## 1

#### Morality must be rooted in consequences

#### 1. Value is only accessible through experience. Harris 10:

Sam Harris, CEO Project Reason; PHD UCLA Neuroscience; BA Stanford Philosophy, “ The Moral Landscape: How Science Can Determine Human Values”) OS

Here is my (consequentialist) starting point: **all questions of value** (right and wrong, good and evil, etc.) **depend upon the possibility of experiencing such value.** **Without potential consequences at the level of experience—happiness, suffering, joy, despair, etc.—all talk of value is empty. Therefore, to say that an act is morally necessary, or evil, or blameless, is to make (tacit) claims about its consequences in the lives of conscious creatures** (whether actual or potential). I am unaware of any interesting exception to this rule. Needless to say, **if one is worried about pleasing God or His angels, this assumes that such invisible entities are conscious (in some sense) and cognizant of human behavior**. It also generally assumes and that it is possible to suffer their wrath or enjoy their approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

#### 2. Weighability – Only consequences can explain the difference between breaking a promise to meet a for lunch and breaking a promise to a dying friend.

#### Thus, the standard is maximizing expected wellbeing.

#### Prefer additionally – Death must be the primary concern of an ethical theory since it destroys the subject itself. Paterson 03:

Craig Paterson – Department of Philosophy, Providence College, Rhode Island, “A Life Not Worth Living?”, Studies in Christian Ethics, 2003.

## Contrary to those accounts, I would argue that it is death per se that is really the objective evil for us, not because it deprives us of a prospective future of overall good judged better than the alter- native of non-being. It cannot be about harm to a former person who has ceased to exist, for no person actually suffers from the sub-sequent non-participation. Rather, death in itself is an evil to us because it ontologically destroys the current existent subject — it is the ultimate in metaphysical lightening strikes.80 The evil of death is truly an ontological evil borne by the person who already exists, independently of calculations about better or worse possible lives. Such an evil need not be consciously experienced in order to be an evil for the kind of being a human person is. Death is an evil because of the change in kind it brings about, a change that is destructive of the type of entity that we essentially are. Anything, whether caused naturally or caused by human intervention (intentional or unintentional) that drastically interferes in the process of maintaining the person in existence is an objective evil for the person. What is crucially at stake here, and is dialectically supportive of the self-evidency of the basic good of human life, is that death is a radical interference with the current life process of the kind of being that we are. In consequence, death itself can be credibly thought of as a ‘primitive evil’ for all persons, regardless of the extent to which they are currently or prospectively capable of participating in a full array of the goods of life.81  In conclusion, concerning willed human actions, it is justifiable to state that any intentional rejection of human life itself cannot therefore be warranted since it is an expression of an ultimate disvalue for the subject, namely, the destruction of the present person; a radical ontological good that

## 2

#### Innovation is doing well right now, we were able to create solutions for covid, but innovation is reliant on the IP system.

Bryan Mercurio 4 -11-2021 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3789820> *Virginia Journal of International Law Online (Forthcoming 2021)* Chinese University of Hong Kong - Faculty of Law

The IP system is designed to encourage and reward creativity and innovation while benefiting society as a whole. The idea is that IPRs stimulate innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.” 23 Therefore, while in the short term waiving IPRs may arguably accelerate the distribution of goods and services – i.e. access to COVID-19 vaccines – in the long term undermining IPRs would eliminate the incentives that spark innovation, thus hindering the discovery and development of knowledge for new products or technologies that the world needs.24 An example that illustrates the significance of IP protection is the technology of synthetic mRNA, a genetic technology behind the COVID-19 vaccines of both Pfizer and Moderna. Synthetic mRNA is a genetic technology that has long held huge promise but has so far run into biological roadblocks. The concept of tweaking specific strands in synthetic mRNA to deliver desired results was first introduced in the 1990s, but at that time while it made sense in theory it often failed in the real world as synthetic RNA was notoriously vulnerable to the body’s natural defenses and the synthetic RNA was very often destroyed before reaching its target cells. In some situations, the foreign materials even elicited an immune response that poses health risks for some patients. The solution, substituting one of the nucleosides (building blocks of mRNA) for a slightly tweaked version to bypass the body’s defense, was not discovered until 2005 and did not reach commercialization stage for another 15 years. Without the prospect of IP protection, it is simply unimaginable that scientists would devote the human and monetary resources into such R&D as there would have been no incentive to spend the time and effort on a promising but extremely challenging technology. Likewise, venture capitalists would refuse to invest billions of dollars into any research effort knowing that any other company could simply take the successful result and produce a medicine without paying for the R&D costs; in such a scenario, it would be virtually impossible to recoup the initial investment. Thus, without the promise of IP protection the technology underpinning the most advanced and promising COVID-19 vaccines would likely never have been developed. This point is of such importance that it is worth stating the obvious: IPRs have played a large role in the response to COVID-19; a response which has led to an incredible feat of humanity – the identification of the genome of a new pathogen and development of several treatments and promising vaccines within the space of a year. Without the promise of financial gain, the level of R&D into the novel coronavirus would have been greatly reduced and innovation hampered and delayed. In short, the IP system encouraged a robust response to the threat from innovator companies and worked as designed. It would be unwise (if not reckless) to place the innovation system which has delivered results in record time in jeopardy only in exchange for what is at best short-term benefits.

