## CP

#### Text: The World Trade Organization ought to be abolished.

#### The following 164 countries listed in the speech doc ought to independently and without influence from international government [opponent’s plan]

Afghanistan

Albania

Angola

Antigua and Barbuda

Argentina

Armenia

Australia

Austria

Bahrain, Kingdom of

Bangladesh

Barbados

Belgium

Belize

Benin

Bolivia, Plurinational State of

Botswana

Brazil

Brunei Darussalam

Bulgaria

Burkina Faso

Burundi

Cabo Verde

Cambodia

Cameroon

Canada

Central African Republic

Chad

Chile

China

Colombia

Congo

Costa Rica

Côte d’Ivoire

Croatia

Cuba

Cyprus

Czech Republic

Democratic Republic of the Congo

Denmark

Djibouti

Dominica

Dominican Republic

Ecuador

Egypt

El Salvador

Estonia

Eswatini

European Union (formerly EC)

Fiji

Finland

France

Gabon

Gambia

Georgia

Germany

Ghana

Greece

Grenada

Guatemala

Guinea

Guinea-Bissau

Guyana

Haiti

Honduras

Hong Kong, China

Hungary

Iceland

India

Indonesia

Ireland

Israel

Italy

Jamaica

Japan

Jordan

Kazakhstan

Kenya

Korea, Republic of

Kuwait, the State of

Kyrgyz Republic

Lao People’s Democratic Republic

Latvia

Lesotho

Liberia

Liechtenstein

Lithuania

Luxembourg

Macao, China

Madagascar

Malawi

Malaysia

Maldives

Mali

Malta

Mauritania

Mauritius

Mexico

Moldova, Republic of

Mongolia

Montenegro

Morocco

Mozambique

Myanmar

Namibia

Nepal

Netherlands

New Zealand

Nicaragua

Niger

Nigeria

North Macedonia

Norway

Oman

Pakistan

Panama

Papua New Guinea

Paraguay

Peru

Philippines

Poland

Portugal

Qatar

Romania

Russian Federation

Rwanda

Saint Kitts and Nevis

Saint Lucia

Saint Vincent and the Grenadines

Samoa

Saudi Arabia, Kingdom of

Senegal

Seychelles

Sierra Leone

Singapore

Slovak Republic

Slovenia

Solomon Islands

South Africa

Spain

Sri Lanka

Suriname

Sweden

Switzerland

Chinese Taipei

Tajikistan

Tanzania

Thailand

Togo

Tonga

Trinidad and Tobago

Tunisia

Turkey

Uganda

Ukraine

United Arab Emirates

United Kingdom

United States

Uruguay

Vanuatu

Venezuela, Bolivarian Republic of

Viet Nam

Yemen

Zambia

Zimbabwe

Hawley, senator, JD Yale, 20

(Josh, 5-5, https://www.nytimes.com/2020/05/05/opinion/hawley-abolish-wto-china.html)

The coronavirus emergency is not only a public health crisis. With [30 million Americans unemployed](https://www.cnbc.com/2020/04/30/us-weekly-jobless-claims.html), it is also an economic crisis. And it has exposed a hard truth about the modern global economy: it weakens American workers and has empowered China’s rise. That must change. The global economic system as we know it is a relic; it requires reform, top to bottom. We should begin with one of its leading institutions, the World Trade Organization. We should abolish it.

#### Eliminating the WTO ends U.S. global hegemony

Bello, PhD, 2000

(Walden, Sociology @ Stanford, https://users.ox.ac.uk/~magd1352/ecologist/Should%20WTO%20be%20abolished.pdf)

