

**I negate the resolution resolved; the member nations of the world trade organization ought to reduce intellectual property rights for medicines**

**Let's start with definitions.**

Member nations of the World Trade Organization

**Congressional Research Service 21.** [Cathleen D. Cimino-Isaac, Analyst in International Trade and Finance, Rachel F. Fefer, Analyst in International Trade and Finance, Ian F. Fergusson, Specialist in International Trade and Finance, "The World Trade Organization", US CRS, <https://crsreports.congress.gov/product/pdf/IF/IF10002> ] /Triumph Debate

**The World Trade Organization** (WTO) was established on January 1, 1995, following the ratification of the Uruguay Round Agreements, and today **includes 164 members**. It succeeded the 1947 General Agreement on Tariffs and Trade (GATT), created as part of the post-WWII effort to build a stable, open international trading system. The WTO has three basic functions: (1) administering existing agreements; (2) serving as a negotiating forum for new trade liberalization and rules; and (3) providing a mechanism to settle disputes. **The multiple WTO agreements cover** trade in goods, services, and agriculture; remove tariff and nontariff barriers; and establish **rules on government practices that directly relate to trade—for example, trade remedies, technical barriers to trade (TBT), intellectual property rights (IPR), and government procurement** (Table 1). The agreements are based on the principles of nondiscrimination among countries—most-favored nation (MFN) treatment, national treatment, fair competition, and transparency of trade rules and regulations. Some exceptions, such as preferential treatment for developing countries and regional and bilateral trade agreements outside the WTO, are allowed.

Prefer my definition of this phrase for 2 reasons:

- 1) Contextual definition – defines the entire phrase contextually instead of cobbling together multiple definitions
- 2) Legal definition – identifies 164 member nations as well as their mutual agreement to have trade and specifically intellectual property rights governed through WTO

Voting Implications for today's round:

The action discussed must be undertaken by the member states. Giving examples of specific countries or a subset of countries that might want to reduce restrictions is insufficient to meet this phrase in the resolution. They must prove that the collective ought to take action. If the aff fails to demonstrate it's the member states that ought to agree to reducing IPP; then they will have failed their burden of proof and you should vote neg.

**Value: Morality** My value for today's round is morality per the word "ought" in the resolution, implying a moral obligation to preserve the quality standards in healthcare

**criterion – utilitarianism negative believes in ensuring the greatest good for the greatest number. If negative can prove we access more lives in this round, you should kick the affirmative case and vote neg.**

**Our framework is**

# Con 1 - Innovation

**According to pipes in 2021, pharmaceutical innovation is only 0.02% successful and takes 15 years and billions of dollars**

**Pipes 2021** [Sally Pipes, President Pacific Research Center, 3/5/21, "Intellectual Property Rights Are Key to Fighting Covid-19 And Protecting Public Health", Forbes, <https://www.forbes.com/sites/sallypipes/2021/03/05/intellectual-property-rights-are-key-to-fighting-covid-19-and-protecting-public-health/?sh=4367cbe400d9>] /Triumph Debate

As pharmaceutical researcher Derek Lowe has explained, "There are definitely not dozens of companies who can make enough RNA," the genetic material in the Moderna and Pfizer/BioNTech vaccines that instructs our cells in how to fight the coronavirus. Lowe continues: "And you can count on one hand the number of facilities who can make the critical lipid nanoparticles" that carry the mRNA to our cells. There's a wealth of evidence, on the other hand, that revoking patents will cause drugmakers to put their research and development efforts on hold. Pharmaceutical companies spend an average of 15 years and nearly \$3 billion to bring a new medicine to market. Just one-tenth of one percent of potential pharmaceutical compounds ever enter clinical trials in humans. And just 0.02% of those compounds ends up garnering approval and being dispensed to patients. Clearly, developing life-saving medicines is a risky, expensive, and time-consuming endeavor. Few investors would ever consider funding drug research if there were a threat that governments could seize the fruits of that research and prevent them from having a chance to recoup their money. India and South Africa aren't the only countries looking to launch a broadside on the global intellectual property system. The idea has a following here in the United States, too.