#### No innovation without protections—five warrants.

**McDole and Ezell, 21** (McDole is a senior policy analyst covering intellectual property (IP) and innovation policy at the Information Technology and Innovation Foundation (ITIF). Ezell is vice president, global innovation policy, at the Information Technology and Innovation Foundation (ITIF)), “Ten Ways IP Has Enabled Innovations That Have Helped Sustain the World Through the Pandemic,” Information Technology & Innovation Foundation, April 29, 2021, Accessed August 31, 2021,<https://itif.org/publications/2021/04/29/ten-ways-ip-has-enabled-innovations-have-helped-sustain-world-through>

**There are** at least **five principal benefits strong IP rights can generate**, for **both developing and developed** countries alike.31 **First, strong**er **IP protection spurs** the virtuous cycle of **innovation by increasing** the appropriability of **returns, enabling econom​​ic gain and** catalyzing economic **growth**. **Second, through patents**—which require innovators to disclose certain knowledge as a condition of protection—**knowledge spillovers build a platform of knowledge** that enables other innovators. For instance, studies have found that the rate of return to society from corporate R&D and innovation activities is at least twice the estimated returns that each company itself receives.32 **Third, countries with robust IP can operate more efficiently** and productively **by using IP to determine product quality and reduce transaction costs**. **Fourth, trade** and foreign direct investment **enabled** and encouraged **by strong IP protection** offered to enterprises from foreign countries **facilitates an accumulation of knowledge** capital within the destination economy. That matters when foreign sources of technology account for over 90 percent of productivity growth in most countries.33 There’s also evidence suggesting that developing nations with stronger IP protections enjoy the earlier introduction of innovative new medicines.34 **And fifth, strong IP boosts exports, including in developing countries**.35 **Research shows a positive correlation between stronger IP** protection **and** exports from developing countries as well as **faster growth rates of** certain **industries**.36

#### Pharma and Innovation are KEY to preventing and responding to bioterror and antimicrobial resistance.

Marjanovic and Fejiao 20 Marjanovic, Sonja, and Carolina Feijao. Sonja Marjanovic, Ph.D., Judge Business School, University of Cambridge. Carolina Feijao, Ph.D. in biochemistry, University of Cambridge; M.Sc. in quantitive biology, Imperial College London; B.Sc. in biology, University of Lisbon. "Pharmaceutical Innovation for Infectious Disease Management: From Troubleshooting to Sustainable Models of Engagement." (2020). [Quality Control]

As key actors in the healthcare innovation landscape, pharmaceutical and life sci-ences companies have been called on to develop medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also infectious diseases that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a bioterrorism context.1 The general threat to public health that is posed by antimicrobial resistance is also well-recognised as an area in need of pharmaceutical innovation.

Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and compe-tition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, makes pharmaceutical companies and the wider life sciences sector an indispensable partner in the search for solutions that save lives.

This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceu-tical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic.

