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#### Advantage 1 is Hegemony –

#### Lack of WTO COVID waiver leads to expanding China and Russia from vaccine diplomacy that harms US influence – the Plan solves.

Carman and Carl 6-15 Ezequiel Carman and Joseph Carl 6-15-2021 "A U.S. vaccine diplomacy strategy for Latin America and the Caribbean" <https://theglobalamericans.org/2021/06/a-u-s-vaccine-diplomacy-strategy-for-latin-america-and-the-caribbean/> (Ezequiel Carman is an Argentine lawyer and global health and trade policy consultant. Previously, he served as a legal advisor to the Ministry of Justice of Buenos Aires, an assistant professor of international public law at the Universidad Católica Argentina, and a research assistant at the O’Neill Institute for National and Global Health Law. Joseph Carl is a graduate of Liberty University, where he studied international relations and strategic international studies. He has worked for the U.S. Department of State and the Heritage Foundation.)//Elmer

However, unlike the unipolarity that characterized the 1990s and early 2000s, the U.S. is no longer the only global superpower, and the **humanitarian decisions it makes now**—during a new global health crisis—have the potential to be **hugely consequential** for the country’s **influence** and image. Similar to its trajectory at the height of the AIDS crisis, Washington only recently voiced its desire to back the WTO patent waiver proposal, having come under tremendous international pressure. Granted, the U.S. backed a patent waiver for COVID-19 vaccines much faster than it did for ARVs in the 1980s. However, having been presented with a rare opportunity to make amends for past moral missteps—by **eliminating vaccine IP protections** to ensure that affordable, generic versions of COVID-19 vaccines could be manufactured en masse around the world—the U.S. once again **hesitated**, limiting opportunities for developing nations to recover from the pandemic and again **amplifying criticisms of the United States**. Backed by over 100 developing countries, India and South Africa are once again leading the current fight to eliminate IP protections. India and South Africa filed a waiver with the WTO requesting a temporary suspension of patent obligations under TRIPS (Sections 1, 4, 5, and 7 of Part II) so that developing countries can access vaccines in a timely manner. The intent of this effort is to boost domestic manufacturing capacity by facilitating the widespread production of generic versions of COVID-19 vaccines, evening the odds with respect to global vaccine procurement and accessibility. The waiver would also allow developing countries to procure vaccines more expeditiously, either by producing them themselves or by streamlining the cumbersome institutional and legal requirements of importing pharmaceutical products from other countries that possess the necessary manufacturing capacity. After months of pushback from activists and political leaders, the U.S. finally expressed its support for patent waivers, with several key Western powers (notably France and the European Union (EU)) following suit. However, Germany—a major political player in the patent waiver debate due to its powerful pharmaceutical sector—continues to oppose the move. Other European countries remain similarly split on the patent waiver proposal, reflecting the fact that any patent waiver proposal will still requires extensive negotiation (in order for it to be accepted, there must be unanimous consent among WTO members). Political leaders and activists continue to call on the West to support the **waiving of IP protections**, noting that current projections anticipate that wealthy countries will be able to immunize their entire populations by the end of 2021, while developing countries will only see the same results in the next three to four years. Unlike the AIDS pandemic, COVID-19 has generated not only massive medical concerns, but also a global economic crisis: vaccination campaigns in richer countries have already allowed them to begin to rebuild their economies, while mass unemployment and lockdowns continue to strangle the economies of many developing nations. Increasing the supply and accessibility of vaccines in the developing world will undoubtedly facilitate a faster, and more equal, economic recovery. Continuing to allow the virus to spread unencumbered throughout the Global South, however, will only increase the likelihood of further viral mutations, possibly jeopardizing the efficacy of existing vaccines and further perpetuating already grave economic and medical concerns. Washington’s initial unwillingness to cross the pharmaceutical industry has undeniably damaged the moral standing of the United States. Moreover, this decision also created a humanitarian void eagerly **filled by Beijing and Moscow**, as they actively seek to position themselves as the benefactors of the most COVID-19-stricken region of the world: Latin America and the Caribbean. To date, Russian and Chinese vaccine diplomacy have already led to **economic, diplomatic, and political losses** being felt by Washington; this trend, if allowed to continue, will only further limit U.S. regional influence with its neighbors to the south. A lack of strategy and political will In the absence of an effective vaccine diplomacy strategy from Washington, and with the perpetuation of its current nationalistic vaccine policy, some of the pharmaceutical companies that the U.S. so readily protects have pushed countries throughout Latin America and the Caribbean into the waiting arms of Beijing and Moscow. While some Latin American countries have received a few vaccines from Western companies, most nations in the region continue to struggle to obtain doses. Pfizer, a U.S. pharmaceutical company, was accused of bullying Latin American countries during vaccine procurement negotiations, using its own leverage to attempt to force desperate nations to offer sovereign assets—such as their embassies—as collateral. Pfizer’s efforts resulted in a lost deal with Argentina, which has continued to grow increasingly closer to China. While the U.S. possesses a surplus of COVID-19 vaccines, it has failed to develop an effective, far-reaching donation strategy. Only recently did the Biden administration announce its plans to ship 80 million vaccines—a small portion of its surplus supply—abroad. Of the initial 25 million doses destined to be distributed internationally, 19 million will be donated to the largely mismanaged UN-backed COVAX program, with only six million of these COVAX doses designated for Latin America and the Caribbean. In comparison, China alone has donated or sold over 165 million vaccines to Latin America, with countries like Chile and Uruguay having vaccinated 80 and 63 percent of their populations, respectively, with Chinese vaccines. The administration of U.S. President Joe Biden previously donated a total of 4.2 million AstraZeneca vaccines to Canada and Mexico, the first vaccines that the U.S. had sent abroad. Still, this relatively modest donation was preceded by repeated calls from prominent Latin American leaders for President Biden to donate vaccines to U.S. allies in Latin America. Mexican President Andrés Manuel López Obrador (AMLO) was notably rebuffed in his request for shipments of U.S. vaccines, being told by the Biden administration that it was prioritizing the vaccination of the American public (despite the fact that Washington had already bought enough vaccines to inoculate the entire U.S. population several times over). Colombia President Iván Duque of Colombia, a country that is a key regional ally, has also called for the Biden administration to aid countries in the Western Hemisphere that are struggling to procure vaccines. By contrast, some Latin American officials have described easier negotiations, cheaper prices, and overall better terms in their successful agreements with Russia and China. Last year, for example, Beijing offered a USD $1 billion loan to Latin American nations to help finance their purchasing of Chinese-made vaccines—an offer that was well-received by recipient countries. Due to a lack of vaccine support and assurance from Washington, countries are growing closer to Beijing and Moscow, succumbing to rival geopolitical powers that do not align with the diplomatic and economic interests of the United States. Brazil remains one of the countries hardest hit by the COVID-19 pandemic. Despite President Jair Bolsanaro’s anti-science tendencies and hawkish stance towards Beijing, however, his government has still proven susceptible to the influence of China. Earlier this year, a New York Times report brought attention to the Bolsonaro government’s arrangement to allow Huawei, the Chinese telecommunications giant, to participate in upcoming biddings for contracts to construct Brazil’s 5G network. (Under the Trump Administration, Brazil had been one of the 50 countries to agree to the Clean Network Initiative—an agreement that committed signatories to forbidding Huawei from being involved in their 5G networks, due to national security concerns.) The announcement came after Brazil’s telecommunications minister, Fábio Faria, traveled to Beijing to meet with Huawei executives. Recounting his trip, Faria was quoted as saying that he had taken “advantage of the trip to ask for vaccines.” This development aligns with recent warnings from the U.S. Southern Command Chief Admiral Craig Faller, who claimed, during a U.S. Senate Armed Services Committee hearing, that China was using its vaccine leverage to push for Huawei’s integration into Latin America’s 5G networks. In the absence of Washington, several countries have increased their engagement with China and Russia (or have at least been pressured to). Paraguay and Guyana, for instance, have been pushed by China to switch their official diplomatic recognition from Taiwan (Republic of China, or ROC) to China (People’s Republic of China, or PRC) and to increase bilateral trade relations. Colombia, historically one of Washington’s closest allies in Latin America, uncharacteristically applauded Beijing’s efforts to promote human rights at the United Nations Human Rights Council, only one week after it received half a million doses of a Chinese-made vaccine. In Mexico, Beijing and Moscow also scored points; after securing a second shipment of Chinese vaccines, Mexico announced it would expand its “strategic partnership” with China. With respect to Russia, when (AMLO) tested positive for COVID-19 in January, he received a call from Russian President Vladimir Putin, wishing his Mexican counterpart a quick recovery. Shortly thereafter, AMLO announced that Mexico would receive a shipment of 24 million Russian vaccines and that he had invited Putin to visit Mexico, which would mark the Russian leader’s first visit to the country in nearly a decade. These developments are especially relevant when considering the fact that, before President Biden announced the sharing of the U.S. supply of AstraZeneca vaccines with Mexico, he had initially rejected AMLO’s call for assistance. In Bolivia, Putin has curried favor with President Luis Arce. President Arce’s political leanings are reminiscent of those of his predecessor, Evo Morales, who had an especially close relationship with Moscow; it would be reasonable to expect, therefore, that Arce may be similarly keen to deepen Moscow’s relationship with La Paz. After donating a large supply of vaccines to Bolivia, Putin sought out Arce to discuss the possible revival of several key Russian projects in the country: among them, the reactivation of a suspended nuclear power plant project, Russian development of Bolivia’s natural gas reserves, and investments in the country’s extensive lithium deposits (lithium being a mineral key to the global transition to clean energy, as it is a vital component in the production of high capacity batteries in both civilian and military hardware). In 2019, Russian businesses were beaten by other firms in the rush to invest in Bolivia’s nascent lithium industry; however, Arce has recently announced plans for new lithium projects that have received interest from both Russian and American companies. Throughout Latin America and the Caribbean, Russia has continued to sign vaccine deals in an effort to increase its influence. Russia’s vaccine diplomacy has primarily been a soft power push, unlike China’s more brazen “wolf warrior” diplomacy. Nevertheless, it represents a re-establishment of a foothold in the region that Russia (and its predecessor, the USSR) has not boasted since the Cold War. While some countries, like Mexico and Bolivia, appear genuinely interested in deepening their ties with U.S. geopolitical rivals, it is widely recognized that most other nations of Latin America and the Caribbean are being **squeezed politically by vaccines**. If Latin America is not **offered a practical alternative**, it will likely continue to conduct business with Moscow and Beijing, thus incurring more debts of gratitude to global powerhouses eager to **expand their economic and political influence through vaccine diplomacy**. A forward-thinking strategy To this point, the U.S. has been significantly outpaced by China and Russia when it comes to building and strengthening relations with its Latin American and Caribbean neighbors. The dynamic surrounding COVID-19 vaccine distribution is evocative of another era of recent history when the U.S. abandoned the suffering of the developing world for the sake of profit-maximizing pharmaceutical companies. With Latin America and the Caribbean being the region hardest hit in the world by the COVID-19 pandemic—much as Africa was at the height of the AIDS pandemic—the U.S. is only undermining its moral standing and regional influence by failing to more readily extend a helping hand. As the war against COVID-19 reaches a détente in the U.S., the Biden administration should make this issue a top priority. First, the U.S. needs to aggressively push its Western partners to back the IP patent waiver at the WTO in order to push forward a patent proposal that will help **increase vaccine production capacity** worldwide. Doing so will demonstrate **to the world** that Washington has the political will to defy the wishes of the powerful pharmaceutical industry and and re-establish its **leadership role** among the Western powers.