The idea that the world needs the World Trade Organisation (WTO) is one of the biggest lies of our time. The WTO came about, in 1995, mainly because it was in the interest of the US and its corporations. The European Union, Japan and especially the developing countries were mostly ambivalent about the idea; it was the US which drove it on. Why? Because though the US, back in 1948, blocked the formation of an International Trade Organisation (ITO), believing that, at that time, the interests of its corporations would not be served by such a global body, it had changed its mind by the 1990s. Now it wanted an international trade body. Why? Because its global economic dominance was threatened. The flexible GATT (General Agreement on Tariffs and Trade) system, which preceded the WTO, had allowed the emergence of Europe and East Asia as competing industrial centres that threatened US dominance even in many high-tech industries. Under GATT’s system of global agricultural trade, Europe had emerged as a formidable agricultural power even as Third World governments concerned with preserving their agriculture and rural societies limited the penetration of their markets by US agricultural products. In other words, before the WTO, global trade was growing by leaps and bounds, but countries were using trade policy to industrialise and adapt to the growth of trade so that their economies would be enhanced by global trade and not be marginalised by it. That was a problem, from the US point of view. And that was why the US needed the WTO. The essence of the WTO is seen in three of its central agreements: the Agreement on Trade Related Intellectual Property Rights (TRIPs), the Agreement on Agriculture (AOA), and the Agreement on Trade Related Investment Measures (TRIMs). The purpose of TRIPs is not to promote free trade but to enhance monopoly power. One cannot quarrel with the fact that innovators should have preferential access to the benefits that flow from their innovation for a period of time. TRIPs, however, goes beyond this to institutionalise a monopoly for high-tech corporate innovators, most of them from the North. Among other things, TRIPs provides a generalised minimum patent protection of 20 years; institutes draconian border regulations against products judged to be violating intellectual property rights; and – contrary to the judicial principle of presuming innocence until proven guilty – places the burden of proof on the presumed violator of process patents. What TRIPs does is reinforce the monopolistic or oligopolistic position of US high tech firms such as Microsoft and Intel. It makes industrialisation by imitation or industrialisation via loose conditions of technology transfer – a strategy employed by the US, Germany, Japan, and South Korea during the early phases of their industrialisation – all but impossible. It enables the technological leader, in this case the US, to greatly influence the pace of technological and industrial development in the rest of the world.

#### Primacy causes endless war, terror, authoritarianism, prolif, and Russia-China aggression.

Ashford, PhD, 19

(Emma, PoliSci@UVA, Fellow@CATO, Power and Pragmatism: Reforming American Foreign Policy for the 21st Century, in New Voices in Grand Strategy, 4, CNAS)

Humility is a virtue. Yet in the last quarter century, American policymakers have been far more likely to embrace the notion of America as the “indispensable nation,” responsible for protecting allies, promoting democracy and human rights, tamping down conflicts, and generally managing global affairs. Compare this ideal to the U.S. track record – endless Middle Eastern wars, the rise of ISIS, global democratic backsliding, a revanchist Russia, resurgent China, and a world reeling from the election of President Donald Trump – and this label seems instead the height of hubris. Many of the failures of U.S. foreign policy speak for themselves. As the daily drumbeat of bad news attests, interventions in Iraq and Libya were not victories for human rights or democracy, but rather massively destabilizing for the Middle East as a whole. Afghanistan – despite initial military successes – has become a quagmire, highlighting the futility of nation- building. Other failures of America’s grand strategy are less visible, but no less damaging. NATO expansion into Eastern Europe helped to reignite hostility between Russia and the West. Worse, it has diluted the alliance’s defensive capacity and its democratic character. And even as the war on terror fades from public view, it remains as open-ended as ever: Today, the United States is at war in seven countries and engaged in “combating terrorism’ in more than 80.1 To put it bluntly: America’s strategy since the end of the Cold War – whether it is called primacy or liberal internationalism – may not be a total failure, but it has not been successful either. Many have tried to place blame for these poor outcomes.2 But recrimination is less important than understanding why America’s strategy has failed so badly and avoiding these mistakes in future. Much of the explanation is the natural outcome of changing constraints. Iraq and Libya should not be viewed as regrettable anomalies, but rather the logical outcome of unipolarity and America’s liberal internationalist inclination to solve every global problem. It’s also a reliance on flawed assumptions – that what is good for America is always good for the world, for example. Support for dangerous sovereignty-undermining norms adds to the problem; just look at the Responsibility to Protect (R2P), which has proved not to protect populations or stabilize fragile states, but to provoke chaos, encourage nuclear proliferation, and undermine the international institutions. Perhaps, if nothing else had changed, a form of watered-down liberal internationalism that foreswore interventionism and drew back from the war on terror might have been possible.3 But international politics are undergoing a period of profound transformation, from unipolarity to regional or even global multipolarity. Primacy – and the consistent drumbeat of calls in Washington to do more, always and everywhere – is neither sustainable nor prudent. Nor can we fall back on warmed-over Cold War–era strategies better suited to an era of bipolar superpower competition.