In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is essential for socially responsible companies in the sec-tor.2 It is therefore unsurprising that we are seeing indus-try-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently contributing in a variety of ways. Examples include pharmaceutical companies donating existing com-pounds to assess their utility in the fight against COVID-19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating tri-als for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accel-erate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6

The primary purpose of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be rela-tively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pres-sure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing com-bination product that is being tested for therapeutic poten-tial against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10

Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider how pharmaceutical innovation for responding to emerging infectious diseases can best be enabled beyond the current crisis. Many public health threats (including those associated with other infectious diseases, bioterror-ism agents and antimicrobial resistance) are urgently in need of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the imme-diate term. The pharmaceutical industry has responded to previous public health emergencies associated with infec-tious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contribu-tions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are important policy questions as to whether – and how – industry could engage with such public health threats to an even greater extent under improved innova-tion conditions.

#### Bioterror is big risk to extinction

Matheny 07 JG. Reducing the risk of human extinction. Risk Analysis 2007 Oct;27(5):1335-44. doi: 10.1111/j.1539-6924.2007.00960.x. PMID: 18076500.

We already invest in some extinction countermeasures. NASA spends $4 million per year monitoring near-Earth asteroids and comets (Leary, 2007) and there has been some research on how to deflect these objects using existing technologies (Gritzner & Kahle, 2004; NASA, 2007). $1.7 billion is spent researching climate change and there are many strategies to reduce carbon emissions (Posner, 2004, p. 181). There are policies to reduce nuclear threats, such as the NonProliferation Treaty and the Comprehensive Test Ban Treaty, as well as efforts to secure expertise by employing former nuclear scientists. Of current extinction risks, the most severe may be bioterrorism. The knowledge needed to engineer a virus is modest compared to that needed to build a nuclear weapon; the necessary equipment and materials are increasingly accessible and because biological agents are self-replicating, a weapon can have an exponential effect on a population (Warrick, 2006; Williams, 2006).

#### Additionally, Pharma IP independently solves future pandemics – an INCREASE in IP could actually be better due to knowledge sharing

Jeffrey Sachs 6/22, (University Professor at Columbia University, is Director of the Center for Sustainable Development at Columbia University and President of the UN Sustainable Development Solutions Network. He has served as adviser to three UN Secretaries-General, an SDG Advocate under Secretary-General António Guterres.) “Important lessons from Ebola outbreak,” Business World Online, 6-22-21, https://www.project-syndicate.org/onpoint/finding-the-origins-of-covid19-by-jeffrey-d-sachs-2021-06 //DurhamSA

The question about origins is not about one government or another, much less a geopolitical issue or a matter of blaming China and exonerating the US. If there was indeed a laboratory-related release of SARS-CoV-2, it may well have occurred in a project funded by the US government, using methods developed and championed by US scientists, and as part of a US-led and US-financed program to collect and analyze potentially dangerous viruses, including in China.

To learn as much as possible regarding the origin of SARS-CoV-2, an international and independent investigation to examine the alternative hypotheses is urgently needed, and the US and Chinese governments should cooperate fully and transparently with such an inquiry. In the meantime, scientists, politicians, pundits, and those weighing in on social media should acknowledge the uncertainties that currently prevail.

They should also acknowledge that the tragedy of the pandemic has already shed light on how to prevent future outbreaks and pandemics. Because natural zoonotic events are inevitable, we must establish much better global surveillance and warning systems, and of course early response systems when outbreaks occur. We need credible communications channels to prevent rapid global transmission of newly emergent zoonotic diseases, and we must create institutional mechanisms that enable the speediest search for potential treatments, diagnostic tests, vaccines, and other tools and best practices to contain an outbreak. In short, we must be better prepared to share relevant scientific and technological know-how in a more honest, transparent, and credible manner than has been true during the current pandemic.

But there is also a risk of future research-related outbreaks of pandemic diseases. Governments need to upgrade the transparency, oversight, and biosafety of any projects that actively seek dangerous pathogens in nature and return them to laboratories, recognizing the multiple risks involved. Similarly, the tools of genomic manipulation have advanced so rapidly that the potential to create new deadly pathogens in the laboratory and accidentally or even deliberately release them is a very serious concern. The world currently lacks adequate international and national safeguards and transparency on such dangerous work, and the risks are compounded by the secretive bioweapons research programs several governments sponsor that help to sustain it.