#### Chinese Vaccine Success is a death-knell to the LIO – proves viable alternatives.

Cossu 7-8 Elena Cossu 7-8-2021 "Chinese vaccine diplomacy in Latin America could change the international order" <https://theloop.ecpr.eu/chinese-vaccine-diplomacy-in-latin-america-could-change-the-international-order/> (PhD Candidate, World Economy Institute / Assistant Research Fellow, Corvinus University of Budapest)//Elmer

China has delivered vaccines to Latin America on an extraordinary scale. We must understand this in the context of China’s long-term **aspirations as a rising power** in the international order. Elena Cossu argues that Chinese vaccine diplomacy directly challenges the already declining US authority in the region China’s vaccine rollout to Latin America It is impossible to enter a room these days without talking about vaccines. If, however, you happened to be talking to Latin Americans, you would notice an unusual pattern: considerable gratitude towards China for its vaccine rollout. It's a gratitude, moreover, that is very hard to find in Europe or the United States. The reason is simple: the number of vaccines provided by China to countries in need is truly impressive. During a global vaccine shortage, China has been able to provide **252 million doses** to the world. This includes the majority of total doses made available to Latin American countries. Six national or regional entities can produce and distribute a consistent number of vaccines: Europe, the US, China, South Korea and India. China has distributed the highest number, and almost half (42%) of these have gone outside its own country. As of May 2021, no other country can match this figure. Most countries are focused primarily on achieving their own herd immunity first. 42% of Chinese vaccines have been sent to other countries. The US has exported a mere 1% of its own Even more striking is the fact that the United States is exporting a mere 1% of its vaccines, almost solely to Canada and Mexico. In May 2021, the US pledged to increase its exported doses by 100 million by the end of the year. Yet even if it had achieved this goal, it wouldn't be even half of the Chinese figure. Chinese vaccine diplomacy in Latin America is **challenging US authority** in the region, at a time when **US influence is in visible decline**. The decline of the ‘Washington Consensus’ The rationale behind American policy towards Latin America has long been that unstable neighbours (especially Communist ones) destabilise the region. In extreme cases, this has resulted in US involvement in various regime changes in Latin America. But the more frequently used mechanism of influence, especially since the end of the Cold War, has been economic diplomacy. The main tool for this has been the infamous Washington Consensus. The logic of this was very simple: a state-led economic model is a bad thing. An 'economist approved' liberal model should therefore solve all Latin America’s problems. It didn't work out like that. The logic of the Washington Consensus was that an 'economist approved' liberal model would solve all Latin America’s problems. It didn't work out like that Despite good intentions, the International Monetary Fund and World Bank programmes did not alleviate Latin America’s problems. On the contrary, the Washington Consensus is often cited as having fuelled a resurgence of populism in Latin America. It is also held responsible for the succession of left-wing governments in the 1990s known as the Pink Tide. Five of the nations subject to the Washington Consensus (Argentina, Brazil, Chile, Mexico and Venezuela) even displayed authoritarian tendencies. In the mid-2010s the region experienced a so-called Blue Tide: the rise of liberal governments to counterbalance the previous left-wing ones. This phenomenon was also considered a long-term consequence of the chronic failure of US economic diplomacy on the continent. Today, Latin America still struggles with political instability and high levels of inequality. The United States' top-down approach has failed. What's more, cooperation has dramatically declined because of the Trump administration's approach and the US’s own internal problems. China: a rising power in the region In this context, China has seen the Covid crisis as an opportunity to reinforce its ambitions as a rising power trying to exert more influence in the international order. A scheduled $8 trillion for project infrastructure in sixty-eight countries through the New Silk Road programme vividly captures its approach. Brazil, Venezuela, Ecuador, and Bolivia already have partnership projects with China, and Mexico is considering joining one. A competition the US is losing US and Chinese tools for economic diplomacy are very similar in practice, yet fundamentally different in philosophy. The US strategy is based on individualism: We as a nation will be the most economically successful by working hard to realise our individuality... We will export the idea that this is the best possible system through soft power and economic cooperation. In contrast, Chinese economic diplomacy is an extension of a collective dream where individuals work hard to realise the success of the collectivity: everybody in their community and the world. In the context of Latin America, this competition between two philosophical approaches is especially risky for the United States. Too many factors favour the Chinese way of thinking: the inward-looking diplomatic approach of the United States during the Trump administration; the perennial flirtation of some Latin American countries with various forms of socialism; and the failure of the US’s own economic and other (capitalist) strategies there. **Decline of the old international order?** In this power vacuum, the rise of China **during a crisis situation** might push the world toward **a new international bipolar order**. Latin America's enthusiasm for Chinese vaccines might constitute the first grouping of countries genuinely lost to US influence. the rise of China during a crisis situation might push the world toward a new international bipolar order Latin America is not just showing an interest in vaccine rollout. It is also showing how the old dichotomy of capitalism versus socialism is becoming increasingly redundant in some parts of the world. Analogous to the fading of the US-Russia dichotomy, rising Chinese influence in Latin America shows countries **becoming more open-minded towards different economic and social narratives**. They are less concerned with ‘good’ and ‘bad’ and more concerned with the concrete opportunities different choices offer.

#### BUT that success is vulnerable to superior Western Vaccines.

Zhao 4-29 Suisheng Zhao 4-29-2021 "Why China’s vaccine diplomacy is winning" <https://www.eastasiaforum.org/2021/04/29/why-chinas-vaccine-diplomacy-is-winning/> (Professor and Director of the Center for China–US Cooperation at the Josef Korbel School of International Studies, University of Denver)//Elmer

China’s advanced vaccine diplomacy stands in contrast to the ‘me first policies’ of the United States and the European Union. With a shortfall in supplies, US and EU leaders have faced high infection rates and death tolls at home and feel the need to inoculate their domestic populations first. This has left the world’s poorest and most vulnerable people without vaccine supply and at risk. China has not faced these problems and can afford to send vaccines abroad. Just by showing up and helping plug gaps in the global supply of vaccines, China has **gained ground in vaccine diplomacy**. President Xi Jinping pledged that Chinese vaccines would be provided as a global public good. But a large portion of Chinese vaccines are not free — some countries have paid Chinese vaccine makers. Still the **absence of the United States** and European Union from vaccine diplomacy is not lost on countries struggling to put shots in people’s arms. Many countries would **prefer US or EU-made** Pfizer and Moderna **vaccines over China’s vaccines** **if given the choice, yet they cannot access them**. These countries are desperate and have jumped at the opportunity to receive Chinese vaccines.

