## Longer/Circuit Version

**My value is morality because the use of the word ought the resolution implies moral obligation**

#### Governments and agents can only evaluate generalities

**Goodin 90.** Robert Goodin 90, [professor of philosophy at the Australian National University college of arts and social sciences], “The Utilitarian Response,” pgs 141-142 //RS

My larger argument turns on the proposition that there is something special about the situation of public officials that makes utilitarianism more probable for them than private individuals. Before proceeding with the large argument, I must therefore say what it is that makes it so special about public officials and their situations that make it both more necessary and more desirable for them to adopt a more credible form of utilitarianism. Consider, first, the argument from necessity. Public officials are obliged to make their choices under uncertainty, and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, private individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. Public officials, in contrast, are relatively poorly informed as to the effects that their choices will have on individuals, one by one. What they typically do know are generalities: averages and aggregates. They know what will happen most often to most people as a result of their various possible choices, but that is all. That is enough to allow public policy-makers to use the utilitarian calculus – assuming they want to use it at all – to choose general rules or conduct.

#### Any plausible moral theory must prioritize extinction

**Pummer 15** [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015]

**There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now**, whatever general moral view we adopt**: that it is very important to reduce the risk that all intelligent beings on this planet is eliminated by an enormous catastrophe, such as a nuclear war.** How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that **we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world.** According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. **Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here.** If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future people that reducing existential risk is arguably the most important thing in the worl**d, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people.** Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, **this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But that is a huge mistake.** **Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter.** Even John Rawls wrote, “**All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.**” **Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view.** **They’d thus imply very strong reasons to reduce existential risk**, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. **Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk.** It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). **To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being.** To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – **suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being**, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But **once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk.** Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. **We should also take into account moral uncertainty.** **What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts?** I’ve just argued that **there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree.** But **even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one** (and 10% sure that one of these other ones is correct), **they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk.** Perhaps most disturbingly still, **even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world.** Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. **It is enough for my claim that there is moral agreement in the relevant sense if**, at least given certain empirical claims about what future lives would most likely be like, **all minimally plausible moral views would converge on this conclusion that we should try to save the world.** While there are some non-crazy **views that place significantly greater moral weight on avoiding suffering than on promoting happiness**, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless **seem to be fairly implausible views.** And **even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living and that things will continue to improve.** Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. **Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast.** We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. **If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period.** Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. **Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.**”(From chapter 36 of On What Matters)

#### Thus, the standard is maximizing expected well being.

#### Prefer:

#### 1] Actor specificity:

#### A – governments have to aggregate since collective actions necessarily benefit some

#### people while hurting others either due to resource tradeoffs or scope of effect,

#### deontic side constraints freeze action.

#### 2] 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 inhibits the ideal moral

#### conditions which other theories presuppose.

#### 3] Parameters –

#### A. Reciprocity – non-utilitarian frameworks can’t be turned because they’re intent

#### based or procedural – only util has equal offense and allows for rigorous testing which

#### O/W’s because that the constitutive purpose of debate

#### B. Ground: we both have equal ground under util whereas more ethical fw’s flow one

#### way or the other

#### C. Clash: Util debates have more substantive clash about the topic in all of it’s aspects

#### encourages people not to just go all in for fw and win.

### Link – TRIPS

#### Countries will violate WTO mandate – countries are already violating their TRIPS obligations

Eccleston-Turner and Rourke 21 (Mark Eccleston-Turner, Lecturer of Global Health Law, Keele University, Michelle Rourke, CSIRO Synthetic Biology Future Science Fellow, Griffith University, Australia, May 27, 2021, “The TRIPS Waiver is Necessary, but it Alone is not Enough to Solve Equitable Access to COVID-19 Vaccines” <https://www.asil.org/insights/volume/25/issue/9>) [Twinz]