## 3

#### Health Diplomacy is an important part of global governance.

Kickbusch 2-18-2021 Ilona Kickbusch, Haik Nikogosian, Michel Kazatchkine, Mihály Kökény GLOBAL HEALTH CENTRE | 2021 A GUIDE TO GLOBAL HEALTH DIPLOMACY Better health – improved global solidarity – more equity With contributions\* from: Michele Acuto, Universityof Melbourne; Paul Bekkers, Ministry of Foreign Affairs, Netherlands; Gian Luca Burci, Global Health Centre, IHEID; Emanuele Capobianco, International Federation of Red Cross and Red Crescent Societies; Marcelo A.C. Costa, United Nations; Roopa Dhatt, Women in Global Health; Erica Di Ruggiero, University of Toronto, Dalla Lana School of Public Health; Marja Esveld, Ministry of Foreign Affairs, Netherlands; Satoshi Ezoe, Ministry of Foreign Affairs, Japan; Lemlem Girmatsion, Global Health Centre, IHEID; Githnji Gitahi, Amref Health Africa; Renzo Guinto, Harvard T.H. Chan School of Public Health; Madeleine Heyward, Permanent Mission of Australia to the United Nations, Geneva, Switzerland; Roger Kampf, World Trade Organization; John Kirton, University of Toronto, Munk School of Global Affairs and Public Policy; Kerstin Kolbe, Gavi, the Vaccine Alliance; Eero Lahtinen, Ministry for Foreign Affairs of Finland; Lindiwe Makubalo, Permanent Mission of South Africa to the United Nations and other International Organizations, Geneva, Switzerland; Colin McIff, Office of Global Affairs at the U.S. Department of Health and Human Services; Lolem B. Ngong, Amref Health Africa; Miguel Perez La Plante, Permanent Mission of Switzerland to the United Nations, Geneva, Switzerland; Nathita Premabhuti, Ministry of Foreign Affairs of Thailand; Catherine Saez, Heath Policy Watch; Flavia Schlegel, Science Governance Partnership, Paris, France; Gaudenz Silberschmidt, World Health Organization; Luis Sundkvist, Editor; Orsolya Süli, NHS Scotland, UK; Zsofia Szilagyi, World Health Organization; Tamar Tchelidze, Permanent Mission of Georgia to the United Nations; Menno Van Hilten, World Health Organization.

Diplomacy has been practised for centuries, during which it has undergone many significant changes, some concerning its very nature. Over the past decade in particular, diplomacy has become a constitutive part of the system of global governance, which involves many different venues and actors. This development has been reinforced by the fundamental changes arising from the negotiation of the Sustainable Development Goals (SDGs) and by the increasing need for global crisis diplomacy. The most important shift has been that away from a mindset centred on development assistance towards acknowledgement of common global goals that can only be achieved if all countries work together – the COVID-19 pandemic has made that even clearer. Despite these changes, three key defining features of diplomacy remain intact: representation, communication and negotiation. Multilateral diplomacy as we know it began with the ad hoc congresses convened in Europe in the 17th century to negotiate war and peace between sovereign States. In 1919 it led to the creation of the first collective security organization: the League of Nations. At the end of the Second World War, multilateral diplomacy was institutionalized more robustly with the establishment of the United Nations (UN). One of the UN system organizations created shortly afterwards was the World Health Organization (WHO), which took up its work in 1948 in Geneva, Switzerland. Over time, many other multilateral venues for health were established but WHO remains the norm-setting organization for health. The WHO Constitution defines health as a human right and this is a guiding principle for all other health organizations (see Box 7). The significant cross-border economic and security impact of developments in such areas as the natural environment and human health made it clear that the issues in question could no longer be resolved at the national level only. As these areas, previously treated under “soft policy” in foreign affairs and diplomacy, gained in importance, new types of international agreements, instruments and organizations were created in response – for example, the Paris Agreement on Climate Change (2015), the revised International Health Regulations (2005), the Global Fund to Fight AIDS, Tuberculosis and Malaria (2002) and, most recently in 2020, the COVAX Facility, a global risk-sharing mech- 20 Global Health Centre | February 2021 anism for pooled procurement and equitable distribution of eventual COVID-19 vaccines. Multilateralism has many definitions – in essence it is governance by the many to address shared problems. It rests on a set of common principles guiding relations among the parties, including agreed rules of behaviour. Multilateralism often takes the form of membership in international organizations, but that is not the only form. Among the various types of multilateralism are universal multilateralism including all States, for example as members of the UN; regional multilateralism, which brings together States in specific geographical regions; values-based multilateralism as exemplified by organizations such as NATO or the European Union and the suggestions to create new bodies that include democracies only; and “minilateralism”, which brings together small groups of States (or “clubs” such as the G20 and the BRICS countries) to tackle specific problems. Multilateralism stands in contrast to bilateralism and unilateralism, and governments have to decide which of these strategies they will adopt in their foreign policy to deal with a particular challenge. Bilateralism means engaging with just one other country, while unilateralism implies acting on one’s own without regard for other countries. Other terms are also in use. In trade negotiations, plurilateral agreements – meaning, for example, a treaty between a limited number of States with a particular interest in the subject of the treaty – have become more prominent. Finally, “polylateral diplomacy” refers to the involvement of many non-State actors in diplomatic processes – something that makes the contemporary diplomatic arena pluralistic, dynamic and complex. This is also referred to as multi-stakeholder diplomacy – the term used in this Guide. A guide to global health diplomacy 21 This Guide focuses on the global health diplomacy practised at international organizations and in other multilateral venues that aim to resolve global health challenges.