## DA

**Pharma profits are up from COVID vaccines, patent waivers threaten this**

**Buchholz 5-17-21**

(Katharina, https://www.statista.com/chart/24829/net-income-profit-pharma-companies/)

The profitability of coronavirus vaccines has been in the spotlight since U.S. President Joe Biden come out in support of temporarily lifting vaccine patents to make the production of the life-saving inoculations more financially feasible for poorer countries. EU leaders meanwhile remain divided over such a move. Company financial reports show that COVID-19 vaccine makers and developers like Johnson & Johnson, Pfizer, Moderna, AstraZeneca and BioNTech have seen their profits increase since the vaccine rollout, at times majorly. In early May, stocks of several companies that benefit from COVID-19 vaccine sales **took a nosedive on the news of Biden’s reversal**. Moderna stocks, for example, were still down more than 6 percent at close on May 5, the day of the announcement. Stocks recovered somewhat as German chancellor Angela Merkel came out against patent waivers the following day. While fluctuations in the stock market price have hurt drug makers in the **short term**, patent waivers would diminish the bottom line of companies involved with the development and production of COVID-19 **vaccines in the long term**. Pharma giants like Johnson & Johnson and Pfizer bring in billions of dollars of income every quarter from diverse sources, so the COVID bump was smaller for them. In the case of Pfizer, which has been a bigger producer than J&J, the year-over-year profit increase was a handsome 44 percent, however. For smaller AstraZeneca, the COVID year meant that its profits doubled. In the case of Moderna, the past year has turned a Q1 loss into a profit. The case is similar for German company BioNTech, which collaborated with Pfizer on its COVID vaccine. While Q1 2021 brought in a profit of $1.1 billion, the company ran a deficit since its founding in 2008 up until Q4 2020, when it posted a profit for the first time. The $446 million earned stood in contrast to losses of almost $428 million accrued in the first nine months of the year.

**Strong IP protection spurs innovation by encouraging risk-taking and incentivizing knowledge sharing -- prefer statistical analysis of multiple studies**

**Ezell and Cory 19** [Stephen Ezell, vice president & global innovation policy @ ITIF, BS Georgetown School of Foreign Service. Nigel Cory, associate director covering trade policy @ ITIF, MA public policy @ Georgetown. "The Way Forward for Intellectual Property Internationally," Information Technology & Innovation Foundation, 4-25-2019, accessed 8-25-2021, https://itif.org/publications/2019/04/25/way-forward-intellectual-property-internationally] HWIC

IPRs Strengthen Innovation

Intellectual property rights power innovation. For instance, analyzing the level of intellectual property protections (via the World Economic Forum’s Global Competitiveness reports) and creative outputs (via the Global Innovation Index) shows that countries with stronger IP protection have more creative outputs (in terms of intangible assets and creative goods and services in a nation’s media, printing and publishing, and entertainment industries, including online), even at varying levels of development.46