The TRIPS Agreement recognizes the importance of technology transfer through its Objectives,[17] and Article 66.2 of TRIPS states that "developed country Members shall provide incentives to enterprises and institutions in their territories for the purpose of promoting and encouraging technology transfer to least-developed country Members in order to enable them to create a sound and viable technological base."[18] The WHO has set up a mRNA technology transfer hub to provide a mechanism to facilitate the sharing of know-how related to manufacturing mRNA vaccines, but none of the technology holders have thus far engaged with the hub.[19] This is reflective of wider efforts by the WHO to facilitate the transfer of technology from established vaccine manufacturers to new manufacturers in developing countries. In recent history this was most notably attempted through the WHO's Pandemic Influenza Preparedness Framework (PIP Framework),[20] where the WHO has attempted to use multilateral access and benefit-sharing arrangements to negotiate the sharing of technology in the field of pandemic vaccine manufacturing. To this end, pandemic influenza vaccine manufacturers who wish to receive influenza virus samples from the WHO's network of specialized laboratories must sign a contract with the WHO called a Standard Material Transfer Agreement, committing to at least two of the following options: A1. Donate at least 10% of real time pandemic vaccine production to WHO. A2. Reserve at least 10% of real time pandemic vaccine production at affordable prices to WHO. A3. Donate at least X treatment courses of needed antiviral medicine for the pandemic to WHO. A4. Reserve at least X treatment courses of needed antiviral medicine for the pandemic at affordable prices. A5. Grant to manufacturers in developing countries licenses on mutually agreed terms that should be fair and reasonable including in respect of affordable royalties, taking into account development levels in the country of end use of the products, on technology, know-how, products and processes for which it holds IPR for the production of (i) influenza vaccines, (ii) adjuvants, (iii) antivirals and/or (iv) diagnostics. A6. Grant royalty-free licenses to manufacturers in developing countries or grant to WHO royalty-free, non-exclusive licenses on IPR, which can be sublicensed, for the production of pandemic influenza vaccines, adjuvants, antivirals products and diagnostics needed in a pandemic. WHO may sublicense these licenses to manufacturers in developing countries on appropriate terms and conditions and in accordance with sound public health principles.[21] Most notably absent from contracts concluded under the PIP Framework to date is any commitments from manufacturers regarding transfer of technology. This is despite the fact that the importance of technology transfer for pandemic preparedness and procurement was stressed in the reports of the PIP Framework's Advisory Group and the WHO Director-General during negotiations of the PIP Framework.[22] It is clear, therefore, that developed country Members of the WTO need to provide a strong commitment to share know-how and/or provide economic incentives to pharmaceutical companies based within their territories to actively engage in transfer of technology for COVID-19 vaccines. Doing so would satisfy their Article 66 TRIPS obligations and demonstrate a clear commitment to fair and equitable vaccine access for LMICs. A significant amount of the research and development funding for COVID-19 vaccines was paid for with public monies—either directly by developed country governments, or through public initiatives such as COVAX.[23] This fact alone highlights the limitations of arguments that the TRIPS waiver and associated measures would destroy free-market incentives for R&D investment. Yet, it appears no government, while agreeing to heavily subsidize the COVID-19 vaccine R&D, sought to negotiate IP ownership, or impose obligations on manufacturers receiving this funding to actively engage in transfer of technology to other manufacturers in order to expand any future manufacturing base.

### Link – Waivers

#### There’s no binding mechanism – countries will either delay or ignore the WTO mandate – waivers prove

Sauer 21 (Hans Sauer is Deputy General Counsel and Vice President for Intellectual Property for the Biotechnology Innovation Organization (BIO), April 19, 2021, “Waiving IP Rights During Times of COVID: A ‘False Good Idea’” <https://www.ipwatchdog.com/2021/04/19/waiving-ip-rights-during-times-of-covid-a-false-good-idea/id=132399/>) [Twinz]

It should be clear from the foregoing that there are many practical problems with this proposal: Even if it were to pass out of the WTO, the waiver would still have to be implemented under the national laws of the WTO member countries. No explanation has been provided as to how up to 164 countries would be expected to quickly amend multiple statutes in their legal codes, or which form these amendments would take. Curiously, close to half of the waiver-supporting countries are already exempt from TRIPS anyway, and are effectively demanding to be free of rules that don’t apply to them.The most likely result of the proposed waiver would be a chaotic global patchwork of national laws that would linger at various stages of national implementation for years after the end of the pandemic.

### Impact – WTO trade

#### Violations kill WTO legitimacy – that’s key to trade and the economy

Jones 19 (Kent Jones is a professor of economics at Babson College, Jan. 29, 2019, “Is This the End of the WTO as We Know It?” <https://www.barrons.com/articles/the-world-trade-organization-is-weakening-and-thats-not-good-51548770447>) [Twinz]

American attempts to subvert the WTO have opened the door for other nations to do the same, potentially undermining the entire global trading system. The U.S.’s reinterpretation of article XXI is so broad that any WTO member could use the precedent to apply protectionist tariffs for any domestic industry it chooses. The use of VERs and repudiation of the WTO’s dispute arbitration process encourages other nations to reject WTO norms and rules. The WTO is based on the principles of international cooperation, consensus, non-discrimination, jointly enforced rules, and the peaceful resolution of disputes. It’s a system in which countries voluntarily submit to mutually enforced rules. These rules prevent, in principle, a single member from bullying or discriminating against other members, and also prevent a member from taking unilateral actions against another country in a trade dispute. All of these concepts are anathema to those who implement a trade policy of harsh zero-sum bargaining, in which a country’s trade balance is treated as a kind of profit-and-loss statement. Such views cannot be reconciled with a WTO system that sets out to expand trade for the benefit of all parties. Will the WTO system survive or will it suffer death by a thousand cuts? It is quite possible that the WTO may be so destabilized that the world economy devolves into a set of competing American, European, and Asian mega-regional trade blocs, along the lines of current regional supply-chain arrangements. Tariffs would rise and trade and investment between the regions, and for the world as a whole, would fall. Unbound by any WTO constraints, countries would be free to negotiate or impose new tariffs on imports from their trading partners who could, in turn, respond with higher tariffs on their trading partners. At the same time, the use of VERs may continue to grow as a way for countries to save face in a tariff war showdown, resulting in a managed trading system based on discriminatory quotas, less competition, and higher prices. The global trading system is certainly in need of updating and reform, but there is nothing in its underlying principles that deserves to be dynamited in this manner. The international economy has become so dependent on the WTO order that there’s no way to pull the rug out without completely destabilizing the system. (For a smaller example of this in action, look no further than the U.K., whose cavalier decision to quit the E.U. has thrown the government into a state of paralysis and the bloc into a state of uncertainty.) The WTO allows economic actors to make plans within a predictable, rules-based system. Replace that with chaos, and markets, businesses, investors, and consumers will suffer. Ultimately, any war on the WTO is a war on the mutual gains from trade, the peaceful settlement of disputes, and the stability that leads to international investment and growth.