#### IP is essential to modern health diplomacy

Obijiofor Aginam 10, Academic Programme Officer & Director of Studies, Institute for Sustainability and Peace, United Nations University headquarters, Tokyo, Japan; Adjunct Research Professor of Law, Carleton University, Ottawa, Canada, “HEALTH OR TRADE? A CRITIQUE OF CONTEMPORARY APPROACHES TO GLOBAL HEALTH DIPLOMACY,” https://poseidon01.ssrn.com/delivery.php?ID=149097083081123105113085099123123091104014059082060018071001088023116023118119002064117119051059021051011085110010121013091016020070011051015018011008065019104127084042076098081007102099120087031085093119071127122005124010118009001092104124120121094&EXT=pdf&INDEX=TRUE

The third limb of global health diplomacy critique reflects the complex linkages between “health and trade”18 where the modest achievements in global health diplomacy in the past decade are substantially driven not by events in the health sector but by the normative developments in the trade and economic relations of states enforced by the WTO. Although this sounds like “economic globalization triumphalism”, it is nonetheless hard to dispute the fact that it was the patent requirements for pharmaceuticals and other inventions in the WTO TRIPS Agreement that substantially catalyzed the health diplomacy on access to anti-retroviral drugs for HIV/AIDS for millions of poor HIV-positive who live mostly in developing countries. Food safety and security concerns and the hard diplomacy animated by biotechnology advances in food production, although global health issues in their own right, are catalyzed by the developments in the WTO on the SSPS Agreement, and not the subtle “diplomacy” around the WHO/FAO jointly administered Codex Alimentarius Commission standards. The migration of qualified health professionals from most of Africa to the West is now being driven in complex ways by one of the modes of service supply in the GATS Agreement.

#### Health diplomacy’s creates global cooperation solving multiple existential threats

James 17, Wilmot James, Honorary Professor in the Division of Human Genetics at the University of Cape Town's Medical School and Non-residential Senior Fellow at Bard College’s Hannah Arendt Centre, Ph.D. from University of Wisconsin at Madison, “In an Age of Zika and a Threat of Biochemical Terror, Health Security Must Be Everybody’s Concern”, Daily Maverick, 4-2, <https://www.dailymaverick.co.za/article/2017-04-02-op-ed-in-an-age-of-zika-and-a-threat-of-biochemical-terror-health-security-must-be-everybodys-concern/#.WOY8xTvDHHw> [language modified]

