availability evenly spread throughout the world, only about 1.6% of the vaccine doses administered globally had, by 31 May 2021, been given to people in Africa. In the face of this imbalance, some have pointed to the intellectual property regime as a cause of the inequality. As long ago as October 2 last year, India and South Africa pointed to pharmaceutical patents as one of the reasons for the disparity in the vaccination programme performance, arguing that patents have hindered distribution of vaccines in their countries. Raising the issue before the World Trade Organization (WTO), India and South Africa proposed a waiver for COVID-related patents, including those on COVID vaccines and medicines, medical devices and machines, for the duration of the pandemic. The proposal would have meant a temporary waiving of the WTO's treaty on intellectual property (IP), known as Trade-Related Aspects of Intellectual Property Rights (TRIPS), in respect of these patents

Therefore, IPR is what is keeping underdeveloped nations from having access to COVID-19 Vaccines, and serious change is needed.

Subpoint A is the TRIPS Waiver:

The negative provides a clear alternative method already being put in place, the TRIPS Waiver, which will remove all IPR on anything related to the creation of COVID-19 vaccines.

The TRIPS Waiver is critical to ensure all countries can obtain the vaccine, and end the pandemic.

Gupta and Namboodiri 2021 [Vineeta, Sreenath, Health Affairs, "America And The TRIPS Waiver: You Can Talk The Talk, But Will You Walk The Walk?" July 13, <https://www.healthaffairs.org/doi/10.1377/hblog20210712.248782/full/>

The TRIPS waiver is critical to combating the COVID-19 pandemic around the world. Demand for the vaccine has already surpassed supply, with high-income countries taking a large share of reserved doses. Given that no single vaccine manufacturer could produce enough vaccines to meet the demand of the entire globe, supporters of the waiver ponder the ethics of multinational manufacturers holding exclusive rights to information and technology, preventing other companies from entering the markets that are not being served—primarily in low- and middle-income countries. Sharing vaccine-related information will not only help get the pandemic in check now, but it could also encourage firms to develop the next round of vaccines that will be necessary to address new variants. The TRIPS waiver is critical to ensuring an equitable distribution of vaccines around the globe. High-income countries already have widespread vaccination campaigns well underway, while many low-income countries have yet to administer a single dose. Without a TRIPS waiver, the gap between vaccination rates in high-income and low- and middle-income countries (LMIC) will only widen.

Furthermore, the TRIPS waiver is crucial to ensure regional vaccine production.

Info Justice 2021 ["Academic Open Letter In Support of the TRIPS Intellectual Property Waiver Proposal" July 15 <http://infojustice.org/archives/43313>]

The TRIPS waiver is necessary at this time because **the existing provisions within the TRIPS Agreement are not sufficient in a pandemic context**, whereby global access to vaccines produced at speed and scale is in all our interests. For example, **compulsory licence provisions** under Art. 31 and Art. 31bis of TRIPS **are insufficient** to tackle already existing and emerging patent thickets and data exclusivity rules that impede production by manufacturers other than the IP rightsholders.^[9] Furthermore, compulsory licences do not address the need for technology transfer and the sharing of know-how needed to build local and regional manufacturing capacity. **Building such capacity would enable sustainable solutions for this and future pandemics by increasing domestic/regional manufacturing capacity for vaccine production.**

It's functionally impossible for the Aff to remain since the TRIPS waiver is already being put in place, they clearly contradict each other. Reduction is never the same as removal, reduction makes something smaller, but still there. Removal emphasizes on completely getting rid of something, in this case IPR in relation to COVID-19.

Furthermore, any aff impacts are inherently outweighed by the impact of removal of COVID-19. The scope of this pandemic has never been seen, and lack of action causes it to spread even further;

COVID-19 variants will cause billions of potential cases and mutations – action is needed now to tackle the deadline of the virus

David H. **Freedman**, 8-4-**2021**, "A doomsday COVID variant worse than Delta and Lambda may be coming, scientists say," Newsweek, <https://www.newsweek.com/2021/08/13/doomsday-covid-variant-worse-delta-lambda-may-coming-scientist-s-say-1615874.html/rsm>