# Substandard Drugs DA

#### Brink: 10% of all drugs in developing countries are substandard; Breman 19

Breman, Joel (C. Dr. Breman was educated at the University of California, Los Angeles; Keck School of Medicine, University of Southern California (USC); and the London School of Hygiene and Tropical Medicine. He trained in internal medicine at the USC-Los Angeles County Medical Center, infectious diseases at the Channing Laboratory, Harvard Medical School, and epidemiology at CDC. He is Senior Scientist Emeritus, NIH and President-Elect, the American Society of Tropical Medicine and Hygiene. Dr. Breman worked on smallpox eradication, measles control, and disease surveillance as a CDC assignee to Guinea, Burkina Faso (Upper Volta), and WHO, Geneva. Following the eradication of smallpox, Breman returned to CDC where he worked on malaria treatment, epidemiology and control in Africa. In 1995, he followed his wife, an environmental lawyer, to Washington, DC, to become Director, Program in Emerging Infectious Diseases, Fogarty International Center, NIH.)**. “**It's time to stop murder by counterfeit medicine.” *STAT*, 2019, May 7,  <https://www.statnews.com/2019/05/07/stopping-murder-counterfeit-medicine/> Accessed 30 Aug. 2021.

**Each year, more than 250,000 children with malaria and pneumonia, common illnesses in poor countries, do not survive after treatment with fake and substandard drugs.** While poor quality drugs targeting older individuals are also entering global markets, the World Health Organization says “it is very difficult to quantify [their] impact.” Such useless or harmful drugs once went by the confusing designation “substandard/spurious/falsely labeled/falsified/counterfeit medical products.” A recent move by the WHO aims to simplify this by separating them into three categories: falsified medical products deliberately misrepresent their identity and are distributed with criminal intent substandard medical products fail to meet quality standards unregistered or unlicensed medical products have not been assessed or approved **According to the WHO, 1 in 10 medical products in developing countries is falsified or substandard. The personal and public health tolls are huge, as is the economic burden — up to $200 billion annually.** **Poor-quality antimicrobials are most often found in low-income countries.** In addition to failing to treat infection, **they also contribute to the evolution of antimicrobial resistance, which British researchers have estimated could kill up to 10 million people a year by 2050.** But counterfeit medications in virtually every therapeutic class, from blood pressure pills to treatments for cancer and vaccines, are made and distributed by unscrupulous criminals. **In countries with poor pharmaceutical control systems, such drugs can be made in illicit facilities inside or outside the country and enter the supply stream because no FDA-like system exists for inspection or approval. Expensive analytic equipment generally isn’t available, while simple, accurate, and inexpensive testing systems for use in the field, at pharmacies, and at the point of care remain out of reach in virtually all poor countries. To make matters worse, many countries do not have laws to define and enforce regulations addressing crimes related to counterfeit or substandard medicines, nor do the have well-defined judicial actions once criminals are suspected or identified.**

#### Link: IP protections are a essential barrier to fight counterfeit medicine and substandard drugs; Lybecker, 16

Lybecker, Kristina M (C. Dr. Kristina M. Lybecker is an Associate Professor of Economics at Colorado College in Colorado Springs, where she is also the Associate Chair of the Department of Economics and Business and the Gerald L. Schlessman Professor of Economics. She has testified numerous times on the economics of the importation of Canadian drugs and the risks of pharmaceutical counterfeiting. Dr. Lybecker has also worked with US Food and Drug Administration, PhRMA, and the World Bank, on a variety of issues relating to the economics of innovation and international trade policies.) “Counterfeit Medicines and the Role of IP in Patient Safety.” IPWatchdog.com | Patents &amp; Patent Law, IPWatchdog, 27 June 2016, [www.ipwatchdog.com/2016/06/27/counterfeit-medicines-ip-patient-safety/id=70397/](http://www.ipwatchdog.com/2016/06/27/counterfeit-medicines-ip-patient-safety/id=70397/).