With Zika there too was political failure to act quickly, give honest advice and confront the abortion conundrum head-on, the result being that 3,000 and likely more children with microcephaly will test the emotional resilience and financial resources of their families to breaking point.We should never cease to invest in the public health and medical science of disease, but it seems to me that our fundamental problem is not the quality of the health sciences but the grim mediocrity of our politics. Party-political bickering for short-term gain paralyses and drains the national effort in South Africa as much as it does in the United States, undermining our ability to see with compelling clarity the solutions the issues of the day deserve.Health security is humanity’s shared concern. Promoting health and preventing death define us at our most altruistic and advanced. The Hippocratic Ideal, the concept of the physician as the guardian of human health, encapsulates a fundamental human quality common to all the world’s great religions. Medicine is one of the earliest and greatest human achievements because it is a co-operative enterprise involving highly skilled individuals; and it is as a result of cooperation – and our unusual ability for complex language – that cumulative civilisation is possible.In the age of globalisation, it is health security, a recent Lancet editorial stated, that “is now the most important foreign policy issue of our time”. The rapid emergence and re-emergence of pathogenic infectious disease, of which Zika is the most recent, the slow but steady cumulative acts of nature associated with climate change, high-risk forced migration caused by desperation and war, the creeping reality of biochemical [use] ~~terror~~ and the threat of nuclear war, propel human survival and well-being to the frontline of what today must be everybody’s concern.The field of health diplomacy provides an unprecedented opportunity to build human solidarity. It is an area of human endeavour that cuts through inherited antagonisms. Governments that offer health improvements as part of aid to nations with whom they wish to develop stronger diplomatic links succeed in cultivating deeper cultural relationships precisely because of their direct benefit to citizens. To advance health diplomacy requires health leaders with an inclusive global vision...

## 4

#### CP text: The member nations of the WTO should:

#### ---Loan an additional 4 billion dollars of additional funding to close the pre-purchase gap of 350 million vaccines to achieve world-wide immunity

#### ---The World Bank should relax the conditions to receive a loan as per Goldberg 21

#### ---Eliminate export restriction on critical medicines during pandemics.

#### The CP solves pandemics better – the aff misidentifies the problem.

Goldberg 21 [PINELOPI KOUJIANOU; Former World Bank Group chief economist and editor-in-chief of the American Economic Review, Professor of Economics at Yale University; “Forget the Vaccine Patent Waiver,” Project Syndicate; 5/13/21; <https://www.project-syndicate.org/commentary/wto-vaccine-waiver-is-beside-the-point-by-pinelopi-koujianou-goldberg-2021-05>] Justin

What’s the issue, then? According to Agarwal and Reed, it is that companies are reluctant to activate their existing production capacity without pre-purchase commitments. There is currently a large gap between the number of doses that could be produced and the number that have been pre-ordered. And, as one would expect, this gap is unevenly distributed. High-income countries have ordered more doses than they need and thus will end up with a surplus, whereas lower-income countries are far behind in pre-purchasing vaccines.

Under these circumstances, efforts to increase capacity by relaxing patent protections would do nothing to accelerate vaccinations in lower-income countries. A far more promising strategy is to help lower-income countries purchase vaccines, while channeling surplus doses from richer countries to wherever they are needed most.

To a large extent, this strategy is already being implemented, thanks to the efforts of the COVAX Advanced Market Commitment facility, together with concessional loans by multilateral institutions such as the World Bank, and regional initiatives such as the one being led by the African Union. Remarkably, Agarwal and Reed show that the COVAX AMC facility and the AU initiative already have ensured that most African countries have ordered enough vaccines to cover at least 50% of their populations.

Still, three critical challenges remain. First, closing the pre-purchase gap of 350 million vaccines will requires an additional $4 billion – a trivial cost relative to the potential benefit of achieving worldwide immunity. Providing this support, either through additional funding for the COVAX AMC facility or by sending surplus vaccines to developing countries as soon as possible, should not be too difficult or costly for high-income countries to manage.

Second, the World Bank needs to relax its conditions for extending loans for vaccine pre-purchases. Currently, such loans can be used only for vaccines approved by three stringent regulatory authorities (SRAs) in three different regions. Among these are Japan and certain Western countries, which naturally prioritize approval of vaccines intended for their own populations. They have little incentive to grant emergency-use authorization to alternative vaccines that have shown high efficacy in Phase 3 clinical trials, such as Bharat Biotech’s Covaxin (India), and Gamaleya’s Sputnik V (Russia), and Sinovac Biotech’s CoronaVac (China). Extending the list of national regulators classified as SRAs would go a long way toward increasing lending for vaccine purchases.1

Finally, existing vaccine manufacturers will be unable to meet their production targets if vaccine nationalism gives rise to export restrictions on critical inputs and raw materials. We saw such behavior early in the pandemic with respect to personal protective equipment, but the resulting export restrictions proved short-lived. One hopes the same will be true for vaccines. International cooperation and coordination will be crucial in the coming months.

