## 1NC – Lay – Sept/Oct

#### I negate the resolution: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.

**Now onto the framework for this round**

**Because the usage of the word ought in the resolution implies a question of choice thus, morality is the highest value in today’s round as we have to make a question about which is the most moral choice.**

**Then the value criterion for this round is Utilitarianism, known as doing the best for the most number of people.**

**There are two reasons to why you should prefer my value criterion:**

**First, Is because the resolutions deals with governments on an international scale, policymakers have to make the most ethical choice for their people, and the only way to do that is through utilitarianism as it accounts for everyone equally**

**Second, it is the most feasible way, because we are looking at a decision that affects millions of people. Looking at it holistically, we can make a claim on whether or not our policy decision has a net good effect on the population.**

## Contention 1: Innovation

**Innovation simply cannot happen without IP protections. The basis of innovation that produce new drugs in the pharmaceutical industry is the idea of profit. Pharmaceuticals companies are able to make money on a drug due to ip protections that prevent other companies from stealing their idea. Pharmactical companies use the money generated by the durgs to invest back into the expnsive process of producing news drugs. If we get rid of ip protection, pharmaceutical will spend less money on research and development.**

**McDole and Ezell, 21 agree with these analysis citing a couple reason why**

(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>

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

**By reducing IP, innovation is terminated in developing and developed countries alike.**

**However, innovation is crucial as it is necessary for saving lives as well as enabling economic growth.**

**Paralincas, 14** (Dean J. Paranicas became the third president and chief

executive officer of the HealthCare Institute of New Jersey (HINJ) in March 2011. Prior to joining HINJ, Mr. Paranicas was Vice President, Corporate Secretary and Public Policy for BD. Starting at BD in 1981, he previously served in various legal roles, and also as Director, Corporate Development and Strategic Investments, as Director, Investor Relations, and as Vice President, Investor Relations and Public Affairs.). “The Value of Medical Innovation: Saving Lives, Saving Money.” Healthcare Institute of New Jersey, 18 Dec. 2014, <https://hinj.org/the-value-of-medical-innovation-saving-lives-saving-money/>

Pharmaceutical innovation saves lives. Medical innovations produced by American life sciences companies have vastly improved the human condition. Our pharmaceutical, biotech, medical technology, device and diagnostics companies have helped people live longer, with less pain and greater quality of life. Over the past century, the life sciences has **eradicated** some of the world’s most dreaded diseases such as polio and smallpox. More recently, the industry has made other diseases such as breast cancer, HIV/AIDS, heart disease and lung cancer no longer the death sentences that they once were. Collectively, new therapies are the greatest contributors to increased life expectancy. According to the National Bureau of Economic Research (NBER), between 1960 and 1997, new therapies accounted for **45 percent of the increase in life expectancy** in 30 developing and high-income countries. Between 2000 and 2009, new therapies accounted for 73 percent of the increased life expectancy for these countries. Despite the dramatic life-saving advancements that the life sciences sector has made, our work is far from done. Diabetes, Alzheimer’s, Ebola, different types of cancers, and other formidable medical conditions demonstrate the compelling need for America’s medical innovation community to build upon its tremendous achievements to continue saving lives around the world. Toward that goal, every day, teams of scientists from New Jersey companies go to work to research and discover the next generation of medicines, therapies, devices, technologies and diagnostic tools that will alleviate even more of these life-threatening and life-altering diseases. With these medical innovations, past and future, comes an often-overlooked benefit: the incalculable billions of dollars in savings to patients, their families, insurers, employers, governments and hospitals in avoided medical expenses associated with keeping people healthy or curing them of a life-long, chronic condition. Certainly, these medicines, therapies, medical technologies, devices and diagnostic tools keep people healthier. They limit the need for frequent visits to the doctor. They help to avoid costly hospital stays. They help patients avoid expensive surgeries. Unfortunately, these tremendous cost savings often go unrecognized. Instead, we hear frequent reports about the high cost of medicine or about new technologies or diagnostic tools being deemed “too expensive” or “unnecessary.” We hear that medical innovation is a cost-driver, not a cost-saver. The reality is quite to the contrary. Medications, therapies and medical technologies and devices not only save lives — they save money. By eradicating a disease, people no longer need to seek or spend money on treatment [or]. By better managing and preventing more serious complications from an existing disease, people avoid more costly medical care. By discovering a new treatment or cure, the costs that would have been incurred in addressing a patient’s ongoing medical issues can be avoided entirely. Therefore, developing new treatments, cures and health technologies is one of the most important steps we can take — not only to save lives and improve the quality of life, but also to avoid the expenditure of enormous amounts of health care dollars. How much savings does medical innovation produce? There is not one, simple answer to that question. However, there are numerous academic and government statistics that point to the economic benefits of innovation in the health-care marketplace. In a paper published by the Journal of Political Economy in 2006, it was estimated that over the preceding 50 years, medical innovation had been the source of nearly half of all economic growth in the United States. Impressively, for every dollar spent on innovative medicines, total healthcare spending is **reduced by $7.20**, according to an NBER paper. As for the price of medicine in America, only 9 cents of every health care dollar spent in America goes to medicines, according to the Centers for Medicare & Medicaid Services (CMS) in 2013. The other 91 cents goes to hospitals, physicians, clinics, long-term care facilities, and government administration and net cost of health insurance. Imagine if we could use that 9 cents to reduce the remaining 91 cents or even avoid significant portions of it in the first place. The result would be saved lives and even greater health-care savings. Medication Adherence’s Important Role Medication adherence also plays an important role in health-care savings, as medical innovations can provide no benefit if they are not accessed by patients. Of the approximately 187 million Americans who take one or more prescription drugs, it is estimated that up to one-half do not take their medications as prescribed. Poor medication adherence results in 33 to 69 percent of medication-related hospital admissions in the U.S., at a cost of roughly $100 billion per year. In total, non-adherence to prescribed medicines results in approximately $290 billion in unnecessary spending annually. Americans with chronic conditions account for 84 percent of health care spending. In 2011, this totaled more than $2 trillion. By using medical innovations to prevent or better manage the most common chronic diseases, the U.S. could decrease treatment costs by $218 billion per year and reduce the economic impact of disease by **$1.1 trillion annually**. For diabetes, the total costs of this chronic disease rose to $245 billion in 2012 from $174 billion in 2007. Without a cure, in the next 25 years, annual spending on diabetes is forecast to increase steeply to approximately $336 billion annually. For Alzheimer’s disease, in the absence of disease-modifying treatments, the cumulative costs of care for people suffering with Alzheimer’s from 2010 to 2050 are expected to exceed $20 trillion. A treatment breakthrough that only postpones the onset of Alzheimer’s by as few as five years could result in annual Medicare savings of $33 billion in 2020 and climb to $283 billion by mid-century, while annual Medicaid savings could increase from $9 billion in 2020 to $79 billion in 2050. A 2007 Milken Institute paper reported that cancer treatment results in a tenfold increase in productivity — specifically, $37 billion in cancer treatments resulted in an estimated $373 billion in increased productivity. While the monetary cost savings of medical innovation are extraordinary, the value to patients is nothing short of priceless. For example, according to the American Cancer Society, U.S. cancer survivorship alone has more than tripled since 1970, with nearly 14.5 million cancer survivors alive in the country this year. Also, as of 2014, the U.S. five-year survival rate for all cancers diagnosed between 2003 and 2008 is 68 percent. With HIV/AIDS, medical innovation has delivered an astounding 3 million life years, which has produced an economic value of $1.3 trillion, according to a 2006 published paper. Medical Innovation: A Key Part of the Solution Medical innovation is complex, high-risk, time-consuming and extremely expensive. But it is clear that medical innovation is a **key** part of the solution — not only to alleviating human suffering [and] , but also to reducing significantly the incalculable costs associated with treating that suffering. As a society, we need to recognize the enormous multifaceted return on the investment in medical innovation, and nurture — rather than stifle — the virtuous cycle of better health, longer life and economic benefit resulting from life sciences innovation.