As the author of the chapter on illicit trade in counterfeit medicines within the OECD report, I worry that global policymakers may be working against each other when it comes to battling counterfeit drugs, especially in the context of intellectual property rights. While the Senate Hearing and **the OECD report highlight the importance of strong IP protection in combating the growing threat of counterfeit goods, their efforts coincide with an initiative by the UN Secretary-General that has the potential to greatly worsen the problems of counterfeit pharmaceuticals.** UN Secretary General Ban Ki Moon’s High Level Panel on Access to Medicines proposes “to review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies.”[2] **The High Level Panel is a thinly veiled attempt to undermine the intellectual property rights architecture that incentivizes pharmaceutical innovation and protects patients from counterfeit medicines.** While **patents and other forms of intellectual property rights are widely recognized as fostering pharmaceutical innovation, they also serve to inhibit** **counterfeiting. The World Health Organization has determined that counterfeiting is facilitated where “there is weak drug regulatory control and enforcement; there is a scarcity and/or erratic supply of basic medicines; there are extended, relatively unregulated markets and distribution chains, both in developing and developed country systems; price differentials create an incentive for drug diversion within and between established channels; there is lack of effective intellectual property protection; due regard is not paid to quality assurance”.**

#### Internal Link: Lack of IP floods markets with dangerous products; Mercurio, 21

Mercurio, Bryan (C.Bryan Mercurio is the Simon F.S. Li Professor of Law at the Chinese University of Hong Kong (CUHK), having served as Associate Dean (Research) from 2010-14 and again from 2017-19. Professor Mercurio specialises in international economic law (IEL), with particular expertise in the intersection between trade law and intellectual property rights, free trade agreements, trade in services, dispute settlement and increasingly international investment law.) “The IP Waiver for COVID-19: Bad Policy, Bad Precedent.” *IIC; international review of industrial property and copyright law*, 1-6. 24 Jun. 2021, doi:10.1007/s40319-021-01083-5 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223179/>

Alan Beattie, writing in the *Financial Times*, believes that even the proponents of the waiver desire this outcome: “having talked to the proponents, [the original proposal] was always a tactical position designed to start a debate, identify possible support and flush out opponents rather than a likely outcome. To that end, it seems to have worked rather well.”[19](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223179/#Fn19) India’s negotiator to the TRIPS Agreement and longtime WTO staffer, Jayashree Watal, agrees, stating the proposal is an “indirect attempt to put pressure on the original manufacturers to cooperate [and license production to companies in their countries]”.[20](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223179/#Fn20) This view makes sense, as the proponents (and their supporters) have not even pointed to one credible instance where IPRs have blocked the production of a COVID-19 vaccine. Moreover, it is well known that the **leading vaccines** using mRNA **are difficult to reproduce and having the “blueprints” does not guarantee safe and effective production.** Simply stated, if a pastry chef provides instructions on how to bake a cake, the cake they bake is still going to be better than cakes baked by novices using the exact same recipe. **The know-how** and trade secrets **are the key ingredient to the manufacture of quality, safe and effective pharmaceuticals** or vaccines, and not only is it not transferred through compulsory licenses but it is hard to imagine how any government would force the transfer of such information even under a waiver. For this reason, **instead of encouraging production everywhere – including in locations where safety and efficacy standards are virtually nonexistent – and accepting that there will be a flood of substandard vaccines coming onto the world market (with devastating effects) it is much more sensible to find out where potential manufacturing capabilities exist and find ways to exploit them and scale them up.**

#### Impact: Increased presence of substandard drugs and falsified medicines endangers public health and strengthens antimicrobial resistance; Johnston and Holt, 14

Johnston, Atholl (C. Clinical Pharmacology, Barts and The London School of Medicine and Dentistry, Queen Mary, University of London, London, UK) and David W Holt (C. Professor David Holt has more than 47 years’ experience in the measurement of drugs as a guide to therapy, and has been responsible for the development of assays used to monitor a wide variety of therapeutic agents. For over 20 years he was the Director of the Analytical Unit at St George’s, University of London, where he was also responsible for the analysis of illicit and prescription drugs for the Unit’s Forensic Toxicology Services provided to HM Coroners, pathologists and law enforcement agencies. He now advises on proficiency testing schemes for the measurement of immunosuppressive drugs, and on problems associated with substandard pharmaceuticals.

Professor Holt is a frequent speaker on a broad range of issues relating to bioanalytics and clinical toxicology. He is the author of over 400 publications in peer reviewed journals and invited contributions to books. He is a past President of the International Association of Therapeutic Drug Monitoring and Clinical Toxicology and a recipient of the Charles E Pippenger Award for Outstanding Contributions to Therapeutic Drug Monitoring.. “Substandard drugs: a potential crisis for public health.” *British journal of clinical pharmacology* vol. 78,2 (2014): 218-43. doi:10.1111/bcp.12298 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/>

The WHO defines ‘counterfeit’ drugs as ‘medicines that are deliberately and fraudulently mislabelled with respect to identity and/or source’ [[8](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b8)]. It also states that both branded and generic products may be counterfeited and that ‘counterfeit medicines may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient or too much active ingredient, or with fake packaging’. However, because of the potential misunderstanding of the term ‘counterfeit’ – which, **in the context of intellectual property, refers specifically to trademark infringement – the phrase ‘falsified medicines’ is used** by some authorities, particularly in Europe. The Commission of the European Communities defines these as ‘medicinal products which are falsified in relation to their identity, history or source. These products … usually contain sub-standard or false ingredients, or no ingredients or ingredients in the wrong dosage, including active ingredients’ [[9](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b9)].

