I negate the resolution resolved: the members nations of the World Trade Organization ought to reduce intellectual property protections for medicines

I offer the following definitions

Intellectual property protections are defined by the Oxford Dictionary as **exclusionary rights given to** authors, **inventors**, and businesses **for their** literary and artistic works of authorship, **useful and ornamental inventions, and valuable information.**

The value is **Justice**, defined by Hossain Askari as the

As a theory of justice, utilitarianism holds **that** all human actions (as well as those of a **state [actions]**) **are** virtuous, **moral**, and just **when they contribute to achieving general happiness.** Hence, actions are judged based on their consequences. Actions detrimental to general happiness are considered unjust.

Because people cannot be happy when they are suffering, the value criterion ought to be **minimizing societal suffering**.

Prefer this value criterion for the following reasons:

First, minimizing suffering is a pre-requisite for all other human values.

In a society with high amounts of suffering, all other human values will cease to develop because humans would lose the desire to deliberate or uphold any values other than those directly concerning their immediate survival and wellbeing. For instance, someone suffering of starvation might justify theft in order to reduce their suffering.

(if needed) Second, Gary Woller[[1]](#footnote-1) of BYU explains in 97, just actors must act to the overall benefit of society:

Moreover, virtually all public policies entail some redistribution of economic or political resources, such that one group's gains must come at another group's expense. Consequently, **public policies** in a democracy **must be justified to the public,** and especially to those who pay the costs of those policies. Such justification cannot simply be assumed a priori by invoking some higher-order moral principle[s]. Appeals to **a priori** moral **principles**, such as environmental preservation, also often **fail to acknowledge that public policies inevitably entail trade-offs[.]** among competing values. Thus since policymakers cannot justify inherent value conflicts to the public in any philosophical sense, and **since** public **policies inherently imply winners and losers,** the policymakers' duty to the public interest requires them to demonstrate that the redistributive effects and value trade-offs implied by their polices **[they must be]** are somehow **to the overall advantage of society.**

C1) Regulated Medicine

Status quo intellectual property rights provide a detailed legal framework for preventing counterfeit medicine from entering countries. World Intellectual Property Organization (WIPO) 14

International IP law provides for a number of enforcement mechanisms aimed at remedying trademark counterfeiting. These mechanisms are implemented by individual States into their national laws, which creates an approximated, robust and readily available legal framework to mitigate the risks of counterfeit medicines. i) The International Framework of Remedies Against Counterfeiting 16. Already since 1883, Article 9 of the Paris Convention for the Protection of Industrial Property foresees that States party to the Convention put in place legislation allowing for seizing goods unlawfully bearing a trademark on importation into their country, prohibiting such importation, or seizing such goods inside their country. Article 10 extends this to instances in which false indications of the source of goods or the identity of the producer, manufacturer, or merchant are used.17 17. The TRIPS Agreement obliges WTO members provide for effective action against IP infringements. Their judicial authorities shall have the authority to issue injunctions ordering the infringer to desist from the infringement (Article 44), to order the infringer to pay the right holder adequate damages (Article 45), and to order that infringing goods18 be disposed of outside the channels of commerce or destroyed (Article 46). 18. In addition, the TRIPS Agreement provides for the establishment of border measures. More specifically, Article 51 requires WTO members “to adopt procedures to enable a right holder, who has valid grounds for suspecting that the importation of counterfeit trademark (I) goods may take place, to lodge an application in writing with competent authorities, administrative or judicial, for the suspension by the customs authorities of the release into free circulation of such goods”. 19. For cases of willful trademark counterfeiting on a commercial scale, States must also provide for criminal procedures and penalties (Article 61 of the TRIPS Agreement). Remedies shall include imprisonment, monetary fines, and, in appropriate cases, the seizure, forfeiture and destruction of the infringing goods.19 ii) National Implementation of the TRIPS Enforcement Standards 20. Until today, 160 members have acceded to the WTO and, with the exception of least developed country members, are thus called upon to implement the IP enforcement mechanisms foreseen by the TRIPS Agreement.20 As a practical consequence, the majority of States have established national legislation providing enforcement agencies with the necessary powers to effectively combat counterfeit medicines. 21. It is clear that IP enforcement mechanisms do not replace the need for standard setting or legislation in the area of medicines safety. At the same time, national systems may lack public health specific regulation while in the international arena discussions on appropriate remedies against unsafe medicines are still ongoing. Under these circumstances readily available national IP enforcement laws in many WIPO Member States do play a supportive role by removing those unsafe medicines from the markets that are also counterfeit and offering a deterrent to their production.