IPR reforms also introduce strong incentives for domestic innovation. Sherwood, using case studies from 18 developing countries, concluded that poor provision of intellectual property rights deters local innovation and risk-taking.47 In contrast, IPR reform has been associated with increased innovative activity, as measured by domestic patent filings, albeit with some variation across countries and sectors.48 For example, Ryan, in a study of biomedical innovations and patent reform in Brazil, found that patents provided incentives for innovation investments and facilitated the functioning of technology markets.49 Park and Lippoldt also observed that the provision of adequate protection for IPRs can help to stimulate local innovation, in some cases building on the transfer of technologies that provide inputs and spillovers.50 In other words, local innovators are introduced to technologies first through the technology transfer that takes place in an environment wherein protection of IPRs is assured; then, they may build on those ideas to create an evolved product or develop alternate approaches (i.e., to innovate). Related research finds that trade in technology—through channels including imports, foreign direct investment, and technology licensing—improves the quality of developing-country innovation by increasing the pool of ideas and efficiency of innovation by encouraging the division of innovative labor and specialization.51 However, Maskus notes that without protection from potential abuse of their newly developed technologies, foreign enterprises may be less willing to reveal technical information associated with their innovations.52 The protection of patents and trade secrets provides necessary legal assurances for firms wishing to reveal proprietary characteristics of technologies to subsidiaries and licensees via contracts.

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The relationship between IPR rights and innovation can also be seen in studies of how the introduction of stronger IPR laws, with regard to patents, copyrights, and trademarks, affect R&D activity in an economy. Studies by Varsakelis and by Kanwar and Evenson found that R&D to GDP ratios are positively related to the strength of patent rights, and are conditional on other factors.53 Cavazos Cepeda et al. found a positive influence of IPRs on the level of R&D in an economy, with each 1 percent increase in the level of protection of IPRs in an economy (as measured by improvements to a country’s score in the Patent Rights Index) equating to, on average, a 0.7 percent increase in the domestic level of R&D.54 Likewise, a 1 percent increase in copyright protection was associated with a 3.3 percent increase in domestic R&D. Similarly, when trademark protection increased by 1 percent, there was an associated R&D increase of 1.4 percent. As the authors concluded, “Increases in the protection of the IPRs carried economic benefits in the form of higher inflows of FDI, and increases in the levels of both domestically conducted R&D and service imports as measured by licensing fees.”55 As Jackson summarized, regarding the relationship between IPR reform and both innovation and R&D, and FDI, “In addition to spurring domestic innovation, strong intellectual property rights can increase incentives for foreign direct investment which in turn also leads to economic growth.”56

**Biopharmaceutical innovation is key to prevent future pandemics and bioterror**

**Marjanovic and Feijao 20** [Sonja Marjanovic Ph.D., Judge Business School, University of Cambridge. Carolina Feijao, Ph.D. in biochemistry, University of Cambridge; M.Sc. in quantitative biology, Imperial College London; B.Sc. in biology, University of Lisbon. "How to Best Enable Pharma Innovation Beyond the COVID-19 Crisis," RAND Corporation, 05-2020, accessed 8-8-2021, https://www.rand.org/pubs/perspectives/PEA407-1.html] HWIC

As key actors in the healthcare innovation landscape, pharmaceutical and life sciences 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 competition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, make 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 pharmaceutical 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 sector. 2 It is therefore unsurprising that we are seeing industry-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 compounds to assess their utility in the fight against COVID19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating trials 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 accelerate 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 relatively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pressure 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 combination product that is being tested for therapeutic potential 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, bioterrorism 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 immediate term. The pharmaceutical industry has responded to previous public health emergencies associated with infectious 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 contributions 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 innovation conditions.