**Flourishing innovation requires risk-taking to be balanced with strong IP incentives; undermining IP risks innovation and poses unique risk in the midst of global pandemic**

**Cueni, 20** [Thomas Cueni, director-general of International Federation of Pharmaceutical Manufacturers and Associations, May 17<sup>th</sup>, 2020, "Intellectual property is not a hindrance but a help to end Covid-19", Financial Times, <https://www.ft.com/content/e82dd07c-95c5-11ea-899a-f62a20d54625>] /Triumph Debate

"For the past three months, both public and private scientists, and pharma businesses have pulled out all the stops, pushing the boundaries of science, developing workable solutions and ensuring there is capacity to scale up eventual treatments or vaccines. Now, of all times, is not the moment to undermine IP. It would create uncertainty and send the wrong message to pharma companies that have taken risks on huge investments to repurpose medicines for Covid-19 treatment and scale up manufacturing. Patents, and IP more generally, are the main reason that there is such a strong innovation base to work from to find solutions. Today there are more than 1,000 clinical trials ongoing, over 150 treatments being tested, and more than 120 vaccine projects. There is no guarantee of success as few treatments and even fewer vaccines may prove to be safe and effective. This level of risk-taking would be impossible without a flourishing innovation ecosystem built on strong IP incentives. There will be much talk of creating an IP-free space to respond to Covid-19 around the World Health Assembly in Geneva on May 18-19. But such ideas miss the more important challenge, which is that demand for treatments could outstrip supply should the results of clinical trials prove positive. This is why companies are already exploring collaborations and voluntary licences to ramp up capacity. The creation of yet another "patent pool" would be a waste of time and resources. Such an initiative already exists in the form of the Medicines Patent Pool along with bilateral licensing agreements. The pharmaceutical industry draws a line at an open-access platform to enforce worldwide open-licence agreements for Covid-19 vaccines and treatments. This could significantly undermine trust in a predictable IP framework just when the industry is doing all it can, spending billions upfront with no guarantee of success. It has signed up to the World Health Organization's Access to Covid-19 Tools Accelerator, committing to accelerate development, production and equitable global access to safe, effective and affordable therapeutics and vaccines with the belief that it is the right thing to do.

**Intellectual property rights are key to innovation.**

**Bacchus 2020** [James, CATO.org "An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines" Free Trade Bulletin No. 78, Dec. 16, <https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-co-vid-19-vaccines>

The primary justification for granting and protecting IP rights is that they are incentives for innovation, which is the main source for long-term economic growth and enhancements in the quality of human life. IP rights spark innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.”<sup>18</sup> The knowledge from innovations inspired by IP rights spills over to inspire other innovations. The protection of IP rights promotes the diffusion, domestically and internationally, of innovative technologies and new know-how. Historically, the principal factors of production have been land, labor, and capital. In the new pandemic world, perhaps an even more vital factor is the creation of knowledge, which adds enormously to “the wealth of nations.” Digital and other economic growth in the 21st century is increasingly ideas-based and knowledge intensive. Without IP rights as incentives, there would be less new knowledge and thus less innovation.

The impact of this is pharmaceutical crash. With no progression in the pharma field, total collapse will be the price to pay

## Contention two is **AMR(Antimicrobial resistance)**

**Antimicrobial resistance is when** bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death.

**AMR is dangerous, and can have major impacts**

**Batista et. al** [Pedro Henrique D. Batista, Dennis Byrski, Matthias Lamping & Roberto Romandini, 16 January 2019, “IP-Based Incentives Against Antimicrobial Crisis: A European Perspective”, <https://link.springer.com/article/10.1007/s40319-018-00782-w#Sec2>]

The use of antimicrobial agents contributes to the increase in antimicrobial resistance. Considering the natural selection process, only resistant microorganisms can survive after an antimicrobial treatment.<sup>Footnote19</sup> These remaining microorganisms are then capable not only of rapidly proliferating, but also of transferring their resistance genetically by HGT, which increases resistance rates. The misuse and the overuse of antimicrobials (e.g. unnecessary prescription in cases of viral or non-infectious diseases, prescription of doses higher than necessary, under-treatment through suboptimal doses, inadequate treatment durations, and extensive agricultural and veterinary use)<sup>Footnote20</sup> are therefore considered to be critical factors in this field.