Thus, **falsified drugs are highly likely to be of substandard quality, possibly containing no API. However, only a small proportion of substandard drugs are falsified; the rest reach the market as a result of poor manufacturing practices, inadequate quality-control processes, incorrect storage or inappropriate packaging, or a combination of these factors.** This can affect both branded and generic drugs. In many cases, **the reason why a drug product is substandard (i.e. deliberate falsification or poor manufacturing practice) is not stated or is not known.** **Whether or not a drug product is substandard because of criminal intent or because of failures in manufacturing, storage, etc. is immaterial to the patient because the impact on their health will be the same, regardless of cause** [[10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b10)]. In this article, we consider the term ‘substandard’ to apply both to legally approved but poor-quality drugs and to falsified drugs, but we focus on the former with regard to reviewing potential solutions.

**Substandard drugs pose a serious health concern from several perspectives** (Table ​(Table44 [47,48,51,52,57,59,70,95–104]). Although **falsified drugs have** perhaps **received most** of the **attention with respect to causing unnecessary deaths, substandard drug manufacture also leads to morbidity and mortality**. A formulation with insufficient API may lead to a lack of clinical response, and possibly, death. For example, **there are reports of patients failing to respond to antimalarial treatment** [95,96] **because the drugs contained less than the stated dose of API and, in one reported case, contained more paracetamol than antimalarial agent** [95]. In other cases, a reduced therapeutic response has been associated with generic/copy versions of drugs compared with the originator drugs, including antibiotics, tacrolimus and imatinib [70,97,99–102].

**Adverse events also occur due to drug–drug interactions with contaminants, the presence of excess API, contamination with poisonous substances, or allergic reactions to contaminants or substituted excipients.** As mentioned above, some of the most extreme cases involve the (possibly deliberate) contamination of medicines with DEG [[47](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b47),[48](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b48)]. In another case, heparin was found to be contaminated with oversulphated chondroitin sulphate, which was thought to be responsible for the allergic or hypersensitivity-type reactions experienced by a number of patients, some of which proved fatal [[51](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b51)]. At the time of the heparin incident, the oversulphated chondroitin sulphate could not be distinguished from heparin by the standard quality-control tests used. However, the FDA has since implemented changes to the USP standards for heparin, including a new test method that is able to detect such impurities [[105](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b105)].

There are also adverse societal effects arising from the use of substandard drugs. **The inadvertent use of suboptimal doses of drugs is likely to be one of the key factors contributing to antimicrobial resistance and thereby leading to the wider spread of disease. This has been most widely discussed with regard to malaria [**[**106**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b106)**–**[**108**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b108)**]; the repeated administration of subtherapeutic doses of antimalarials will promote the selection and spread of resistant parasites** [[95](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b95),[106](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b106)]. Indeed, artemisinin-resistant malaria has been reported in Cambodia and Thailand [[109](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b109),[110](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b110)], although the extent to which this can be attributed to the use of substandard drugs is unknown. Likewise, poor-quality antibiotics may contribute to the resistance and spread of diseases such as tuberculosis [[23](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b23),[111](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b111),[112](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b112)]. The use and subsequent failure of substandard narrow-spectrum antibiotics may lead to the unnecessary administration of broad-spectrum antibiotics, thus potentially creating further resistance [[113](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b113)]. **Substandard antihelminthics have been implicated in the development of drug-resistant human helminths** [[114](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b114)], **and substandard antiviral drugs are likely to contribute to the evolution of drug-resistant viruses, including human immunodeficiency virus (HIV)** [[115](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137817/#b115)].

# UHC CP

#### CP Text: The member nations of the WTO should implement United Health Care

#### Universal Health Care solves for pandemic and covers those who can’t afford. 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]