**That causes extinction, which outweighs.**

**Millett & Snyder-Beattie ‘17**. Millett, Ph.D., Senior Research Fellow, Future of Humanity Institute, University of Oxford; and Snyder-Beattie, M.S., Director of Research, Future of Humanity Institute, University of Oxford. 08-01-2017. “Existential Risk and Cost-Effective Biosecurity,” Health Security, 15(4), PubMed

In the decades to come, advanced bioweapons could **threaten human existence**. Although the **probability** of human extinction from bioweapons **may** be low, the **expected value** of **reducing** the risk could **still** be **large**, since such risks jeopardize the existence of **all future generations**. We provide an overview of biotechnological extinction risk, make some rough initial estimates for how severe the risks might be, and compare the cost-effectiveness of reducing these extinction-level risks with existing biosecurity work. We find that reducing human extinction risk can be more cost-effective than reducing smaller-scale risks, even when using conservative estimates. This suggests that the risks are not low enough to ignore and that more ought to be done to prevent the worst-case scenarios. How worthwhile is it spending resources to study and mitigate the chance of human extinction from biological risks? The risks of such a catastrophe are presumably low, so a skeptic might argue that addressing such risks would be a waste of scarce resources. In this article, we investigate this position using a cost-effectiveness approach and ultimately conclude that the expected value of reducing these risks is large, especially since such risks jeopardize the existence of all future human lives. **Historically, disease events have been responsible for the greatest death tolls** on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world's population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to **remote populations**, overcome **rare genetic resistances**, and **evade detection**, cures, and **countermeasures**. Even evolution itself may work in humanity's favor: **Virulence and transmission is often a trade-off**, and so **evolutionary pressures** could push against maximally lethal wild-type pathogens.5,6 While these arguments point to a very small risk of human extinction, they **do not rule** the possibility **out** entirely. Although rare, there are recorded instances of **species going extinct due to disease**—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also **historical examples of large human populations being almost entirely wiped out** by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include **native American tribes** exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and the Western Abenaki (which suffered a staggering 98% loss of population).9 In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But **many diseases are proof** of principle that **each worst-case attribute can be realized independently**. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, **natural evolution** would be an **unlikely** source for pathogens with the **highest possible levels of transmissibility, virulence, and global reach**. But **advances in biotech**nology might allow the creation of diseases that **combine such traits**. Recent controversy has **already emerged** over a number of **scientific experiments** that resulted in viruses with enhanced **transmissibility**, **lethality**, and/or the ability to overcome **therapeutics**.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-21 Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a **long historical track record** of**state-run bioweapon research** applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.22 Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.23,24 While there is no evidence of state-run bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and **m**utually **a**ssured **d**estruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.25 The **possibility of a war** between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,26 and Japan using plague to cause an epidemic in China during WWII.27

## CP

#### Text: Member nations of the World Trade Organization ought to implement single-payer universal health insurance programs, in the vein of Medicare For All.

#### Solves the aff - single payer health care stops evergreening, promotes innovation and eliminates financial burdens on consumers

**Narayanan 19**

(Srivats Narayanan, B.A. Biology@UMissouri-Kansas, “Medicare for All and Evergreening”, 8/15/19, <https://medium.com/@srivats.narayanan/medicare-for-all-and-evergreening-cb84c930e0ea)//HW-CC>