<https://www.wipo.int/export/sites/www/enforcement/en/pdf/wipo_interpol-conf_2014.pdf>

Because IPRs necessitate government oversight, they deter bad medicine from entering the market. As a result, stronger IPRs encourage better medicine innovation from pharmaceutical companies. FIFARMA 21 states that

In short, **IP allows quality standards to be clearer and stricter, and regulators to have greater knowledge and traceability of each product that enters the market. Through IP, you can establish a record of all products globally, which makes it easier to find possible counterfeit [and unsafe] medicines.**

https://fifarma.org/en/this-is-how-we-fight-counterfeit-medicines-with-intellectual-property/

There are two implications

1. Unsafe vaccines

With weaker IPRs, more companies are willing to put out lower quality or counterfeit drugs because they know they can dodge government oversight. Williams 14 explains why this is bad, stating that

**Counterfeiting drugs is** not only illegal, but it is also **a major public health concern.** **Counterfeit drugs often contain the correct ingredients in incorrect quantities; however, they may also** contain either a wrong API—which may even **be toxic**—or no active substance at all.15 Treatment with **ineffective counterfeit drugs such as antibiotics can lead to the emergence of resistant organisms and may have a deleterious effect on a wide section of the population.**

<https://www.uspharmacist.com/article/counterfeit-meds#:~:text=Counterfeiting%20drugs%20is%20not%20only,no%20active%20substance%20at%20all>.

Chutel 17 quantifies, that

Access to basic healthcare is already out of reach for so many in poor countries, now a new study reveals that the medicines people are able to get hold of may be making them sicker. One in ten medical products in developing countries are either substandard or completely falsified, the [World Health Organization revealed](http://who.int/mediacentre/news/releases/2017/substandard-falsified-products/en/) on Nov. 28. Many of these make their way to Africa, with 42% of the 1,500 reports of such medication coming from the continent. The fake or subpar medications are not only eating into the budgets of the health ministries who buy them in bulk, they’re also weakening the immune systems of the individuals who take them. Most of the reported drugs were for antibiotics or anti-malaria treatments. In sub-Saharan Africa alone, the [London School of Hygiene and Tropical Medicine](https://www.lshtm.ac.uk/) estimates that **an additional 116,000 deaths are caused each year by falsified or substandard malaria medication.** The cost of these fake drugs is about $38.5 million to patients and health ministries.

<https://outline.com/ZmhxMB>

https://qz.com/africa/1140890/one-in-ten-medical-products-sent-to-developing-countries-are-falsified-or-below-standard-who/

1. Civilian trust

Because weakening IPRs weakens the standards of how we can track medicine, weaker IPR’s decreases civilian trust in pharmaceutical medicines and vaccines, causing them to not take them at all. Baschuk 2021

Specifically, opponents to the waiver say it would create a chaotic patchwork of laws, unravel existing industry partnerships, lead to a supply crunch for scarce vaccine inputs and inject even more uncertainty into already complex arrangements. There’s also the possibility that **an IP waiver** could result in the production of counterfeit and substandard medicines, which **could increase vaccine hesitancy that’s already pervasive in even the world’s wealthiest nations.**

<https://www.bloomberg.com/news/articles/2021-07-26/wto-s-holiday-from-vaccine-equity-talks-draws-calls-for-action>

Vaccine trust is crucial in pandemic responses. OECD 21 states that

While the development of COVID‑19 vaccines has been an extraordinary success, **vaccinating most of the global population [requires]** is an enormous challenge, one for which gaining – and maintaining – **public trust in** COVID‑19 **vaccines and vaccination** will be as essential as the effectiveness of the vaccines themselves. Moreover, the experience with COVID‑19 will likely shape confidence in other vaccines making it even more important to build confidence at this time. **[However] Trust in vaccination**, and in the ability of governments to communicate, and to successfully deliver a vaccination programme, **is critically dependent on**: the extent to which the government can instil and maintain public confidence in the effectiveness and safety of the vaccines; **the competence and reliability of the institutions that deliver them**; the principles and processes that guide government decisions and actions in vaccine procurement, distribution, prioritisation, and administration; the capacity and effectiveness of regulatory agencies in handling issues and communicating consistently as events arise, while retaining public confidence in their review processes; and the effectiveness of the public engagement and communications that accompany these.

Which requires IPR regulation.