The problem of antimicrobial resistance cannot be underestimated. According to a recent study on infections caused by resistant bacteria in the EU and the European Economic Area, more than 670,000 infections were recorded in these countries during the year 2015, which were responsible for more than 33,000 deaths.<sup>Footnote21</sup>

The problem mainly affects Southern European countries, such as Greece and Italy, although countries like Romania, Portugal, Hungary and Germany also have relatively high numbers of infections.<sup>Footnote22</sup> The majority of the population affected by these infections is composed of infants and persons aged 65 years or older.<sup>Footnote23</sup> According to the European Commission, treating microbial infections costs on average 1.5 billion euros per year.<sup>Footnote24</sup> The problem does not only occur in Europe. In the US, it is estimated that more than

23,000 people die annually from antimicrobial resistance.<sup>Footnote25</sup> The recently published Global Antimicrobial Resistance Surveillance System (GLASS) Report by the World Health Organization indicates that the problem also severely afflicts other countries.<sup>Footnote26</sup>

### Reducing patents increases AMR due to increased antibiotic use

John B [Horowitz](#) <sup>1</sup>, H Brian [Moehring](#), June 2004, “How property rights and patents affect antibiotic resistance”, <https://pubmed.ncbi.nlm.nih.gov/15185387/>

Antibiotic resistance tends to increase when a patent on an antibiotic expires. Since other companies can now sell the antibiotic, more of the antibiotic is produced and prices fall. Because the benefits of reducing current production go to other firms, pharmaceutical companies will have little concern about future resistance. This 'open-access' problem causes excessive antibiotic use and resistance problems in the future. Extending patents is one solution. However, a pharmaceutical company that has patent protection on a drug that is cross-resistant may have little concern about future resistance. This is because when people use completely different antibiotics which cause bacteria to become resistant to the original antibiotic, then the benefits of reducing current production go to other companies. A single buyer such as national health insurance or private health insurance may also have an incentive to reduce antibiotic resistance since they bear the future cost of future resistance. However, insurance coverage reduces the price that patients pay at the margin and thus the patients are likely to use more antibiotics. National health insurance policies may even set the price of antibiotics so low that resistance problems are created even when the patent is in effect.

### Increased Antibiotic use leads to large negative effects and economic decline, as well as increased income inequality

Porooshat [Dadgostar](#) <sup>2019</sup> Dec 20, “Antimicrobial Resistance: Implications and Costs”, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6929930/>

The literature review findings indicate that the cost of AMR across the globe is extremely high and different in each country.<sup>66,72</sup> The CDC estimated that the cost of antimicrobial resistance is \$55 billion every year in the United States, \$20 billion for health care and about \$35 billion for loss of productivity.<sup>3,8</sup> Recent research by the World Bank indicates that antimicrobial resistance would elevate the rate of poverty and impact low-income countries compared to the rest of the world.<sup>28</sup> Studies show that annual global GDP could decrease by approximately 1% and there would be a 5–7% loss in developing countries by 2050.<sup>71,72</sup> This percentage ultimately translates into \$100-210 trillion.<sup>28,66</sup> Multidrug-resistant TB alone could cost the world \$16.7 trillion by 2050.<sup>73,74</sup> Furthermore, due to AMR, the gap between the developing countries and the developed countries will become more pronounced; as a result, inequity will substantially increase.<sup>28</sup> Most of the people who are pushed into extreme poverty as a result of AMR will be specifically from low-income countries.<sup>28</sup> This highlights the fact that the underprivileged population of the world will eventually be affected the most because these countries are more contingent on labor income which will be reduced if there is a high prevalence of infectious diseases.<sup>28</sup> In addition to the direct impact on GDP, antimicrobial resistance has a major influence on labor through the loss of productivity caused by sickness and premature death.<sup>68</sup> Deaths because of antimicrobial resistance decrease the workforce, which in turn negatively impacts the size of the population as well as the quality of the country's human capital.<sup>68,75</sup> Taylor et al have created a theoretical model in order to estimate the economic impacts of AMR on the labor force in the future. In their work, they have compared a baseline (absence of AMR) with the current trend