This is because pharmaceutical firms are spending their time and money on a technique known as “evergreening.” Evergreening is when drug companies produce redundant drugs that are nothing but minor modifications of old drugs. By making slight alterations to their medicines, biotech companies continue to hold patents for drugs with minimal spending on research and development (R&D). Pharmaceutical companies then use those patents to prevent competitors from selling generic versions of their drugs. Without any competition, these corporations get away with ridiculously high drug pricing and can thus make big profits on their drugs. The companies simultaneously justify their absurd drug prices by pointing to the inflated R&D costs of producing new drugs. This excuse has been used time and again by the profit-hungry pharmaceutical industry, and it’s coming at the expense of patients who struggle to afford their medicines. A well-known example of evergreening pertains to the anticonvulsant medication gabapentin, which was first sold by Pfizer under the brand name Neurontin. When the drug became available as a generic medication over a decade ago, Pfizer created a very similar medicine, pregabalin (Lyrica), that didn’t have any significant benefits over the original drug. As a result, Pfizer has kept a control over the market for anticonvulsant drugs with negligible innovation. The drug industry’s reliance on evergreening is undoubtedly stifling innovation. This is where Medicare for All, which would impose the government as the only health insurer, would be useful. In our current system, there are many insurers and they each have little market power and consequently little negotiating power to reduce treatment prices. Since the government would have consolidated control over healthcare financing under Medicare for All, its stronger bargaining power would force drug companies to charge lower prices for their products. In addition, prescription drugs would be paid for by the government and not by patients under Medicare for All. Medicare for All would prevent evergreening. National healthcare financing would align how much the government pays a drug company with how much patients benefit from the company’s drugs. If a new drug had more clinical benefits than an older version, the government would pay more for it. If a new drug produced the same results as an older version, the government wouldn’t pay more for the new drug. So, Medicare for All would encourage pharmaceutical companies to pursue truly innovative drugs because such drugs would be more profitable. The policy would incentivize companies to invest in R&D for more useful drugs, instead of just producing redundant and expensive medications. A national healthcare plan would prioritize “patient and community needs” and match up pharmaceutical companies’ interests with actually improving public health. Evergreening has become the name of the game for the pharmaceutical industry. A major solution to the evergreening problem is Medicare for All. A single-payer system like Medicare for All would sharply curtail evergreening, since drug companies wouldn’t be able to profit from it. Medicare for All would usher in a new era of medical innovation.

## Case

**No solvency and reject "empirical" claims -- vaccines require complex infrastructure to manufacture, not just patents**

**Hotez 5/10** [Peter J. Hotez, Maria Elena Bottazzi, and Prashant Yadav. "Producing a Vaccine Requires More Than a Patent," Foreign Affairs, 5-10-2021, accessed 8-8-2021, https://www.foreignaffairs.com/articles/united-states/2021-05-10/producing-vaccine-requires-more-patent] HWIC