#### US-led LIO solves Existential Threats.

Ikenberry 20 John Ikenberry 6-9-2020 “The Next Liberal Order: The Age of Contagion Demands More Internationalism, Not Less” <https://www.foreignaffairs.com/articles/united-states/2020-06-09/next-liberal-order> (Albert G. Milbank Professor of Politics and International Affairs at Princeton University and Global Eminence Scholar at Kyung Hee University, in South Korea)//Elmer

The rivalry between the United States and China will preoccupy the world for decades, and the problems of anarchy cannot be wished away. But for the United States and its partners, a far greater challenge lies in what might be called “the problems of modernity”: the deep, worldwide transformations unleashed by the forces of science, technology, and industrialism, or what the sociologist Ernest Gellner once described as a “tidal wave” pushing and pulling modern societies into an increasingly complex and interconnected world system. Washington and its partners are threatened less by rival great powers than by emergent, interconnected, and cascading transnational dangers. Climate change, pandemic diseases, financial crises, failed states, nuclear proliferation—all reverberate far beyond any individual country. So do the effects of automation and global production chains on capitalist societies, the dangers of the coming revolution in artificial intelligence, and other, as-yet-unimagined upheavals. The coronavirus is the poster child of these transnational dangers: it does not respect borders, and one cannot hide from it or defeat it in war. Countries facing a global outbreak are only as safe as the least safe among them. For better or worse, the United States and the rest of the world are in it together. Past American leaders understood that the global problems of modernity called for a global solution and set about building a worldwide network of alliances and multilateral institutions. But for many observers, the result of these efforts—the liberal international order—has been a failure. For some, it is tied to the neoliberal policies that produced financial crises and rising economic inequality; for others, it evokes disastrous military interventions and endless wars. The bet that China would integrate as a “responsible stakeholder” into a U.S.-led liberal order is widely seen to have failed, too. Little wonder that the liberal vision has lost its appeal. Liberal internationalists need to acknowledge these missteps and failures. Under the auspices of the liberal international order, the United States has intervened too much, regulated too little, and delivered less than it promised. But what do its detractors have to offer? Despite its faults, no other organizing principle currently under debate comes close to liberal internationalism in making the case for a decent and cooperative world order that encourages the enlightened pursuit of national interests. Ironically, the critics’ complaints make sense only within a system that embraces self-determination, individual rights, economic security, and the rule of law—the very cornerstones of liberal internationalism. The current order may not have realized these principles across the board, but flaws and failures are inherent in all political orders. What is unique about the postwar liberal order is its capacity for self-correction. Even a deeply flawed liberal system provides the institutions through which it can be brought closer to its founding ideals. However serious the liberal order’s shortcomings may be, they pale in comparison to its achievements. Over seven decades, it has lifted more boats—manifest in economic growth and rising incomes—than any other order in world history. It provided a framework for struggling industrial societies in Europe and elsewhere to transform themselves into modern social democracies. Japan and West Germany were integrated into a common security community and went on to fashion distinctive national identities as peaceful great powers. Western Europe subdued old hatreds and launched a grand project of union. European colonial rule in Africa and Asia largely came to an end. The G-7 system of cooperation among Japan, Europe, and North America fostered growth and managed a sequence of trade and financial crises. Beginning in the 1980s, countries across East Asia, Latin America, and eastern Europe opened up their political and economic systems and joined the broader order. The United States experienced its greatest successes as a world power, culminating in the peaceful end to the Cold War, and countries around the globe wanted more, not less, U.S. leadership. This is not an order that one should eagerly escort off the stage. Any alternative is worse and causes great power war **Haass 19** [RICHARD HAASS is President of the Council on Foreign Relations and the author of A World in Disarray: American Foreign Policy and the Crisis of the Old Order. ”How a World Order Ends”, http://biblio.institutoelcano.org/DOCS/VVidaPolitica/BMarcoPolInter/Haass\_HowWorldOrderEnds.pdf] The major alternatives to a modernized world order supported by the United States appear unlikely, unappealing, or both. A Chinese-led order, for example, would be an illiberal one, characterized by authoritarian domestic political systems and statist economies that place a premium on maintaining domestic stability. There would be a return to spheres of influence, with China attempting to domi-nate its region, likely resulting in clashes with other regional powers, such as India, Japan, and Vietnam, which would probably build up their conventional or even nuclear forces. A new democratic, rules-based order fashioned and led by medium powers in Europe and Asia, as well as Canada, however attractive a concept, would simply lack the military capacity and domestic political will to get very far. A more likely alternative is a world with little order—a world of deeper disarray. Protectionism, nationalism, and populism would gain, and democracy would lose. Conflict within and across borders would become more common, and rivalry between great powers would increase. Cooperation on global challenges would be all but precluded. If this picture sounds familiar, that is because it increasingly corresponds to the world of today. The deterioration of a world order can set in motion trends that spell catastrophe. World War I broke out some 60 years after the Concert of Europe had for all intents and purposes broken down in Crimea. What we are seeing today resembles the mid-nineteenth century in important ways: the post– World War II, post–Cold War order cannot be restored, but the world is not yet on the edge of a systemic crisis. Now is the time to make sure one never materializes, be it from a breakdown in U.S.-Chinese relations, a clash with Russia, a conflagration in the Middle East, or the cumulative effects of climate change. The good news is that it is far from inevitable that the world will eventually arrive at a catastrophe; the bad news is that it is far from certain that it will not.