The COVID-19 outbreak in the United States is growing steeply and spreading widely. As of March 26, national incidence surpassed every other country, and as of April 28 has reported over a million cases. The COVID-19 crisis is exposing the systemic frailties in our healthcare system. More than 78 million people in America do not have access to adequate health insurance [[1]]. Given that health insurance in the US is typically provided by employers, millions more are at risk of losing their healthcare coverage as unemployment surges. Here we discuss how the pervasive healthcare insecurity in the US hampers control of COVID-19. Further, we argue that universal healthcare would alleviate the cost barriers that are impeding control of this pandemic. Outbreak **mitigation relies on prompt diagnosis and case-isolation**, in which mild cases are quarantined at home and more severe cases are hospitalized. These measures must be implemented **rapidly** in order **to be effective**. However, **for the millions** of people who Are either **uninsured** or underinsured, **concern about** the medical Expenses that could be incurred **delays diagnosis and treatment**. While the Families First Coronavirus Response Act recently approved by Congress stipulates that COVID-19 diagnostic testing is nominally free for everyone, **treatment is not covered. Those who are hospitalized may face major medical expenses**. For instance, the cost of 12 days in the ICU on ventilation would likely exceed US $80,000 [[2],[3]], even without considering the additional hospital care before and after ICU admission. In addition to the burden on the uninsured, the under-insured are obligated to pay substantial out-of-pocket sums, including thousands of dollars in deductibles and copays. Although the Coronavirus Aid, Relief, and Economic Security Act has invested $100 billion into the Public Health and Social Service Emergency Fund for healthcare providers, less than one third of this sum can be used to fund the treatment of uninsured COVID-19 patients. Compounding the crisis, legal action being pursued by the current Administration is jeopardizing the Affordable Care Act, which would lead to the loss of health insurance for as many as 30 million people [[4]]. The COVID-19 pandemic also underscores the precariousness of a system in which insurance is linked to employment. Initial unemployment claims rose from 282,000 for the week ending March 14 to 6.6 million, 5.2 million and 4.4 million, for the weeks ending April 4, April 11, and April 18, respectively, compared with a previous record high of 695,000 from 1982 [[5]]. Many of these newly unemployed individuals will lose their health insurance. Although they are permitted to purchase insurance on the federal exchange, switching networks disrupts continuity of care, which is particularly detrimental for those living with chronic health conditions. Furthermore, the majority 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. Another advantage of **Medicare-for-Al**l during this pandemic **would** be its **implement**ation of a **standard billing and payment** system, **which would accelerate** COVID-19 case reporting. Billing procedures currently vary across dozens of insurers, and for private insurance is proprietary. Within a consolidated system, patterns in the billing data can signal outbreak hotspots to public health surveillance officials. This consideration is not hypothetical – the single-payer system in Taiwan has facilitated exhaustive COVID-19 data collection and reporting [[10]]. Universal healthcare is fundamental to the continued prosperity of our country in the wake of this and future infectious disease threats. **Obstacles to prompt diagnosis and case isolation** not only impact the individual, but **pose a** broader **societal risk**. A pandemic illustrates an omnipresent truth: that we are each only as safe as the most vulnerable member of our society. We urge investment now in the common good of healthcare security, by extending comprehensive insurance to all who currently lack it. Then, we should move swiftly to create a single-payer system, such as Medicare for All, which is the more efficient way to provide universal coverage [[1]]. **By eliminating financial obstacles to healthcare, we can** pave the way for more efficient outbreak **control**, in both **this pandemic** and the next.

#### Health Care is affordable. Galvani et al. 20

[Alison P Galvani, PhD, Alyssa S Parpia, MPH, Eric M Foster, Burton H Singer, PhD, and Meagan C Fitzpatrick, PhD, 02-15-2020, “Improving the prognosis of health care in the USA,” Lancet, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33019-3/fulltext#%20]

The bottom line of Medicare for All Through the mechanisms detailed previously, we predict that a single-payer **health-care** system **would require $3·034 trillion annually** (figure 3; appendix p 5), $**458 billion less than national** health-care **expenditure in 2017**.40 Even after accounting for the increased costs of coverage expansion, our data-driven base case includes $59 billion savings on hospital care, $23 billion on physician and clinical services, $217 billion on overheads, and $177 billion on prescription drugs (figure 3; appendix p 11). Consequent**ly, annual expenditure per capita would decrease from** $**107396 to** $**9330, equivalent to a 13·1% reduction**. The **expectation of savings is robust** and remains following variation in the input parameters. For example, **if overhead costs only dropped to 6% of total** health **expenditure**—rather than Medicare’s current 2·2%—the **M**edicare **for A**ll Act **would** still **reduce costs by 10·3%**. Conversely, **savings would increase** beyond our base case **if our model overestimates the unfulfilled demand in people who do not have insurance** or are underinsured. Given that $2261 billion is already allocated to health care by existing governmental and philanthropic sources (appendix p 5), a further $773 billion must be collected by the government to fully fund the Medicare for All Act. Restructuring health-care expenditure by employers, individuals, and as a country

#### UHC ensures wellbeing and increases market size. WHO 21:

“Universal Health COVERAGE (UHC).” *World Health Organization*, World Health Organization, 1 Apr. 2021, www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc). [Founded in 1948](https://www.who.int/about/who-we-are/history), WHO is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health. WHO leads global efforts to expand universal health coverage. We direct and coordinate the world’s response to health emergencies. And we promote healthier lives – from pregnancy care through old age.

**WHO** contributes to achieving the Thirteenth General Programme of Work 2025 **target** that **1 billion** more **people** **benefit** **from** **UHC**, while **also contributing** **to** the **2** other **billion** **targets** **of** **1 billion** more **people** **better** **protected** **from** **health** **emergencies** and **1** **billion**more **people** enjoying **better** **health** and **well-being**. It also contributes to WHO’s mission of the right to the highest attainable standard of health, to Health for All and the SDGs.