Scientists keep underestimating the coronavirus. In the beginning of the pandemic, they said mutated versions of the virus wouldn't be much of a problem—until the more-infectious Alpha caused a spike in cases last fall. Then Beta made young people sicker and Gamma reinfected those who'd already recovered from COVID-19. Still, by March, as the winter surge in the U.S. receded, some epidemiologists were cautiously optimistic that the rapid vaccine rollout would soon tame the variants and cause the pandemic to wind down. Delta has now shattered that optimism. This variant, first identified in India in December, spreads faster than any previous strain of SARS-CoV-2, as the COVID-19 virus is officially named. It is driving up infection rates in every state of the U.S., prompting the Centers for Disease Control and Prevention (CDC) to once again recommend universal mask-wearing. **The Delta outbreak is going to get much worse,** warns Michael Osterholm, an epidemiologist who leads the Center for Infectious Disease Research and Policy at the University of Minnesota. **"The number of intensive-care beds needed could be higher than any time we've seen," he says. He adds that his team's analysis shows that almost every single one of the 100 million unvaccinated Americans who hasn't had COVID-19 yet will likely get it in the coming months,** short of taking the sort of strong isolation and masking precautions that **seem unlikely in the vaccine-hesitant population.** The variant is so contagious that it's set to smash through every previous prediction of how soon the U.S. might reach herd immunity. "We've failed to shut this down as we have other pandemics," says Jonathan Eisen, a biologist at the University of California, Davis, who studies how pathogens evolve. "It may be around forevermore, leaving us continually trying to figure out what to do next." FE_COVID_Doomsday_01 **The Delta variant, which spreads faster than any previous strain of SARS-CoV-2, is driving up infection rates in the U.S. From Booster Shots to Returning to the Office It's too soon to say whether Lambda will turn out to be the next big, bad thing that COVID-19 unleashes on us. But it's a good time to wonder: Just how destructive can these variants get? Will future variants expand their attack from the lungs to the brain, the heart and other organs? Will they take a page from HIV and trick people into thinking they've recovered, only to make them sick later? Is there a Doomsday variant out there that shrugs off vaccines, spreads like wildfire and leaves more of its victims much sicker than anything we've yet seen? The odds are not high that we will see such a triple threat, but experts can't rule it out. Delta has already shown how much worse things can get. Its extreme contagiousness, with room to run freely through the tens of millions of Americans**

who haven't been vaccinated and millions more who have no access to vaccines in developing countries, has good odds of turning into something even more troublesome. "The next variant," says Osterholm, "could be Delta on steroids." Caught Off-Guard It wasn't supposed to happen this way. Early in the pandemic, most experts closely studying COVID-19 mutations downplayed the notion that variants would cause such serious problems. "They don't seem to make much of a difference," said Richard Neher, an evolutionary biologist at Switzerland's University of Basel, in August last year. "We probably only need to worry about it on a timescale of about five years." Today he calls Delta and other COVID-19 variants "the pandemic within the pandemic." FE_COVID_Doomsday_02 Colorized scanning electron micrograph of an apoptotic cell (tan) heavily infected with SARS-CoV-2 virus particles (orange), isolated from a patient sample. NIAID Delta, more than any other variant, has reset scientists' understanding of how quickly a virus can evolve into devastating new forms. "All coronaviruses mutate, and we knew this one was mutating, too," says Sharone Green, a physician and infectious disease researcher at the University of Massachusetts Medical School. "But we didn't think the mutations would so strikingly affect transmissibility and possible evasion of immunity." It may seem surprising that scientists were caught off-guard by the rapid emergence of a more dangerous variant. But unlike most other pathogens, Eisen notes SARS-CoV-2 was largely unknown when it emerged. In the absence of data, scientists assumed it would follow other viruses in being relatively slow to spin off much more contagious mutations. Even more important, he adds, scientists underestimated the sheer scale the pandemic would eventually achieve—a critical factor, because the more people a virus infects, the more opportunities it has to develop significant mutations. **Having billions of people infected presents a breeding ground for variants unlike anything we've ever seen with these sorts of viruses.** he says. READ MORE U.S. COVID Vaccination Rate Lagging As Doomsday Variant Looms How to Convince Your Loved Ones to Get COVID Vaccine 'I Was Wrong Not To Get Vaccinated:' COVID Patient Cries From Hospital Bed SARS-CoV-2 doesn't mutate particularly quickly, compared to many pathogens. Just as with most human and other cells, a mutation occurs in a virus when it replicates but fails to make a perfect copy of its genetic material. That imperfect copy is a mutant. The COVID-19 virus doesn't have a lot of genetic material to scramble compared to most organisms—about 15 genes, versus about 3,000 genes in an E. coli bacterium, a run-of-the-mill stomach bug, and about 20,000 in a human cell. What's more, COVID-19 has genetic checking mechanisms that make it reasonably adept at avoiding replication mistakes compared to most viruses. But while COVID-19's mutation rate is on the low side—about one mutation for every 10 replications, or around a fifth of the flu's mutation rate and a tenth of HIV's—**COVID-19 takes advantage of a grim numbers game. A single person infected with COVID-19 might carry 10 billion copies of the virus, enough to produce billions of mutated viruses every day.** What happens to all those mutations? Almost always the answer is: nothing. The genetic scrambling is random, with the result that virtually all mutations either have no effect whatsoever on the virus, or else do something that makes the virus less effective or even renders it entirely non-functional. COVID-19 Could Increase Dementia, Other Brain Disorders for Decades to Come READ MORE COVID-19 Could Increase Dementia, Other Brain Disorders for Decades to Come But once in a while—perhaps every million trillion times—a random mutation confers some potentially dangerous new characteristic. What's more, much of what makes the virus dangerous has to do with a relatively small portion—the so-called spike proteins that protrude from its surface and enable the virus to latch onto and penetrate human cells. Most of the mutations we've seen so far represent tweaks to these spikes, which means it only takes a minimal change within any of the few viral genes that control the spikes to create a newly threatening mutation. But even when a virus hits the jackpot with a mutation that sharpens its ability to wreak havoc, that doesn't mean a dangerous new variant has emerged. To become a significant variant, a mutated virus has to out-replicate the far more numerous copies of the virus that already predominate in the population, and to do that it needs features that give it big advantages. What specific features will help the mutation become a better replicator and spreader in the population is determined by the environment. For example, in the case of a respiratory virus like COVID-19, the ability to travel longer distances in the air, and to latch more firmly onto cells in the nasal passage, would likely make a new strain a better contender to become a widely spreading variant. "A virus' job is just to keep propagating," says Green. "Any mutation that helps the virus survive and spread will make it more successful as a variant." All told, the chances that a virus in the population will produce a much more dangerous variant in the course of a year would normally be extremely low. **But when billions of people are infected with billions of copies of a virus, all bets are off. Thanks to Delta's infectiousness, and the huge number of people whose refusal or inability to get vaccinated leaves them primed to become living COVID-19 mutation labs, the conditions are ripe to produce yet more, potentially more dangerous, variants in the coming months.** FE_COVID_Doomsday_06 Thanks to Delta's infectiousness, and the huge number of people whose refusal or inability to get vaccinated leaves them primed to become living COVID-19 mutation labs, the conditions are ripe to produce yet more, potentially more dangerous, variants in the coming months Here: Anti-vaxxers in Raleigh, North Carolina. PETER ZAY/ANADOLU AGENCY/GETTY "It's going to be very difficult to stop it from happening with masks and social distancing at this point," says Preeti Malani, a physician and infectious disease researcher and chief health officer at the University of Michigan. "Vaccines are the key, and vaccine hesitancy is the obstacle." The growing number of people with natural immunity, from having recovered from COVID-19, won't save the day either, says Eric Vail, director of molecular pathology at Cedars-Sinai Medical Center. "At best it's now a third of the U.S. population with natural immunity, and that may be an overestimation," he says. "It won't be enough to guarantee that Delta will be the last big variant."