On May 5, President Joe Biden announced that the United States would support an international bid to waive intellectual property rights to vaccines for the duration of the coronavirus pandemic, thereby ostensibly allowing other countries to ramp up production even of the sophisticated technology behind the Pfizer-BioNTech and Moderna vaccines against COVID-19. Many in the global health community and developing world welcomed the decision as a victory for greater equity in vaccine distribution, in which middle- and low-income countries are lagging far behind wealthy ones. But the jubilation may be premature. The drive for intellectual property waivers originates in part from the world’s experience fighting the last war, against HIV/AIDS. Patent pools, intellectual property waivers, and other liberalizing mechanisms were urgent in assuring equity of access to lifesaving drugs during that epidemic. But these tools are better suited to medicines and other pharmaceuticals than to vaccines. Producing vaccines—particularly those as technologically complex as the messenger RNA (mRNA) inoculations against COVID-19—requires not only patents but an entire infrastructure that cannot be transferred overnight. The sharing of patents is an important and welcome development for the long term, but it may not even be the most pressing first step. JUST OPEN THE SPIGOT At the turn of the millennium, multinational pharmaceutical companies were charging $10,000 per patient for a daily drug regimen that could keep those infected with HIV/AIDS alive. Those in low- and middle-income countries in Africa and elsewhere could access this cocktail only under limited circumstances. Then, in 2001, the Indian drug manufacturer Cipla Limited began producing versions of a triple antiretroviral drug cocktail for a mere $350. Cipla, in collaboration with Médecins Sans Frontières (Doctors Without Borders), helped usher in a new era of global access to essential medicines—one that justified relaxing or even ignoring international patents and other property rights to produce and distribute an important and lifesaving drug as a generic. Since that time, global health advocacy organizations have found increasingly sophisticated ways to work with multinationals in ensuring access to essential medicines for low- and middle-income countries. In the 2010s, the global health initiative Unitaid helped create a Medicines Patent Pool, in which pharmaceutical companies from all over the world offered antiretroviral drug licenses, thereby creating a path for developing generic versions so long as the patent holders received royalties. The mechanism supplied voluntary licenses to new producers even while protecting the legal rights of the drugs’ original manufacturers. Companies such as Gilead, for example, have supplied voluntary licenses for their antivirals directly to generic manufacturers, allowing for tiered pricing across countries. Barely any COVID-19 vaccines have been administered in the African continent or in low- or middle-income countries in Asia and Latin America. Global health professionals have understandably sought to ascertain whether a similar approach could help make the distribution of COVID-19 vaccines less lopsided. More than one billion vaccine doses have now been administered—but overwhelmingly to people living in just a few countries. More than half have been administered in the United States (250 million) and China (290 million) alone, followed by India (160 million), the United Kingdom (51 million), and Germany (32 million). In contrast, for all practical purposes, barely any COVID-19 vaccines have been [administered](https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html) in the African continent or in low- or middle-income countries in Asia and Latin America. Global health advocates have responded to this inequity by seeking to apply the lessons they learned from antiretroviral drugs and demanding patent pools or other intellectual property waivers for COVID-19 vaccines. In March 2021, Médecins Sans Frontières organized protests at the World Trade Organization (WTO) headquarters in Geneva, unfurling a banner that read, “No COVID Monopolies—Wealthy Countries Stop Blocking TRIPS Waiver,” referring to the organization’s Agreement on Trade-Related Aspects of Intellectual Property Rights. The assumption underlying such demands is that intellectual property is a crucial barrier blocking vaccine developers, especially in low- and middle-income countries, from producing COVID-19 vaccines to scale—particularly the high-performing mRNA vaccines that Pfizer-BioNTech and Moderna currently produce. These vaccines elicit more than 90 percent protective immunity against both symptomatic illness and documented infection, including asymptomatic infection, with COVID-19. They are successfully driving the recovery of the United States, Israel, and other nations. But so far, mRNA vaccines are mostly invisible to Africa, Latin America, and low- and middle-income countries in other regions. The hope of those pushing for TRIPS waivers and patent pools is that these will unleash the technology to make the recovery global. IT TAKES A WHOLE ECOSYSTEM Intellectual property sharing may be helpful in the long term. But producing complicated biologics, especially innovative ones such as mRNA or adenovirus-vectored vaccines, is not solely a matter of patent access. Small-molecule antiviral drugs are comparatively straightforward: the multistep chemical processes through which they are synthesized are often fully detailed in published patents or scientific papers. Chemists and formulation experts can often synthesize and scale up production just from knowing the drug structure. But vaccines are different. Producing and manufacturing lipid-encased mRNA molecules, recombinant adenoviruses, or even the proteins or whole inactivated viruses used in older-generation vaccines requires a far higher level of sophistication than is needed for producing small-molecule drugs. Moreover, vaccine production must meet stringent requirements for quality control, quality assurance, and regulatory oversight. The **effective transfer of such complex technology requires a receiving ecosystem that can take years, sometimes decades, to build**. Countries seeking to ramp up vaccine production will need to train staff scientists and technicians. They will also need scientific administrators versed not only in basic research and development but also in detailed record keeping, including specific documentation practices such as batch production records. Moreover, they will need strong quality control systems and regulatory guardrails. Building such an infrastructure requires intensive training and often considerable financial investment and risk. It also takes time—by some estimates, vaccine development requires at least 11 years, and even then the probability that such efforts will result in bringing a vaccine to market is less than ten percent. Consider that the COVID-19 vaccines were themselves the outcome of decades of research and development. Few nations are prepared to take such risks. Only a handful of low- or middle-income countries currently have the capacity to produce new vaccines. Only a handful of low- or middle-income countries currently have the capacity to produce new vaccines. The most notable and largest is India, which currently makes the adenovirus-vectored vaccines developed by Janssen and by Oxford and AstraZeneca, as well as an older-technology recombinant protein vaccine and a whole inactivated virus vaccine. Manufacturers in Brazil, Cuba, and some Southeast Asian countries have experience producing childhood vaccines and may be able to develop the capacity to make COVID-19 vaccines as well. Other possibilities may develop elsewhere, including in the Middle East and Africa. But in the near term, such manufacturers will require financing, access to very large amounts of raw materials and supplies (possibly including relaxation of export controls), and some technical expertise in manufacturing and quality control if they are to produce the existing vaccines against COVID-19. Vaccinating India alone will require almost two billion doses, and more than 12 billion doses will be required to vaccinate the world. The emergence of new variants and the need for booster doses may increase demand even further. Whether mRNA vaccine technology can be scaled to produce billions of doses in 2021, or even by early 2022, remains entirely unknown, but the goal is worth pursuing. To this end, some kind of patent relaxation may be necessary, but far from sufficient. Would-be producers will need technical know-how, regulatory controls, and components that are currently in very short supply, such as nucleotides and lipids.