#### Market size increases lead to increased innovation/this turns the aff. Blume-Kohout et. Al 13:

Blume-Kohout, Margaret E, and Neeraj Sood. “Market Size and INNOVATION: Effects of Medicare Part D on Pharmaceutical Research and Development.” *Journal of Public Economics*, U.S. National Library of Medicine, Jan. 2013, www.ncbi.nlm.nih.gov/pmc/articles/PMC3711884/. Professor Blume-Kohout is a data scientist *qua* economist who employs theory and quantitative modeling approaches drawn from multiple disciplines—economics, psychology, sociology, statistics, and computer science—to answer public policy questions. Her research examines how government interventions impact STEM workforce participation, higher education, scientific R&D efforts and innovation, and entrepreneurial outcomes. Neeraj Sood, PhD, is professor and vice dean for research at the USC Price School of Public Policy and a founding member the USC Schaeffer Center. His research focuses on economic epidemiology, infectious diseases, pharmaceutical markets, health insurance, economics of innovation, Medicare, and global health. He is currently leading a study on COVID-19 in collaboration with Los Angeles County Department of Public Health. He has published over 100 papers in peer-reviewed journals in economics, medicine, and policy.

**Understanding** the **responsiveness of innovation to expected future revenues** and **market expansions** is **central** **to understanding** the **behavior of private sector innovative firms**, **and** is also critical for **evaluating** the **welfare** **effects** **of** **public policies** such as insurance expansions, price controls, and patent protection. Although **previous** **studies** have **shown** that **increases** **inmarket size** are **significant drivers of pharmaceutical innovation**, If **pharmaceutical** **companies** **respond** **to** the **increases** **in** **market** **size** **as** **predicted**, then all else equal we would **expect** to see an**increase** **in** the **flow** **of** **drugs** **entering** **preclinical** and **clinical** **development**.

# Case

#### presumption- they cant solve all of cap, at best they just provide more medicine for pminorities, cap has alt causes and other forms of ipr, they say that the plan solves through giving develoing countries roe access to meds but that in no way decreases war, they cant solve the impats they discuss- tehres no brigthline provoded tp how much it dcereases

#### Abolishing IPR doesn’t solve all of the system

#### Capitalism is key; the aff adjusts cap to resolve harms; alternatives fail

**Rose** **12** [Gideon, Editor of Foreign Affairs and the Peter G. Peterson chair at the Council on Foreign Relations, January/February, “Making Modernity Work,” <http://www.foreignaffairs.com/articles/136776/gideon-rose/making-modernity-work/>] KL