in AMR as well as worse alternatives that might happen if appropriate measures are not taken. According to their results, if there is no change in the current pattern of AMR, in ten years, the world working-age population will decrease by two years. This change will be more pronounced in Eurasia compared to the rest of the world. In addition, in terms of annual GDP loss, if there is no change in the trends of AMR, the world will lose about \$28 billion in ten years. According to this model, with a \$20 billion loss in GDP, the European Union and The Organization for Economic Co-operation and Development (OECD) countries stand to lose more than the rest of the world.<sup>75</sup>

The global trade will also be heavily affected by antimicrobial resistance if the continuous trends in AMR still persist.<sup>32</sup> The World Bank report demonstrates that global exports might decrease significantly by 2050 due to the effects of antimicrobial resistance on labor-intensive sectors.<sup>28</sup> Thus, it can be concluded that the undesirable outcomes of AMR on the global economy are projected to be even more severe than the global financial recession due to its long-term impacts on the economy.<sup>28</sup>

Impacts of AMR on livestock output will also be significant.<sup>30</sup> Just like humans, the effect of AMR on animals will be due to mortality and morbidity. The increase in resistance to antimicrobials will make treatments on animals ineffective and cause the infections to become more severe.<sup>26</sup> Ultimately, this will lead to decreased production and trade of livestock, resulting in elevated prices of protein due to the decrease in protein sources such as milk, egg, and meat.<sup>26,28</sup> Shortage of protein will be a major concern, considering that the demand for animal proteins is on the rise worldwide.<sup>36</sup> According to the World Bank, AMR will have drastic impacts on livestock production in low-middle income countries.<sup>32</sup> Estimates have indicated that if the persistent trends in AMR do not slow down, there will be an 11% loss in livestock production by 2050.<sup>28</sup> Such a substantial loss in animal production will lead to a decline in income generation which will exacerbate the economic situation.<sup>26</sup>

**Economic depression leads to extinction – war, terrorists, military engagement, due to increased income inequality**

Qian Liu Managing Director, Greater China, The Economist Group 13 Nov 2018

<https://www.weforum.org/agenda/2018/11/the-next-economic-crisis-could-cause-a-global-conflict-here-why/>

The next economic crisis is closer than you think. But what you should really worry about is what comes after: in the current social, political, and technological landscape, a prolonged economic crisis, combined with

rising income inequality, could well escalate into a major global military conflict.

The 2008-09 global financial crisis almost bankrupted governments and caused systemic collapse. Policymakers managed to pull the global economy back from the brink, using massive monetary stimulus, including quantitative easing and near-zero (or even negative) interest rates.

But monetary stimulus is like an adrenaline shot to jump-start an arrested heart; it can revive the patient, but it does nothing to cure the disease. Treating a sick economy requires structural reforms, which can cover everything from financial and labor markets to tax systems, fertility patterns, and education policies.

Policymakers have utterly failed to pursue such reforms, despite promising to do so. Instead, they have remained preoccupied with politics. From Italy to Germany, forming and sustaining governments now seems to take more

time than actual governing. And Greece, for example, has relied on money from international creditors to keep its head (barely) above water, rather than genuinely reforming its pension system or improving its business environment.

The lack of structural reform has meant that the unprecedented excess liquidity that central banks injected into their economies was not allocated to its most efficient uses. Instead, it raised global asset prices to levels even higher than those prevailing before 2008.

In the United States, housing prices are now 8% higher than they were at the peak of the property bubble in 2006, according to the property website Zillow. The price-to-earnings (CAPE) ratio, which measures whether stock-market prices are within a reasonable range, is now higher than it was both in 2008 and at the start of the Great Depression in 1929.