#### The plan gets circumvented through unilateral trade pressures – no IP case has ever gone to the ICJ, the strength of IP regimes has come solely through sanctions and threats.

Durand and Milberg, 18

[Cédric, Associate Prof. Political Economy @ U-Geneva, member @ Paris Nord Economics Center; and William, Dean @ The New School for Social Research: “Intellectual Monopoly in Global Value Chains,” published in 2018, https://hal.archives-ouvertes.fr/hal-01850438]//AD

Stricter IPRs at the national and international level support the expansion of GVC-based trade. Since the 1880s, the Paris and Berne Conventions – currently administered by the World Intellectual Property Organization (WIPO) - set some standards in terms of protection of industrial intellectual property and artistic works. However, their implementation has been problematic and no IP case has ever been subjected to the International Court of Justice. In the late 1970s, US IP-based industries realized that their competitive advantage was vulnerable as technological change made replication of their software, recorded music, videos, and pharmaceuticals increasingly easier and cheaper, in the absence of credible institutional means to sanction IP appropriators in developing countries. In the 1980s, they successfully lobbied the US government to use threats of unilateral trade sanctions to force developing countries to increase their IP protection and enlisted business associations in Europe and Japan to oppose what began to be framed as “piracy” and in favor of a stricter international IP regime. (Sell & Prakash, 2004, pp. 154–160).

#### Existing *compulsory licensing* exemptions are sufficient to solve

Bacchus, JD, 20

(James, adjunct scholar at the Cato Institute, a professor of global affairs at the University of Central Florida, An Unnecessary Proposal A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines <https://www.cato.org/sites/cato.org/files/2020-12/FTB_78.pdf>, 12-16)

What we have not heard in the waiver debate is any clear explanation from waiver advocates of why they believe that the right to compulsory licensing that they already possess will prove insufficient to ensuring access to COVID-19 vaccines. In requesting a broad waiver of IP rights to COVID-19 vaccines, India and South Africa maintained that “many countries especially developing countries may face institutional and legal difficulties when using flexibilities available” under existing WTO rules. They also noted that a “particular concern for countries with insufficient or no manufacturing capacity” is that the 2017 amendment that permits countries that produce generic medicines under compulsory license to export all of those medicines to least-developed countries that lack their own manufacturing capabilities will lead to a “cumbersome and lengthy process.”14 India and South Africa did not offer any further explanation or any evidence to support these assertions. In an effort at an explanation, two Canadian university professors contended, “The TRIPS flexibilities are important policies but they are not perfect. Rules allowing compulsory licensing apply only on a case-by-case and product-by-product basis. This slows down the ability of countries to scale up production of needed COVID-19 products.”15 But this is advocacy, not evidence. At the time, this point was purely prospective; it was a prejudgment before any COVID-19 vaccine had been given final approval or reached the market. Before such a sweeping waiver of IP rights is taken up, it should first be demonstrated that the option of compulsory licensing and other flexibilities under the current trade rules will not suffice. At this point, the developed countries that have opposed the waiver are correct. There is no evidence of the need for such a waiver. Action by the WTO should be contemplated only if, and when, the current flexibilities in WTO rules prove to be inadequate. Should that happen, any such action should be no broader than necessary to address the global medical need.