We are living, so we are told, through an ideological crisis. The United States is trapped in political deadlock and dysfunction, Europe is broke and breaking, authoritarian China is on the rise. Protesters take to the streets across the advanced industrial democracies; the high and mighty meet in Davos to search for "new models" as sober commentators ponder who and what will shape the future. In historical perspective, however, the true narrative of the era is actually the reverse – not ideological upheaval but stability. Today’s troubles are real enough, but they relate more to policies than to principles. The major battles about how to structure modern politics and economics were fought in the first half of the last century, and they ended with the emergence of the most successful system the world has ever seen. Nine decades ago, in one of the first issues of this magazine, the political scientist Harold Laski noted that with "the mass of men" having come to political power, the challenge of modern democratic government was providing enough "solid benefit" to ordinary citizens "to make its preservation a matter of urgency to themselves." A generation and a half later, with the creation of the postwar order of mutually supporting liberal democracies with mixed economies, that challenge was being met, and as a result, more people in more places have lived longer, richer, freer lives than ever before. In ideological terms, at least, all the rest is commentary. To commemorate Foreign Affairs 90th anniversary, we have thus decided to take readers on a magical history tour, tracing the evolution of the modern order as it played out in our pages. What follows is not a "greatest hits" collection of our most well-known or influential articles, nor is it a showcase for the most famous names to have appeared in the magazine. It is rather a package of 20 carefully culled selections from our archives, along with three new pieces, which collectively shed light on where the modern world has come from and where it is heading. THE BIRTH OF THE MODERN In the premodern era, political, economic, and social life was governed by a dense web of interlocking relationships inherited from the past and sanctified by religion. Limited personal freedom and material benefits existed alongside a mostly un-questioned social solidarity. Traditional local orders began to erode with the rise of capitalism in the eighteenth and nineteenth centuries, as the increasing prevalence and dominance of market relationships broke down existing hierarchies. The shift produced economic and social dynamism, an increase in material benefits and personal freedoms, and a decrease in communal feeling. As this process continued, the first modern political ideology, classical liberalism, emerged to celebrate and justify it. Liberalism stressed the importance of the rule of law, limited government, and free commercial transactions. It highlighted the manifold rewards of moving to a world dominated by markets rather than traditional communities, a shift the economic historian Karl Polanyi would call "the great transformation." But along with the gains came losses as well – of a sense of place, of social and psychological stability, of traditional bulwarks against life's vicissitudes. Left to itself, capitalism produced long-term aggregate benefits along with great volatility and inequality. This combination resulted in what Polanyi called a "double movement," a progressive expansion of both market society and reactions against it. By the late nineteenth and early twentieth centuries, therefore, liberalism was being challenged by reactionary nationalism and cosmopolitan socialism, with both the right and the left promising, in their own ways, relief from the turmoil and angst of modern life. The catastrophic destruction of the Great War and the economic nightmare of the Great Depression brought the contradictions of modernity to a head, seemingly revealing the bankruptcy of the liberal order and the need for some other, better path. As democratic republics dithered and stumbled during the 1920s and 1930s, fascist and communist regimes seized control of their own destinies and appeared to offer compelling alternative models of modern political, economic, and social organization. Over time, however, the problems with all these approaches became clear. Having discarded liberalism's insistence on personal and political freedom, both fascism and communism quickly descended into organized barbarism. The vision of the future they offered, as George Orwell noted, was "a boot stamping on a human face – forever." Yet classical liberalism also proved unpalatable, since it contained no rationale for activist government and thus had no answer to an economic crisis that left vast swaths of society destitute and despairing. Fascism flamed out in a second, even more destructive world war. Communism lost its appeal as its tyrannical nature revealed itself, then ultimately collapsed under its own weight as its nonmarket economic system could not generate sustained growth. And liberalism's central principle of laissez faire was abandoned in the depths of the Depression. What eventually emerged victorious from the wreckage was a hybrid system that combined political liberalism with a mixed economy. As the political scientist Sheri Berman has observed, "The postwar order represented something historically unusual: capitalism remained, but it was capitalism of a very different type from that which had existed before the war – one tempered and limited by the power of the democratic state and often made subservient to the goals of social stability and solidarity, rather than the other way around." Berman calls the mixture "social democracy" Other scholars use other terms: Jan-Werner Miller prefers "Christian Democracy," John Ruggie suggests "embedded liberalism," Karl Dietrich Bracher talks of democratic liberalism." Francis Fukuyama wrote of "the end of History"; Daniel Bell and Seymour Martin Lipset saw it as "the end of ideology." All refer to essentially the same thing. As Bell put it in i960: Few serious minds believe any longer that one can set down "blueprints" and through "social engineering" bring about a new Utopia of social harmony. At the same time, the older "counter-beliefs" have lost their intellectual force as well. Few "classic" liberals insist that the State should play no role in the economy, and few serious conservatives, at least in England and on the Continent, believe that the Welfare State is "the road to serfdom." In the Western world, therefore, there is today a rough consensus among intellectuals on political issues: the acceptance of a Welfare State; the desirability of decentralized power; a system of mixed economy and of political pluralism. Reflecting the hangover of the inter-war ideological binge, the system stressed not transcendence but compromise. It offered neither salvation nor Utopia, only **a framework within which citizens could pursue their personal betterment.** It has never been as satisfying as the religions, sacred or secular, it replaced. And it remains a work in progress, requiring tinkering and modification as conditions and attitudes change. Yet its success has been manifest – and reflecting that, its basic framework has remained remarkably intact. THE ONCE AND FUTURE ORDER The central question of modernity has been how to reconcile capitalism and mass democracy, and since the postwar order came up with a good answer, it has managed to weather all subsequent challenges. The upheavals of the late 1960s seemed poised to disrupt it. But despite what activists at the time thought, they had little to offer in terms of politics or economics, and so their lasting impact was on social life instead. This had the ironic effect of stabilizing the system rather than overturning it, helping it live up to its full potential by bringing previously subordinated or disenfranchised groups inside the castle walls. The neoliberal revolutionaries of the 1980s also had little luck, never managing to turn the clock back all that far. All potential alternatives in the developing world, meanwhile, have proved to be either dead ends or temporary detours from the beaten path. The much-ballyhooed "rise of the rest" has involved not the dis-crediting of the postwar order of Western political economy but its reinforcement: the countries that have risen have done so by **embracing global capitalism while keeping** some of **its destabilizing attributes in check**, and have liberalized their polities and societies along the way (and will founder unless they continue to do so). Although the structure still stands, however, it has seen better days. Poor management of public spending and fiscal policy has resulted in unsustainable levels of debt across the advanced industrial world, even as mature economies have found it difficult to generate dynamic growth and full employment in an ever more globalized environment. Lax regulation and oversight allowed reckless and predatory financial practices to drive leading economies to the brink of collapse. Economic inequality has increased as social mobility has declined. And a loss of broad-based social solidarity on both sides of the Atlantic has eroded public support for the active remedies needed to address these and other problems. Renovating the structure will be a slow and difficult project, the cost and duration of which remain unclear, as do the contractors involved. Still, at root, this is not an ideological issue. **The question is not what to do but how to do it** – how, under twenty-first-century conditions, to rise to the challenge Laski described, **making the modern political economy provide enough solid benefit** to the mass of men that they see its continuation as a matter of urgency to themselves.