As monetary tightening reveals the vulnerabilities in the real economy, the collapse of asset-price bubbles will trigger another economic crisis – one that could be even more severe than the last, because we have built up a tolerance to our strongest macroeconomic medications. A decade of regular adrenaline shots, in the form of ultra-low interest rates and unconventional monetary policies, has severely depleted their power to stabilize and stimulate the economy.

If history is any guide, the consequences of this mistake could extend far beyond the economy. According to Harvard's Benjamin Friedman, prolonged periods of economic distress have been characterized also by public antipathy toward minority groups or foreign countries – attitudes that can help to fuel unrest, terrorism, or even war.

For example, during the Great Depression, US President Herbert Hoover signed the 1930 Smoot-Hawley Tariff Act, intended to protect American workers and farmers from foreign competition. In the subsequent five years, global trade shrank by two-thirds. Within a decade, World War II had begun.

To be sure, WWII, like World War I, was caused by a multitude of factors; there is no standard path to war. But there is reason to believe that high levels of inequality can play a significant role in stoking conflict.

According to research by the economist Thomas Piketty, a spike in income inequality is often followed by a great crisis. Income inequality then declines for a while, before rising again, until a new peak – and a new disaster. Though causality has yet to be proven, given the limited number of data points, this correlation should not be taken lightly, especially with wealth and income inequality at historically high levels.

The impact of this is economic crisis

**CP – We ought to maintain intellectual property  
protections for medicines and establish a single-payer  
healthcare system covering all essential medicines and  
services.**

## Single-payer solves the pandemic by covering the uninsured

Galvani 20 [Alison P. Galvani, Burnett and Stender Families Professor of Epidemiology at Yale, 6-1-2020, "The imperative for universal healthcare to curtail the COVID-19 outbreak in the USA," *EClinicalMedicine*, [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30124-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30124-3/fulltext)]/Kankee of families are unable to afford health insurance upon becoming unemployed, given that more than half of American families live paycheck to paycheck [[6]]. Racial and economic disparities in the US healthcare system are being magnified by the pandemic. Rates of adequate health insurance coverage are much lower among people of color [[7]]. With less access to preventative healthcare, people of color are disproportionately affected by comorbidities, such as diabetes, obesity, asthma, and cardiovascular disease. These comorbidities exacerbate the severity of COVID-19 clinical outcomes, including death [[8]], as does delay in seeking care due to concerns about medical bills. COVID-19 is widening socioeconomic fissures facing people of color as well. Since the start of the outbreak, Latino populations have reported much higher rates of job and wage loss than Americans at large [[9]]. The solution to these challenges is the provision of comprehensive healthcare as a human right. Further, universal healthcare will be most cost-effectively achieved by a single-payer system, such as that proposed in the Medicare for All Act [[1]]. Not only would Medicare-for-All save lives, it would resolve costly inefficiencies that currently make our healthcare system the most expensive in the world. Among the major sources of savings, a single-payer system would consolidate administrative costs, reduce overhead, empower pharmaceutical price negotiations, and truncate executive pay. A single-payer system is also incentivized to invest in cost-effective preventative services that can avert life-threatening clinical outcomes and expensive downstream treatment. Anoth

Let's now review the affirmative case

Beginning with value, prefer our value of morality as \_\_\_\_\_ is a subset of morality. You cannot determine \_\_\_\_\_ without a concept of what is morally right and what isn't.

Looking into criterion, you should prefer our criterion of util as it covers a wider scope than affirmative and focuses on the greatest good for the greatest number of people. Aff cannot access lives by dismissing the trail of problems reducing IPP will leave behind.

Looking into framework, prefer our framework of general welfare as it is imperative that we focus on preserving lives, especially during these threatening times.

Judge, innovation is more than just a material-based concept. It is the foundation of the future. Innovation is necessary to ensure readiness for potential upcoming pandemics and

confirm the resolvment of terminal diseases such as cancer therefore it is critical you vote in negation.

With that I conclude