**This is why**

By contrast, John Vernon and Joseph Golec find that U.S. firms are more profitable, earn higher stock returns, and spend more on research and development (R&D), causing U.S. R&D spending to grow at a annual compound rate of 8.8 percent, while the price controlled EU R&D spending grew at a 5.4 percent rate, producing 46 fewer new medicines and 1680 fewer research jobs.

Thus by negating you can leave the door open to finding cures for diseases like cancer, hiv/aids, and diabetes that effect milliosn of people every year

## Contention 2: Alternative Solutions

#### There are many other alternative solutions available to us without reducing IP protections.

#### For instance, countries could receive public health crisis relief in the form of monetary payment from the International Monetary Fund.

**Rappeport 21 explains that** (Rappeport, A. [2021, July 9]. *I.M.F. board Backs $650 Billion Aid plan to help poor countries*. The New York Times. https://www.nytimes.com/2021/07/09/us/politics/g20-imf-vaccines.html)

​​The International Monetary Fund took a step on Friday toward easing widening global inequality and helping poor nations get access to vaccines, saying its executive board approved **a plan to issue** [**$650 billion worth of reserve funds**](https://www.nytimes.com/2021/06/24/business/international-monetary-fund-sdr.html) **that countries can use to buy vaccines, finance health care and pay down debt**.The decision comes at a pivotal moment as Covid-19 infections continue to spread among populations that have not been inoculated and as more contagious variants of the coronavirus are posing new health threats. The pandemic has drained the fiscal resources of poor countries over the past year, and the I.M.F. projected this week that faster access to vaccinations for high-risk populations could save 500,000 lives in the next six months.

The new allocation of so-called Special Drawing Rights would be the largest such expansion of currency reserves in the I.M.F.’s history. If approved by the group’s board of governors, as is expected, **the reserves could become available by the end of next month.**

“This is a shot in the arm for the world,” Kristalina Georgieva, managing director of the I.M.F., [said in a statement](https://www.imf.org/en/News/Articles/2021/07/08/pr21208-imf-managing-director-kristalina-georgieva-executive-board-backing-new-us650b-sdr-allocation). “The S.D.R. allocation **will help** every I.M.F. member country — **particularly vulnerable countries** — and strengthen their response to the Covid-19 crisis.”