#### Expanding Spheres of Influences causes Nuclear War.

Brands 20 Hal Brands 4-20-2020 “Don’t Let Great Powers Carve Up the World Spheres of Influence Are Unnecessary and Dangerous” <https://www.foreignaffairs.com/articles/china/2020-04-20/dont-let-great-powers-carve-world> (Henry A. Kissinger Distinguished Professor of Global Affairs at the Johns Hopkins School of Advanced International Studies (SAIS), a resident scholar at the American Enterprise Institute, and a Bloomberg Opinion columnist)//Elmer

Opposition to spheres of influence, in other words, is a part of U.S. diplomatic DNA. The reason for this, Charles Edel and I argued in 2018, is that spheres of influence clash with fundamental tenets of U.S. foreign policy. Among them is the United States’ approach to security, which holds that safeguarding the country’s vital interests and physical well-being requires preventing rival powers from establishing a foothold in the Western Hemisphere or dominating strategically important regions overseas. Likewise, the United States’ emphasis on promoting liberty and free trade translates to a concern that spheres of influence—particularly those dominated by authoritarian powers—would impede the spread of U.S. values and allow hostile powers to block American trade and investment. Finally, spheres of influence do not mesh well with American exceptionalism—the notion that the United States should transcend the old, corrupt ways of balance-of-power diplomacy and establish a more humane, democratic system of international relations. Of course, that intellectual tradition did not stop the United States from building its own sphere of influence in Latin America from the early nineteenth century onward, nor did it prevent it from drawing large chunks of Europe, East Asia, and the Middle East into a global sphere of influence after World War II. Yet the same tradition has led the United States to run its sphere of influence far more progressively than past great powers, which is why far more countries have sought to join that sphere than to leave it. And since hypocrisy is another venerable tradition in global affairs, it is not surprising that Americans would establish their own, relatively enlightened sphere of influence while denying the legitimacy of everyone else’s. That endeavor reached its zenith in the post–Cold War era, when the collapse of the Soviet bloc made it possible to envision a world in which Washington’s sphere of influence—also known as the liberal international order—was the only game in town. The United States maintained a world-beating military that could intervene around the globe; preserved and expanded a global alliance structure as a check on aggression; and sought to integrate potential challengers, namely Beijing and Moscow, into a U.S.-led system. It was a remarkably ambitious project, as Allison rightly notes, but it was the culmination of, rather than a departure from, a diplomatic tradition reaching back two centuries. GIVE THEM AN INCH… The post–Cold War moment is over, and the prospect of a divided world has returned. Russia is projecting power in the Middle East and staking a claim to dominance in its “near abroad.” China is seeking primacy in the western Pacific and Southeast Asia and using its diplomatic and economic influence to draw countries around the world more tightly into its orbit. Both have developed the tools needed to coerce their neighbors and keep U.S. forces at bay. Allison is one of several analysts who have recently advanced the argument that the United States should make a virtue of necessity—that it should accept Russian and Chinese spheres of influence, encompassing some portion of eastern Europe and the western Pacific, as the price of stability and peace. The logic is twofold: first, to create a cleaner separation between contending parties by clearly marking where one’s influence ends and the other’s begins; and second, to reduce the chances of conflict by giving rising or resurgent powers a safe zone along their borders. In theory, this seems like a reasonable way of preventing competition from turning into outright conflict, especially given that countries such as Taiwan and the Baltic states lie thousands of miles from the United States but on the doorsteps of its rivals. Yet in reality, a spheres-of-influence world would bring more peril than safety. Russia’s and China’s spheres of influence would inevitably be domains of coercion and authoritarianism. Both countries are run by illiberal, autocratic regimes; their leaders see democratic values as profoundly threatening to their political survival. If Moscow and Beijing dominated their respective neighborhoods, they would naturally seek to undermine democratic governments that resist their control—as China is already doing in Taiwan and as Russia is doing in Ukraine—or that challenge, through their very existence, the legitimacy of authoritarian rule. The practical consequence of acceding to authoritarian spheres of influence would be to intensify the crisis of democracy that afflicts the world today. The United States would suffer economically, too. China, in particular, is a mercantilist power already working to turn Asian economies toward Beijing and could one day put the United States at a severe disadvantage on the world’s most economically dynamic continent. Washington should not concede a Chinese sphere of influence unless it is also willing to compromise the “Open Door” principles that have animated its statecraft for over a century. Such costs might be acceptable in exchange for peace and security. But spheres of influence during the Cold War did not prevent the Soviets from repeatedly testing American redlines in Berlin, causing high-stakes crises in which nuclear war was a real possibility. Nor did those spheres prevent the two sides from competing sharply, and sometimes violently, throughout the “Third World.” Throughout history, spheres-of-influence settlements, from the Thirty Years’ Peace between Athens and Sparta to the Peace of Amiens between the United Kingdom and Napoleonic France have often ended, sooner or later, in war

#### Advantage 2 is Developing Economies –

#### India is in crisis – the recent COVID surge is fundamentally different from that of the past.

**Khullar 21**. [(Dhruv Khullar is a contributing writer at The New Yorker, where he writes primarily about medicine, health care, and politics. He is also a practicing physician and an assistant professor at Weill Cornell Medical College) “India’s Crisis Marks a New Phase in the Pandemic,” The New Yorker, May 13, 2021. https://www.newyorker.com/science/medical- dispatch/indias-crisis-marks-a-new-phase-in-the-pandemic] TDI // RCT LH