Furthermore, TRIPS plan solves for current civil unrest;

Labott, 21, Elise Labott, a columnist at Foreign Policy and an adjunct professor at American University's School of International Service,
<https://foreignpolicy.com/2021/07/22/covid-global-unrest-political-upheaval/>

To call 2021 the summer of discontent would be a severe understatement. **From Cuba to South Africa to Colombia to Haiti, often violent protests are sweeping every corner of the globe as angry citizens are taking to the streets.** Each country has different histories and realities on the ground, particularly in Haiti, where years of violence and government corruption culminated two weeks ago in the assassination of President Jovenel Moïse. But they all faced a perfect storm of preexisting social, economic, and political hardships, which fallout from the COVID-19 pandemic only inflamed further. And **they are merely a foreshadowing of the post-coronavirus global tinderbox that's looming as existing tensions in countries across the world morph into broader civil unrest and uprisings against economic hardships and inequality deepened by the pandemic.** The coronavirus pandemic was a once-in-a-century crisis that not only shocked countries' existing health systems but also demanded a response that impacted—and was itself shaped by—economic, political, and security considerations. The

efforts to contain it may have curbed fatalities in the short term but have inadvertently deepened vulnerabilities that laid the groundwork for longer-term violence, conflict, and political upheaval and should serve as a danger sign to world leaders as countries reopen—including in the United States. History is full of examples of pandemics being incubators of social unrest, from the Black Death to the Spanish flu to the great cholera outbreak in Paris, immortalized in Victor Hugo's *Les Misérables*. Underlying it all this time around is a pervasive inequality. **COVID-19 has ripped open economic divides and made life harder for already vulnerable groups, including women and girls and minority communities.**

History is full of examples of pandemics being incubators of social unrest **It has also exposed weaknesses in food security and dramatically increased the number of people affected by chronic hunger.** The United Nations estimates around one-tenth of the global population—between 720 million people and 811 million—were undernourished last year. The impacts of climate change and environmental degradation have only compounded the despair. Take the Sahel, where, due to a toxic cocktail of conflict, COVID-19 lockdowns, and climate change, the scale and severity of food insecurity continues to rise.