There are many ways for advanced economies to assist poorer countries in vaccinating their populations as soon as possible. But relaxing patent protections – however appealing the idea may be in other contexts – is not one of them. The focus should be on providing additional funding and less restrictive lending for pre-ordering vaccines, and on funneling surpluses from high-income countries to the rest of the world.

# Case

#### 1. Hijack—only util can account for degrees of wrongness, telling someone their shirt looks nice when it doesn’t is better than telling a slave owner where a runaway slave is which means aggregation controls the internal link to your fw

#### 2. NC collapses to the AC—if each person has infinite value, having more of that value is a good thing so you have to aggregate

#### 3. Epistemology hijack—epistemology outweighs in terms of fw justifications—it determines how we create knowledge and determine a fw in the first place; only util accounts for all forms of epistemology such as aposteriori knowledge

#### 4. Actor spec—even if Kant were true, our aspec argument indicates that moral actions committed by the state are evaluated via consequences based on how the public perceives it—perception outweighs and controls int link to your fw since agency is the basis of your fw

#### 5. Choice architecture like pulling on a push door proves instinct comes before rationality and maintaining it is an impossible burden

#### 6. Kantian philosophy is homophobic—universality justifies homophobic actions since Kant held that actions like gay sex weren’t universizable and means you should reject their fw because its bad for inclusion – a) you set a precedent for people being allowed to use oppressive theories within debate – makes debate actively unsafe and pushes marginalized groups out of debate – that’s an independent reason to drop you because the judge has an apriori obligation to reject oppression to make debate more inclusive – access is a multiplier to all your impacts b) any other model of debate leads to a race to the bottom where debaters say “this is not bad enough” which is bad for inclusion and also pushes marginalized debaters out

### Extinction o/w

#### Nonideal theory is necessary—even Korsgaard concedes extinction justifies moral loopholes

Korsgaard PhD 02 [Christine, PhD in Philosophy, works at Harvard] “Internalism and the Sources of Normativity” RE

But actions are also events in the world (or correspond to events in the world, at least), and they too have consequences. There are a number of different ways in which one can deal with worries about what happens to the consequences in Kant’s ethical theory. It is worth pointing out that Kant himself not only did not ignore the consequences, but took the fact that good actions can have bad effects as the starting point for his religious philosophy. In his religious thought, Kant was concerned with the question how the moral agent has to envision the world, how he has to think of its metaphysics in order to cope with the fact that the actions morality demands may have terrible effects that we never intended, or may simply fail to have good ones. I myself see the development of what Rawls has called “nonideal theory” to be the right way of taking care of a certain class of cases, in which the consequences of doing the right thing just seem too appalling for us to simply wash our hands of. But I do not want to say that just having bad consequences is enough to put an action into the realm of nonideal theory. I think there is a range of bad consequences that a decent person has to be prepared to live with, out of respect for other people’s right to manage their own lives and actions, and to contribute to shared decisions. But I also think that there are cases where our actions go wrong in such a way that they turn out in a sense not to be the actions we intended to do, or to instantiate the values we meant them to instantiate. I think that some of these cases can be dealt with by introducing the kind of double-level structure into moral philosophy that I have described in the essay on “The Right to Lie: Kant on Dealing with Evil.”3 But I also think there are cases that cannot be domesticated even in this way, cases in which, to put it paradoxically, the good person will do something “wrong.” I have written about that sort of case too, in “Taking the Law into Our Own Hands: Kant on the Right to Revolution.”4

## Covid Econ

#### 1] turn, neg solves covid better, cp proves

#### a. no solvency, IP isnt even issue behind lack of access, pharma just doesn’t wanna produce vaccines without assurances and incentives

#### b. cp makes sure that we maintain the innovation and health diplomacy needed for the future

#### 2] never innovated for covid if no IP, mercurio proves

#### 3] turn, future pandemics will have even bigger econ impacts, need inovation to prevent that

#### 4] HEALTH DIPLOMACY TURNS. aff doesn’t solve access, but even if they do, no impacts in the neg bc health diplomacy ensures that countries will work together to prevent reactionary nuclear war. In aff nuke happens, if they win covid leads to nuke, only they link bc only aff doesn’t have diplomacy detering it and they don’t solve for covid