Laxminarayan’s walks have changed in recent weeks. **Coronavirus deaths in India have skyrocketed**, and a **frightening atmosphere** has descended. New Delhi is roughly as dense as New York City, with some thirty thousand residents per square mile. But now Laxminarayan passes just a few scattered people; almost everyone stays inside if they can, venturing out only in search of food, medication, or medical care. Before the surge, mask-wearing had declined, but now everyone’s face is covered again. “You need public-health enforcement when the pandemic is invisible,” Laxminarayan told me. “Now fear is the dominant force changing people’s behavior.” Government statistics indicate that the virus is **newly infecting millions** of Indians each week, and that some twenty thousand or thirty thousand people are dying weekly. But most experts, including Laxminarayan, believe that those numbers **capture a fraction** of the true covid-19 toll. “It’s a **war zone**,” Laxminarayan said. “It’s worse than what you’re reading in the papers or seeing on TV. Whatever the numbers are, they don’t t ell the full story. The human toll is devastating.” The current surge differs fundamentallyfrom India’s experience last year. “This is truly a national wave,” Laxminarayan said. “It’s not urban. It’s not rural. It’s not north or south. It’s everywhere.” He went on, “During the first wave, the poor suffered the bulk of the health and economic toll. Now everyone is affected. I personally don’t know a single family that doesn’t have covid in it right now. I don’t mean in their extended family. I mean in their nuclear family.” In late April, after his dentist’s parents both died and after a colleague fell ill and couldn’t get oxygen, Laxminarayan decided to shift from covid research to covid relief. He and his team at C.D.D.E.P. decided to focus on India’s oxygen-supply problem, which has fundamentally limited the nation’s hospital capacity. They launched an initiative called OxygenForIndia, raising eight and a half million dollars in two weeks; with the help of corporate partners, among them Verizon Media, Logitech, and UiPath, they have secured more than two thousand oxygen concentrators—portable devices that remove nitrogen from the air to produce purified oxygen—and thirty thousand cylinders to store gaseous oxygen. By some estimates, those cylinder donations add up to more gaseous oxygen than India has received through foreign aid to date. “Right now, no one wants to leave a hospital bed they’re in,” Laxminarayan said. “It’s the only place they know perhaps they can get oxygen. We want to assure people they will have oxygen at home, so that hospital capacity is freed up for the sickest patients.” Laxminarayan thinks that bolstering critical-care capacity is a long-term proposition—“You can’t make doctors and nurses overnight”—and that India is better served today by making more efficient use of its existing infrastructure. OxygenForIndia has already started delivering oxygen to people’s homes, but the organization’s larger goal is to partner with hospitals in urban areas: Delhi, Bangalore, and Kolkata, among others. Doctors, along with algorithms, will triage patients upon presentation or as they improve before discharge. Those deemed safe to go home with supportive oxygen will be given a Q.R. code to be scanned at a nearby warehouse, where they can collect an oxygen cylinder or concentrator to keep as long as they need. (Cylinders must be refilled at the warehouse each day; concentrators can be used continuously at home.) “I’m hoping this is a scalable model that can be used by other countries when they face their big covid wave,” Laxminarayan said. “Because there’s no reason to believe they won’t.” The air around us, which contains twenty-one-per-cent oxygen, must be concentrated and purified to produce the medical-grade gas that people need when the coronavirus besieges their lungs. The most efficient way to accomplish this—the default in wealthy countries—is for factories to produce liquid oxygen, which tanker trucks then deliver to hospitals, where it can be stored in large containers and then piped into patients’ rooms. Many hospitals in poor countries, however, aren’t equipped to store liquid oxygen, and must rely on an external supply. If a hospital is in a remote location, this can be a serious logistical challenge. Another option is to install on-site plants that extract oxygen from the air. These systems, which use a technology known as pressure swing adsorption, or P.S.A., are expensive, and require maintenance. In October, the Indian government announced plans to build a hundred and sixty-two such plants around the country; thus far, thirty-three have been installed. Laxminarayan’s organization also hopes to create dozens of oxygen-generation plants at Indian hospitals. For now, many hospitals rely on simpler, decentralized technology, which comes with disadvantages: the gaseous oxygen contained in cylinders can cost ten times as much as its liquid equivalent, and oxygen concentrators are usually intended for only one or a few patients at a time. Whatever the process, it’s clear that too many Indians are going without the oxygen they need. Since this February, India’s oxygen requirements have increased fifteenfold; it now needs nearly three times as much medical-grade oxygen as it did during the height of its first wave. Some hospitals have run out of oxygen, and others are on the precipice. Hospitals won’t admit patients whom they can’t treat; many Indians therefore suffer a suffocating illness at home. The government is doing what it can: granting oxygen-transport vehicles an ambulance-like status on roads; leveraging the national railway service to move tankers around the country; enlisting the air force to transport empty containers back to factories to be refilled. On Wednesday, India’s Supreme Court ordered the federal government to present a more comprehensive plan to meet New Delhi’s oxygen needs. Meanwhile, foreign governments and international aid organizations are sending ventilators, concentrators, and cylinders. Still, each day brings fresh reports of people dying because they can’t get oxygen. (The shortage is likely to spread: globally, the deficit of medical oxygen—the gap between what’s needed and what’s being produced—has tripled in recent months, in part owing to the unmet need in India but also because of growing demand in South America and the Middle East.) Technically, Indians have access to universal health coverage: the country’s constitution guarantees everyone a “right to life,” and people can receive care at government facilities free of charge. But, over decades, low levels of public financing have led to poor quality and severe staff and supply shortages. India’s federal gover nment spends around one per cent of G.D.P. on health care—far less than most large economies. Moreover, states share responsibility with the federal government for health- care delivery, and that has resulted in a large variation in funding and quality. Many Indians therefore opt to pay for private health care, if they can afford it, and the private sector now provides most care in India, even though commercial health insurance is available to only a fraction of the population and out-of-pocket costs can be devastating. In 2018, the central government launched a major effort aimed at insuring that low-income people could receive care at private facilities. But relatively few Indians have a regular place of care where they can receive ongoing management of their medical conditions or outpatient testing and treatment for covid-19. The coronavirus has **severely strained India’s critical-care capacity**, which was lacking even before the pandemic: during normal times, the country has around fifteen per cent of the critical-care specialists it needs. More generally, India has nine doctors for every ten thousand people—about half the global average, and only a third as many as the U.S. There’s also the issue of maldistribution: two-thirds of India’s population lives in rural areas, where only twenty per cent of the nation’s doctors work. (Shortages of nurses and other clinicians can be even worse.) VIDEO FROM THE NEW YORKER The Pandemic Through the Eyes of a Three-Year-Old Still, India’s physician-to- patient ratio is higher than that of Bangladesh, Nepal, or any nation in sub-Saharan Africa. Many of the globe’s myriad health-care systems share the fundamental constraints that have transformed India’s second wave into a humanitarian crisis—including an oxygen-delivery infrastructure that is unable to meet the demands of a vast viral surge. Many Indians have experienced the current surge as a surprise. But the forces driving it are fundamentally familiar. “Society opened up without restraint,” K. Srinath Reddy, the president of the Public Health Foundation of India and the former chair of cardiology at the All India Institute of Medical Sciences, told me. “It was widely perceived that the pandemic is be hind us, that we are unlikely to have a second wave. We didn’t just return to 2019—we entered 2021 with an extra degree of exuberance.” Politicians encouraged people to gather at massive rallies; cricket stadiums filled with fans; malls opened to shoppers and weddings welcomed guests. The government sanctioned the Kumbh Mela, a Hindu religious festival, and millions of people made the pilgrimage to Haridwar, in the northern state of Uttarakhand, to wash in the River Ganges. The festival started on April 1st and continued for nearly three weeks before the coronavirus toll became unbearable and undeniable. Afterward, people carried the virus back to far-flung cities and villages. “The euphoria of putting the pandemic behind us was a widely prevalent emotion, and it suited everyone,” Reddy said. “Industry wanted to get back to full production. Small traders wanted to get back to business. Ordinary citizens wanted to get back to their lives.” Many countries have engaged in wishful thinking during the pandemic; all have struggled to fight the virus while avoiding economic collapse. The Indian experience speaks specifically to the problem of endurance, and raises the question of how long low- and middle-income countries can maintain pandemic protocols absent a clear time line for widespread vaccination. The U.S. and much of Europe have navigated the pandemic while looking forward to early and reliable access to vaccines; if we didn’t have a firm end date, we at least knew that an end was approaching. Under such conditions, politicians and the public can examine, debate, and accept the costs of restrictions. But that calculus is harder, perhaps impossible, without some assurance that pandemic life is temporary. ADVERTISEMENT The global vaccination effort has faltered, with poor countries receiving a fraction of the vaccines they had expected. covax, the world’s primary initiative to promote vaccine equity, had planned to deliver two billion doses in 2021; so far, it’s sent out about fifty million. Less than half of one per cent of all covid-19 vaccines have been administered in poor nations. “We’re now in this very strange situation where we’re talking about fourteen-year-olds in America getting vaccinated, while older people around the world remain vulnerable and entire countries are devastated,” Ashish Jha, the dean of Brown’s public-health school, told me. “It’s a moral issue, but it’s also an epidemiological one. We’re placing everyone at risk when we let the virus run rampant. It creates a huge substrate for new variants. We need to quadruple our efforts to get the world vaccinated**.** That has to be the No. 1 priority for the Biden Administration going forward.” The U.S. has committed four billion dollars to covax, which still faces a funding shortfall of tens of billions of dollars. Last week, the Biden Administration also announced its support for waiving intellectual-property protections for covid-19 vaccines. The proposed waiver—it must be approved by the World Trade Organization—has been **hailed by many public-health practitioners**; the director-general of the W.H.O., Tedros Adhanom Ghebreyesus, called Biden’s support for the proposal “a monumental moment” in the fight against the pandemic. But others have sounded a cautionary note, raising the possibility that the spectre of patent waivers will disincentivize companies from investing in vaccine and drug development in the future. “I wonder whether we want to send potential firms the message that the larger the health crisis, the less we will respect and protect your I.P.,” Craig Garthwaite, a professor at Northwestern University, tweeted, after the Biden Administration’s announcement. “That’s a great system if you think this is the last pandemic we’ll face.”