Countries such as Ethiopia and Sudan are among the world's worst humanitarian crises, with catastrophic levels of hunger. Droughts and locusts are coming at a critical time for farmers ready to plant crops and are stopping herders in their tracks from driving their livestock to greener pastures.

The global vaccine shortage is fueling the instability. A majority of Africa is lagging far behind the world in vaccinations, meaning COVID-19 will continue to constrain national economies and, in turn, become a source of potential political instability.

The same is true for much of Latin America and Asia, where countries don't have enough vaccines to protect their populations and simmering sources of protest—such as rising living costs and deepening inequalities—are more likely to boil over. The global risk firm Verisk Maplecroft has warned **that as many as 37 countries could face large protest movements for up to three years.**

A new study by Mercy Corps examining the intersection of COVID-19 and conflict found concerning trends that warn of potential for new conflict, deepening existing conflict, and worsening insecurity and instability shaped by the pandemic response. The group found a collapse of public confidence in governments and institutions was a key driver of instability. People in fragile states, already suffering from diminished trust in their government, have felt further abandoned as they face disruptions in public services, rising food prices, and massive economic hardships, such as unemployment and reduced wages. Supply chains disrupted during the pandemic have seen food prices skyrocket, while in the global recession humanitarian aid budgets are being slashed, bringing many countries to the brink of **famine. For the first time in 22 years, extreme poverty—people living on less than \$1.90 a day—was on the rise last year.**

Oxfam International estimates that "it could take more than a decade for the world's poorest to recover from the economic impacts of the pandemic."

The shocks caused by the pandemic have also eroded social cohesion, further fraying relations between communities and deepening polarization. That is especially true in the United States, where social and political pressures both deepened the health crisis and were themselves worsened by it. All of this should serve as a clarion call to countries that they can't prepare for, or respond to, future health crises in a vacuum—but must anticipate an economic, political, and social crisis. This is true for any severe shock, which brings the potential for a breakdown in public order. Trends show the social scarring from such shocks don't show up for years, and the coronavirus pandemic is unlikely to be an exception. Lockdowns and crisis-induced displays of national unity have masked the full effect of the pandemic, which will become more apparent once the economic reopening gets into full swing. The non-health impacts of COVID-19 will far outlast the disease. That's why aid for conflict prevention and building resilience must be part of the COVID-19 recovery efforts, if not central to them. The United States has a ready-made tool to help: the 2019 Global Fragility Act. The bipartisan legislation establishes an interagency effort around conflict prevention in unstable countries and directs foreign assistance toward preventing violence by investing in and supporting humanitarian development and peacekeeping programs in tandem to help countries move away from crisis and build resilience and long-term stability. All of this proves a health crisis is more than just a health crisis. Now, the United States just needs a Domestic Fragility Act. After all, it may have been the most prepared country in the world to respond to a pandemic. Yet despite its advanced health care system and abundant wealth and resources, the United States found itself among most severely impacted. That is because COVID-19 exposed America's fault lines: The country lacked the social and political capital necessary to properly respond; got bogged down in political polarization, brinkmanship, and gridlock at every level; and is drowning in a miasma of misinformation. All of this proves a health crisis is more than just a health crisis.

The Fund for Peace's Fragile States Index, which tracks social, economic, and political trends across 179 countries, found COVID-19 was the "first domino in a chain of events that ignited more longstanding and deep-seated grievances,"

with impacts that will reverberate for years. The results show that fragility—whether in the social, economic, political, or security dimension—can develop anywhere, even in the wealthiest and most powerful countries in the world. In the event of a shock, even rich societies unable to pull together may be as vulnerable as the poorest country in the world. The United States, in fact, saw the largest worsening on the fragility scale, given some of the country's largest-ever protests against police violence (that were often met by a heavy-handed reaction by law enforcement) and efforts to delegitimize the election process, which escalated violently in early 2021. This shows it is not enough to have a strong military, a strong economy, and excellent hospitals. We need reconciliation. Eventually, there will be another shock. And if the United States doesn't come to grips with its fraying social cohesion, it will be at least as vulnerable next time—or even more so.

Thus, the aff plan has no reason to exist whatsoever, the major problem is currently being solved by the TRIPS waiver. Furthermore, since the TRIPS waiver is proving to be effective, it means similar legislation can be adopted for other necessary drugs in order to promote human life, the most important human right of them all. Let's move on to answering the affirmative case.