Kluger 21 quantifies that American mistrust in the Covid vaccine has caused

Padgett is not alone.[According to a December survey undertaken by the Pew Research Center](https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/), **nearly 40% of Americans say they will definitely not** or probably not **get the COVID-19 vaccine [which is devastating because]** when it becomes available to them.[Gallup polls](https://news.gallup.com/poll/327425/willingness-covid-vaccine-ticks.aspx) put the number at 37%. That’s bad news not just for the vaccine refusers themselves but for the public as a whole. Experts including Dr. Anthony Fauci, head of the National Institute for Allergy and Infectious Diseases, had previously concluded that achieving herd immunity—the point at which a population is sufficiently vaccinated that a spreading virus can’t find enough new hosts—would require anywhere from 60% to 70% of Americans to take the vaccines. But lately, he and others have been inching that number upward, now estimating that **herd immunity could require as** **much as 85% vaccine coverage.**

These impacts short circuit the aff, because it doesn’t matter if reducing IPRs leads to increased vaccine production, innovation, and decreased prices. If medicine becomes fraudulent, or people refuse to take the vaccines or medicine in the first place, it means the affs links are essentially delinked.

The impact is pandemics.

New variants are devastating, as new variants risk being more lethal and contagious, with the probability of a less lethal variants being highly improbably. Haseltime 21 of Forbes states that, if the world can’t effectively combat Covid on time,

The report outlines four scenarios:

Scenario one: **The Delta variant [would] mutate**s **to a point of increased lethality.** Under this scenario, the virus has the potential to **kill[ing] between 10 and 35% of people infected**, as did SARS-CoV and MERS-CoV, up from the 1 to 2% lethality, characteristic of the current strains. Scenario two: The Delta variant **[it would also]** **mutate**s **to evade vaccines [and].** Scenario three: The Delta variant mutates to a point of multi-drug resistance, challenging **antiviral treatments designed to prevent and treat disease.** Scenario four: The Delta variant mutates to become less harmful, similar to the four coronaviruses circulating today, such as the common cold. Before dissecting these scenarios, it is important to recognize the basis of their conclusions. The report is cognizant of the behavioral patterns of viruses and coronaviruses in particular. They can alter their genetic structures by mutation and recombination, leading to substantial changes in fundamental characteristics, including replication rate, transmission efficiency, and pathogenesis. Wisely, the SAGE report considers the entire viral genome in its analysis, not just the potential changes in the Spike (S) protein, as is common in many other discussions on the topic. They note that the efficiency of transmission and evasion from immune surveillance is largely driven by the S protein. However, they also recognize that many other regions of the virus may contribute to both pathogenesis and transmission. In considering how much more transmissible the virus can be, we note a [study](https://www.biorxiv.org/content/10.1101/2021.01.06.425392v1.full) by Schreiber et al. that indicates that certain S mutations can increase avidity between the ACE2 receptor of the host cell and the virus by 600-fold, creating a far more transmissible variant. The progression from the original Wuhan virus to Alpha and then Delta seems to be following a path of increased avidity, as well as increased immune evasion. So far, the avidity appears to be increased by only four to eight-fold, far from the range that is theoretically possible. In what follows, we provide a detailed summary and analysis of each scenario. Scenario One: Increased Lethality The SAGE report considers the development of strains with increased lethality a realistic possibility. The Delta variant has driven a rise in cases to levels we have not [observed](https://www.nytimes.com/interactive/2021/us/covid-cases.html) in the United States since mid-February, and recent data shows a surge in deaths related to Delta variant infection in the [UK](https://coronavirus.data.gov.uk/), their highest rates since mid-March. The SAGE report highlights the possibility of recombination between two aggressive variants, resulting in a new, substantially more lethal and virulent virus. Specifically, the report highlights the possibility of an alpha and beta variant recombination. Were these variants to recombine, the variant could be comprised of the best of both worlds, forming a variant of dangerous transmission and immune evasion. The report highlights another likely origin of a more pathogenic virus through the current advent of antigenic drift. Orf and structural proteins are particularly important in the suppression of host immune responses. Orf9b, for example, [suppresses](https://www.nature.com/articles/s41467-021-23118-8) innate immunity by targeting mitochondria and the mitochondrial antiviral signaling protein (MAVS), TNF receptor-associated factor 3 (TRAF3), and TRAF6. In the alpha variant, a single amino acid mutation in the latter portion of the genome enabled the virus to replicate Orf9b mRNA to [80-fold](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8202424/) greater amounts than in non-alpha variant samples. As the report notes, the “likelihood of genotypic change in internal genes...is high.” So long as infections continue, the virus will continue to mutate to better adapt to its host environment: us. If a single amino acid outside the S protein could enhance an immune suppression function by 80-fold, imagine the evolutionary capacity of dozens of other fine-tuned mutations down the line. Scenario Two: Evading Vaccines The SAGE report considers the possibility that the virus will develop into what I call “vaccine-busting variants” to be an almost certainty. Influenza is an effective model for their concern. In addition to successive antigenic mutations that avoid immune suppression, a coronavirus has the evolutionary capability of antigenic shift, which involves substituting one or more genomic segments from a prevalent strain to an unrelated strain of animal origin. Such antigenic shifts of Influenza have occurred three times over the past century, each time giving rise to a new strain of flu, which evades existing prior immunity. We note that a number of human and other animal retroviruses make use of the same ACE2 receptor as SARS-CoV-2, and given that hundreds of millions of people around the world have been and will be infected with SARS-CoV-2, it is highly likely that such a recombination event could take place. At present, we are witnessing real-time antigenic drift, which could also result in “vaccine-busting variants.” Each variant, as they arise, contains a series of point mutations in the exterior spike protein, which serve to reduce the potency of extant vaccines and monoclonal antibodies. [Observations](https://www.biorxiv.org/content/10.1101/2020.12.17.423313v1.full.pdf) based on the annual recurrence of cold-causing coronaviruses indicate that the virus has nowhere near exhausted its capacity to reduce recognition by antibodies produced by previous infection or vaccine. Scenario Three: Anti-Viral Drug Resistance The SAGE report considers the possibility that the virus will develop antiviral drug resistance to be likely. The development of potent small-molecule antiviral drugs has been slower than originally anticipated. A problem plaguing the development of antiviral drugs is a long asymptomatic period prior to the onset of symptoms. By the time symptoms typically appear, the concentration of the virus has rapidly dropped in infected people and further treatment by anti-viral drugs yields limited efficacy. There are two strategies to counter. One is much more vigorous, which is the early identification of the infected, contact tracing, and use of antiviral drugs for prophylaxis. That has been a successful approach with monoclonal antibodies. The Regeneron combination monoclonal antibody was recently approved by the United States for preventing infections in nursing homes and other congregate living settings. Resistance to single and, in some cases, multiple monoclonal antibodies is already apparent. Many of the variants can no longer be neutralized by monoclonal antibodies that were produced early in the pandemic. Reports from separate laboratory studies show that single combinations of small molecule drugs also result in rapid adaptation and resistance. The lessons learned from successful treatment and prophylaxis of HIV show that combinations of antiviral drugs are critical for both the prevention and treatment of HIV infections. Combination treatment with two or more drugs dramatically reduces the possibility that the virus would rapidly develop resistance. Currently, there are more than 25 drugs, focusing on at least five or five to six different HIV targets that are used in combination. It is likely that a successful program for chemoprevention and treatment of coronaviruses requires a similar large pharmacopeia to cope with the virus’s propensity for developing resistance. The report urges dramatically increased research on the development of antiviral drugs. The model could be the recent drug, [Xofluza](https://www.ema.europa.eu/en/documents/assessment-report/xofluza-epar-public-assessment-report_en.pdf" \o "https://www.ema.europa.eu/en/documents/assessment-report/xofluza-epar-public-assessment-report_en.pdf" \t "_blank), which was developed to prevent household transmission and length of influenza, and has been shown to reduce infection duration by 80% when administered promptly post-exposure to active Influenza infection.  Scenario Four: Decreased Virulence The SAGE report considers the possibility that the virus will develop decreased virulence to be a realistic possibility, only in the long term. It is possible, but by no means certain, that over time the virus could mutate through a form that is highly transmissible but far less lethal. This may have been the case for the four coronaviruses currently in circulation, although there is no hard evidence to support this speculation. The report mentions that it is unlikely that the virus will mutate to become less lethal in the near future. They suggest that if the virus does mutate to a less lethal form, such mutations may occur over a period of many years to many decades.

<https://www.forbes.com/sites/williamhaseltine/2021/08/04/a-warning-about-the-future-of-covid-19-from-the-scientific-advisory-group-for-emergencies-of-the-united-kingdom/>

1. Gary Woller (Brigham Young University) “A Forum On The Role of Environmental Ethics in Restructuring Environmental Policy and Law for the Next Century,” University of New Mexico, June 1997. [↑](#footnote-ref-1)