#### That causes Indo-Pak conflict escalation.

**Somos 20**. [Christy Somos is a CTVNews.ca Writer) “COVID-19 has escalated armed conflict in India, Pakistan, Iraq, Libya and the Philippines, study finds,” CTV News, December 17, 2020. https://www.ctvnews.ca/world/covid-19-has-escalated-armed-conflict-in-india-pakistan-iraq- libya-and-the-philippines-study-finds-1.5236738] TDI // RCT LH

INDIA India saw a rise in armed conflict during the study period, with violent clashes in the Kashmir region between Kashmiri separatists facing off against the Indian military, as well as **conflicts between Pakistan and India.** “So what mostly drove the increase in conflict intensity...were basically due to two factors,” Ide said. “The first being that there is some evidence that Pakistan sponsors or supports these insurgents in Kashmir, to encourage them to increase their attacks [on Indian forces] because they perceived them to be weak and struggling with the pandemic.” The second factor, Ide explained, was that while Indian government enacted a “pretty comprehensive lockdown in Kashmir, and sealing it way from international media attention...**launched more intense counter-insurgency efforts** and...crack[ed] down on any pro-Pakistani sympathy expressions.” IRAQ Iraq had an increase in armed conflict, but Ide noted that the overall intensity did not change that much – a “very slight upward trend” in scale that was not linear. What did increase were attacks by ISIS in April, May, and June. “The Iraqi government was really in trouble,” he said. “They had enormous economic loss, they had to go head- to-head and use troops and funds to combat the pandemic – the international coalition supporting the government partially withdrew troops or stopped their activities.” “The Iraqi government was really in a position of weakness.” Ide said the Islamic State exploited the pandemic and the thin resources at hand to the government to expand territorial control, conquer new areas and to stage more attacks. LIBYA The civil war in Libya between the Government of National Accord’s (GNA) forces and the Libyan National Army escalated during the study period, after a ceasefire brokered in January was broken, Ide said. “As soon as international attention shifted to the pandemic...they really escalated the conflict, tried to make gains while hoping the other side is weakened because of the pandemic, hoping to score an easy military victory” Ide said. “It didn’t happen.” The UN Security Council noted in a May report that the pandemic was bolstering the 15-month conflict, citing the history of more than 850 broken ceasefire agreements and “a tide of civilian deaths” on top of a worsening outbreak. PAKISTAN The ongoing conflict with **India saw a rise in armed conflict in Pakistan** during the study period – which were unrelated to the pandemic, but also a rise in Taliban- affiliated groups and anti-government sentiments due to pandemic restrictions, Ide said. “There were a lot of anti-government grievances,” Ide said. “There were restrictions on religious gatherings, which religious groups did not like, and there were some negative **economic impacts which affected the local people**.” Ide said those two factors could have been exploited by the Taliban in a quest to recruit more followers. Later in the study period, a swath Pakistani government officials were struck with COVID-19, leaving the country with a leadership crisis, which saw an increase of attacks by Taliban groups in May.