Ms. Georgieva made the announcement as finance ministers and central bank governors of the Group of 20 nations were gathering in Venice to discuss international tax policy, climate change and the global economic response to the pandemic. The I.M.F., established in 1944 to try to broker economic cooperation, has warned of a two-track economic recovery, with poor countries being left behind while advanced economies experience rapid expansions.

Ahead of the meetings, Treasury Department officials said expanding access to vaccines would be a central topic of discussion. It is also a potentially contentious one, as some developing countries have suggested that advanced economies are not doing enough to ensure fair distribution of vaccines.

“**The immediate priority for developing countries is widespread access to vaccines that match their deployment programs**,” David Malpass, president of the World Bank, said in a speech in Venice on Friday.

Mr. Malpass called on G20 countries to share doses and remove all trade barriers to exporting finished vaccines and their components. He noted that the pandemic had aggravated structural weaknesses that had dogged developing countries for years.

“Even as that is accomplished,” Mr. Malpass said of expanded vaccine distribution, “development faces years of setback and struggle.”

Narrowing the gap between the fortunes of advanced and developing economies was a central topic on the first day of the G20 meetings in Venice. Bruno Le Maire, France’s finance minister, told reporters on Friday that inequality was a risk to the stability and security of Europe that could lead to an influx of refugees. He argued that it must be urgently addressed.

It remains to be seen how far the $650 billion will go to help developing countries as they race to vaccinate people before new variants of the virus take hold, including the Delta variant, which has plunged many countries back into a health crisis.

The United Nations Conference on Trade and Development called this year for $1 trillion worth of Special Drawing Rights to be made available by the I.M.F. as a “helicopter money drop for those being left behind.”

Jubilee USA Network, a nonprofit organization that advocates debt relief for poor countries, praised the move by the I.M.F. and called on wealthy countries to do more to help.

“This is **the biggest creation of emergency reserve funds** that we’ve **ever seen,** and **developing countries will immediately receive more than $200 billion**,” said Eric LeCompte, executive director of Jubilee USA Network. “**Wealthy countries who receive emergency reserves** they don’t need should **transfer those resources to developing countries struggling through the pandemic**.”

The I.M.F., the World Bank, the World Health Organization and the World Trade Organization have created a new vaccine task force and called for an additional $50 billion investment to broaden access to supplies. The groups have also called on G20 countries to [set a goal](https://www.imf.org/en/News/Articles/2021/06/30/pr21201-joint-statement-heads-wb-imf-who-wto-first-meeting-task-force-covid-19-developing-countries) of having 40 percent of their populations vaccinated by the end of this year and 60 percent by the middle of next year.

The United States has thrown its support behind the expansion of the I.M.F. reserves, reversing a Trump administration policy and angering Republican lawmakers in the process.

The Trump administration balked at the proposal last year and prevented it from moving forward. It argued at the time that boosting the emergency reserves was an inefficient way to provide aid to poor countries and that doing so would provide more resources to advanced economies that did not need the help, like China and Russia.

Republican lawmakers have since accused the Biden administration of bolstering the fortunes of adversaries, while doing little to actually help developing nations. Although Republicans have introduced legislation that would put restrictions on how the I.M.F. reserves were used if they were authorized, such proposals are unlikely to pass with Democrats in control of Congress.

Under Treasury Secretary Janet L. Yellen, the United States has taken a different view from the Trump administration, and the United States supports the allocation. Ms. Yellen believes that rich countries will have little use for the S.D.R.s but that developing economies will be able to use them to get enough money to vaccinate their people.

Special Drawing Rights work by allowing member countries of the I.M.F. to cash the asset in for hard currency. Their value is based on a basket of international currencies and is reset every five years.

Each of the 190 countries that is a member of the I.M.F. gets an allotment of S.D.R.s based on its shares in the fund, which tracks with the size of a country’s economy. The new reserves would also be distributed under this formula, with the largest economic powers like the United States gaining the biggest tranche.

The drawing rights cannot be used to buy things on their own, but they can be traded for currencies that can. If two countries agree, they can trade their Special Drawing Rights for cash, with the I.M.F. acting as a middleman to facilitate the trade.

That has prompted some criticism that the program will not work unless rich countries voluntarily transfer their holdings to poorer nations.

“It is a legitimate concern that new S.D.R.s will end up mostly in the hands of large and rich countries that have little use for them rather than in the hands of the smaller and poorer countries that really need them,” said Eswar Prasad, the International Monetary Fund’s former China chief. “A reallocation of S.D.R.s toward the latter group, in addition to increasing the overall volume of S.D.R.s, would be helpful in dealing with stresses to the global financial system.”

To address some of those concerns, **the I.M.F. is working to develop a new trust fund** where rich countries can channel their excess S.D.R.s. **The goal is to create a $100 billion pot of money that poor countries take loans from** so they can expand health care systems or address climate change in conjunction with existing I.M.F. programs.

**For all these reasons, I urge a negative ballot.**