#### This leads to extinction **Roblin 21** [(Sébastien Roblin holds a master’s degree in Conflict Resolution from Georgetown University and served as a university instructor for the Peace Corps in China, "If the Next India- Pakistan War Goes Nuclear, It Will Destroy the World," The National Interest, March 26, 2021. https://nationalinterest.org/blog/reboot/if-next-india-pakistan-war-goes-nuclear-it-will-destroy- world-181134] TDI // RCT LH

Here's What You Need to Remember: India and Pakistan account for over one-fifth **world’s population**, and therefore a significant **share of economic** activity. Should their major cities become irradiated ruins with their populations decimated, a tremendous disruptionwould surely result. Between February 26 and 27 in 2019, Indian and Pakistani warplanes **launched strikes** on each other’s territory and engaged in **aerial combat** for the first time since 1971. Pakistan ominously hinted it was convening its National Command Authority, the institution which can authorize **a nuclear strike**. The two states, which have retained an **adversarial relationship** since their founding in 1947, between them deploy nuclear warheadsthat can be delivered by land, air and sea. However, those weapons are inferior in number and yield to the thousands of nuclear weapons possessed by Russia and the United States, which include megaton-class weapons that can wipe out a metropolis in a single blast. Some commenters have callously suggested that means a “limited regional nuclear war” would remain an Indian and Pakistani problem. People find it difficult to assess the risk of rare but catastrophic events; after all, a full-scale nuclear war has never occurred before, though it has come close to happening. Such assessments are not only shockingly callous but shortsighted. In fact, **several studies** have modeled the global impact of a “limited” **ten-day nuclear war** in which India and Pakistan each exchange fifty 15-kiloton nuclear bombs equivalent in yield to the Little Boy uranium bomb dropped on Hiroshima. Their findings concluded that spillover would in no way be “limited,” directly impacting people across the globethat would struggle to locate Kashmir on a map. And those results are merely a conservative baseline, as India and Pakistan are estimated to possess over 260 warheads. Some likely have yields exceeding 15-kilotons, which is relatively small compared to modern strategic warheads.

#### Casualties

Recurring terrorist attacks by Pakistan-sponsored militant groups over the status of India’s Muslim- majority Jammu and Kashmir state have repeatedly led to threats of a conventional military retaliationby New Delhi. Pakistan, in turn, maintains it may use **nuclear weapons** as a **first-strike weapon** to **counter- balance** India’s superior conventional forces. Triggers could involve the **destruction** of a large part of Pakistan’s military or **penetration** by Indian forces deep into Pakistani **territory**. Islamabad also claims it might authorize a strike in event of a damaging Indian blockade or political destabilizationinstigated by India. India’s official policy is that it will never be first to strike with nuclear weapons—but that once any **nukes** are used against it, New Dehli will unleash an all-out retaliation. The Little Boy bomb alone killed around 100,000 Japanese—between 30 to 40 percent of Hiroshima’s population—and destroyed 69 percent of the buildings in the city. But Pakistan and India host some of the most populous and densely populated cities on the planet, with population densities of Calcutta, Karachi and Mumbai at or exceeding 65,000 people per square mile. Thus, even low-yield bombs could cause **tremendous casualties**. A 2014 study estimates that the immediate effects of the bombs—the fireball, over-pressure wave, radiation burns etc.—would kill twenty million people. An earlier study estimated a hundred 15-kiloton nuclear detonations could kill twenty-six million in India and eighteen million in Pakistan—and concluded that escalating to using 100-kiloton warheads, which have greater blast radius and overpressure waves that can shatter hardened structures, would multiply **death tolls four-fold**. Moreover, these projected body counts omit the **secondary effects** of nuclear blasts. Many survivors of the initial explosion would suffer slow, lingering deaths due to radiation exposure. The collapse of healthcare, transport, sanitation, water and economic infrastructure would also claim many more lives. A nuclear blast could also trigger a **deadly firestorm**. For instance, a firestorm caused by the U.S. napalm bombing of Tokyo in March 1945 killed more people than the Fat Man bomb killed in Nagasaki.

## **Thus the plan: The member nations of the World Trade Organization ought to reduce Intellectual property protections for medicine.**

### **Framing**

#### **Moen 16** [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281] SJDI // RCT by JPark

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that pleasure is intrinsically valuable and pain is intrinsically disvaluable. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues. This inclusion makes intuitive sense, moreover, for there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels, and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative.2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values. If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable. You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good.3 As Aristotle observes: “We never ask [a man] what his end is in being pleased, because we assume that pleasure is choice worthy in itself.”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that pleasure and pain are both places where we reach the end of the line in matters of value.

#### 1] Util is a lexical pre-requisite to any other framework: Threats to bodily security and life preclude the ability for moral actors to effectively utilize and act upon other moral theories since they are in a constant state of crisis that inhibit the ideal moral conditions which other theories presuppose – so, util comes first and my offense outweighs theirs under their own framework.

#### 2] actor-specificity: side constraints freeze action because government policies always require trade-offs—the only justifiable way to resolve those conflicts is by benefiting everyone. Actor-specificity comes first because different agents have different ethical obligations.

#### 3] No intent-foresight distinction—if we foresee a consequence, then it becomes part of our deliberation which makes it intrinsic to our action since we intend it to happen.

#### 4] Only consequentialism explains degrees of wrongness—if I break a promise to meet up for lunch, that is not as bad as breaking a promise to take a dying person to the hospital. Only the consequences explain why the second one is much worse than the first.

#### 5] Reversibility- we can’t improve society if we are all dead – it can’t be reversed (sequence of timeframe and magnitude)

#### 6] Suffering- death causes suffering when people can’t get access to basic resources and necessities

#### IP serves as barriers to mass production to key parts of solving diseases – only the aff solves

WTO 1/15 [World Trade Organization. “WAIVER FROM CERTAIN PROVISIONS OF THE TRIPS AGREEMENT FOR THE PREVENTION, CONTAINMENT AND TREATMENT OF COVID-19 – RESPONSES TO QUESTIONS”. Council for Trade-Related Aspects of Intellectual Property Rights. 15 January 2021. Accessed 8/2/21. <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W672.pdf&Open=True> //duongie]

36. Cases involving potential intellectual property infringements emerged early on in the pandemic revealing the complex legal implications of producing copies of life-saving medical products or parts thereof as well as impact on access. Therapeutics 37. A number of therapeutics are under investigation. Some of the therapeutics are presently off-patent but as its use is explored for COVID-19 treatment, the filing of new patent applications extending to secondary uses of these therapeutics can be expected. Several other therapeutics under examination are patented in multiple jurisdictions. Attached please refer to a selected patent landscape of priority therapeutics. Some of the candidate have patents filed and/or granted in nearly 50 developing and least developed countries. 38. The case of Remdesivir best sums up the how patents can block access to therapeutics. The primary patent on the base compound of Remdesivir has been granted to Gilead in more than 70 low-and middle-income countries, hence potentially blocking access to generic alternatives until 2031. Civil society called for non-enforcement of Gilead's patents, but this call went unheeded. Instead Gilead signed secretive voluntary licenses with a few generic manufacturers of its choosing to supply countries as determined by Gilead. As a result, other manufacturers in countries with patents were excluded from manufacturing and nearly half of the world's population were prevented from being supplied by the licensee and hence denied from accessing more affordable generics. While more recently WHO has declared Remdesivir to be ineffective in the treatment of COVID-19 , this case study is a striking example of inequities that will replay should the international community fail to take steps to address intellectual property barriers. Such inadequacy of supply also allowed Gilead to bid up the price of the treatment for those countries that were excluded from a voluntary license agreement, and to use the lack of supply to persuade some countries, such as the 27 Member States of the European Union, to spend more than one billion euros on the drug even though the WHO was about to disclose that through its own trials the drug was not effective. 39. In therapeutics, monoclonal antibodies (mAbs) holds promise for curbing COVID-19. Many mAbs are currently in development for treatment and prevention of COVID-19. Even prior to the spread of COVID-19, access to mAbs was highly unbalanced, with Europe, US and Canada accounting for 80% of global sales. Prices also remain prohibitively expensive. 40. Many of the monoclonal antibody candidate therapeutics such as tocilizumab, sarilumab, bevacizumab are under patent protection in many developing countries. Secondary patents on new uses or formulations of an existing mAb product could further strengthen the patent holder's market monopoly, also the primary reason for delayed introduction of biosimilars in some markets including in the US. 41. Disparity in access is certain unless concrete steps are taken to address intellectual property barriers. Competition to lock up existing capacity is already intense. For instance, it is reported that Regeneron signed a USD 450 million deal in July to sell to the US enough doses of its antibody treatment, REGN-COV2, to treat around 300,000 people. Similarly Eli Lily has announced an IP/C/W/672 - 8 - agreement with the U.S. government for USD 375 million to supply 300,000 vials of bamlanivimab (LY-CoV555) 700 mg, an investigational neutralizing antibody, granted an Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA). Diagnostics 42. In March 2020, it came to light that Netherlands was not able to do mass testing for COVID-19 as most Dutch testing laboratories work with Roche equipment and depend on Roche for supplies of the liquid buffer needed to run the tests, and there was a shortage of this buffer. Initially, Roche refused to provide the recipe for the buffer. With the recipe, labs would be able to quickly make their own solution and ramp up their testing capability. Eventually however as public pressure mounted and the European Commission considered investigating Roche for possible abuse of its market position, Roche agreed to release the recipe to the Dutch authorities. 43. Shortages of testing materials in developing countries have also been widely reported as most supplies are destined for the US or Europe. In May 2020, South Africa, my home country, faced similar challenges as its diagnostic infrastructure also depends on the use of proprietary test materials – including reagents, consumables and cartridges. A virologist with the South African National Health Laboratory Service explained "that commercial diagnostic manufacturers develop their own tests, containing proprietary reagents and unique consumables and packing. As a result, the tests cannot be interchanged between different diagnostic systems" adding that "even we don't know what is in the proprietary reagents", as the specific formulations are protected as trade secrets". This situation prevents laboratories from making their own test materials or procuring test materials from sources other than the diagnostic machine's manufacturer. 44. MSF in its analysis has found that "major diagnostics companies hold a considerable number of patents, often bundled into thickets for various instrumentation, assays, methods and software, related to different aspects of the technologies, methodologies and devices", concluding that "the overall business model for diagnostics results in multiple dominant closed diagnostics systems (since each major diagnostics company develops both the device and the consumable parts – for example the reagent kits or reagent-loaded integrated cartridges – specifically tailored to that device), making competition extremely difficult. The high cost and burden of switching between systems results in a "locked-in" effect for end users since they have no choice but to buy both the device and the assays from the same company". 45. Testing is a crucial aspect of containing the spread of COVID-19 especially in the absence of effective therapeutics and vaccines, and some countries are now moving to a model of mass testing of the entire population, either at once or on a regular basis, as a route out of the pandemic. 46. And yet, the disparity in testing between developed country Members and other countries is vast. As of 11th November, reported tests for everyone million population, was approximately 342000 in developed countries, 81000 in developing countries and 9700 in LDCs. In other words, high income countries are testing its population at nearly 35 times the rate of the world's poorest countries. When new tests come onto the market, only a few countries rapidly purchase all of the existing supply or put forward large sums of capital to claim all supply. More supply is needed, and such supply requires multiple manufacturers unhindered by any barriers to production. Intellectual property has proven to be a barrier in the scaling up of testing for COVID-19. Existing manufacturers are unable to keep up the needed global supply, hence negatively impacting a country's ability to screen samples for COVID-19 – an essential part of controlling the pandemic. Vaccines 47. 45 vaccine candidates are in human trial, while about ten are in or entering phase III trials. The candidate vaccines are of various types – virus vaccines using live attenuated virus, viral vector vaccines, protein- based vaccines, and nucleic acid or RNA and DNA vaccines, which are completely new platforms. 48. The effects of patents in hindering the introduction of affordable vaccines in developing countries have been published by MSF. While the focus is on pneumococcal conjugate vaccines (PCV) and the human papillomavirus (HPV) vaccine, the paper reveals the expansive patent claims applied for or granted across the entire spectrum of vaccine development, production and use including on IP/C/W/672 - 9 - vaccine-production materials such as chemical reagents, host cells, vectors, and DNA/RNA sequences; vaccine compositions; process technologies; vaccination age groups; methods of using vaccines; and vaccine schedules and presentations. These patents increased uncertainty, costs, delayed competition, leading to high prices in developing countries and hindering access. In 2016-2017, MSF filed a patent opposition and later a writ petition to challenge Pfizer's vaccine composition patent that blocked development of alternative versions of Pfizer's PCV13 vaccine. Equivalent patent granted in South Korea, compelled a Korean vaccine developer to close their production of PCV13. The patent invalidation proceeding launched by MSF towards Pfizer remains open in India concerning PCV13. 49. A similar situation will materialise with COVID-19 vaccines unless concrete steps are taken to address the intellectual property barriers. Research already discloses many patent filings and grants such as more than 100 patents on mRNA platform technologies that are used for COVID-19 vaccines. Other Medical Products 50. In March 2020 in the Lombardy region in Northern Italy, one of the areas which was hit hardest by the pandemic an Italian hospital ran out of ventilator valves (which cost USD 11,000 each), and their regular supplier could not produce them on time. Two local engineers reverse engineered and 3D printed replacement valves for the cost of about USD 1. It is reported that the original manufacturer declined to share the blueprints and even threatened patent infringement and that potential legal implications stopped the engineers from distributing the digital design file more widely, despite receiving hundreds of requests for the 3D-printed valves". 51. Following this case, a law firm warned "[m]anufacturers should be aware of the complex intellectual property issues concerned with this 3D printing technology. Parts such as valves or other medical devices and equipment are capable of protection by patent and/or registered design. Unregistered design rights and copyright will also apply to the part itself and/or the digital model or CAD file. Some or all of these rights might apply in respect of a single component". The firm cautioned "In scanning a component such as a valve, and manufacturing a part using 3D printing equipment, there is a risk that this action will infringe an existing patent, design or copyright which protects the component, leading to an injunction or claim from the rights holder for damages or other remedies (such as delivery up of infringing parts)". Notably in In March 2020, WHO noted a shortage of ventilators around the world. 52. In another case, the Governor of Kentucky has called on multinational company 3M to release its patent for the N95 respirator — a desperately needed type of protective gear that's difficult to get during the coronavirus pandemic — so that more manufacturers can start making it. The N95 is considered top-of-the-line face protection for the professionals on the front lines of this pandemic. The Governor is reported as saying "The procurement is incredibly difficult, as is the manufacture because it's under patent. I'd like to see the people with that patent, which is 3M, provide that to the nation under a license for this period of time," adding that "I believe it's their patriotic duty, and they should put it out there so everybody else can manufacture it," he said of 3M. "That hasn't happened." Intellectual Property Disputes 53. Emerging intellectual property disputes already threaten the development and supply of COVID-19 medical products. In one dispute Regeneron and vaccine developers Pfizer and BioNTech are facing a lawsuit from Allele Biotechnology and Pharmaceuticals alleging that their coronavirus products were developed using Allele's mNeonGreen fluorescent protein without the company's permission.