## 1NC – DA

#### WTO is near consensus on fisheries subsidies – success will require continued focus, flexibility, and cooperation among members

WTO 7/15 [(World Trade Organization) “WTO members edge closer to fisheries subsidies agreement,” News and Events, 7/15/2021] JL

During an all-day meeting with 104 ministers and heads of delegation, WTO members pledged to conclude the negotiations soon and certainly before the WTO's Ministerial Conference in early December, and to empower their Geneva-based delegations to do so. Members also confirmed that the negotiating text currently before them can be used as the basis for the talks to strike the final deal.

“I feel new hope this evening. Because ministers and heads of delegation today demonstrated a strong commitment to moving forward and doing the hard work needed to get these negotiations to the finish line. I applaud you for this. In 20 years of negotiations, this is the closest we have ever come towards reaching an outcome — a high-quality outcome that would contribute to building a sustainable blue economy,” said Director-General Ngozi Okonjo-Iweala.

“One fundamental conclusion that I draw from your interventions today is that members are ready to use the text as the basis for future negotiations. A second takeaway from today was that there is universal agreement about the importance of the food and livelihood security of artisanal fishers in developing and least developed countries. The prospect for a deal in the autumn ahead of our Ministerial Conference has clearly improved.”

The UN Food and Agriculture Organization estimates that one-third of global fish stocks are overfished and most of the rest is fully exploited. This is up from 10% in 1970 and 27% in 2000. Depleted stocks threaten the food security of low-income coastal communities, and the livelihoods of poor and vulnerable fishers who must go further and further from shore only to bring back smaller and smaller hauls.

Each year, governments hand out around $35 billion in fisheries subsidies, two-thirds of which go to commercial fishers. These subsidies keep at sea vessels which would otherwise be economically unviable. World leaders in 2015 made a fisheries subsidies agreement by 2020 part of the Sustainable Development Goals and trade ministers reaffirmed this pledge in 2017.

The negotiations on fisheries subsidies disciplines have been ongoing for nearly 20 years. Although there has been recent progress thanks to the intensive work that led to the development of the negotiating text on which members are working, the lack of political impetus in the talks to close the remaining gaps inspired Director-General Okonjo-Iweala to call this meeting of ministers.

Among the thorniest issues to resolve has been how to extend special and differential treatment to developing and least developed country WTO members while preserving the overall objective of enhanced sustainability of the oceans. Ministers said that the livelihoods and food security of poor and vulnerable artisanal fishers in developing and least developed countries were of great importance, as was preserving the sustainability objective of the negotiations.

Amb. Santiago Wills of Colombia, who chairs the Rules Negotiating Group overseeing the fisheries subsidies negotiations, said he had received some valuable inputs from the discussions. He now has greater clarity on the path forward and the next steps that would be required to harvest an agreement. He will be consulting with the Director-General and WTO members about charting the path forward for the next stage of the talks.

“I am very heartened by the responses and messages that we have heard today. What we sought from ministers today was political guidance to help close these negotiations soon. And we did hear that guidance. We have been given the ingredients to reach a successful conclusion; a commitment to finish well ahead of our Ministerial Conference a text that can be the platform for this final stage of the negotiations and fully empowered heads of delegations in Geneva. This represents a real success,” said Amb. Wills.

The Director-General said that delegations needed to prepare for an intensive period of line by line negotiations.

“As we enter this new phase of text-based discussions, the responsibility to conclude these negotiations is truly in the hands of members. To get from here to an agreement, it will be your job to find the necessary trade-offs and flexibilities. A successful outcome by MC12 is ultimately your responsibility,” she said. “The world is watching. The fisheries subsidies negotiations are a test both of the WTO's credibility as a multilateral negotiating forum and of the trading system's ability to respond to problems of the global commons.  If we wait another 20 years, there may be no marine fisheries left to subsidise — or artisanal fishing communities to support.”

#### IP disputes fragment WTO unity and trade off with subsidies negotiation

Patnaik 3/12 [(Priti, journalist in Geneva, Switzerland, master’s in Development Studies from The Graduate Institute in Geneva and a master’s in Business and Economic Reporting from New York University) “Could Vaccine Nationalism Spur Disputes At The WTO?” Geneva Health Files, 3/12/2021] JL

To protect domestic manufacturers and constituencies, countries may resort to filing disputes, if only to send a signal to other members, experts believe. To be sure, this is not only about vaccines. Going forward, export restrictions on raw materials can have implications for therapeutics as well. So the threat of a dispute may be a tool to deal with competition for scarce medical products during the pandemic, experts say.

Although trade restrictive measures are short-sighted and not a preferred policy option, governments see them as powerful instruments to meet political goals, to send a message to domestic stakeholders, sources said.

“My hunch is that all countries are sort of sitting on both sides of the fence. On the one hand, governments would like to maintain the discretion and the ability to impose export restrictions if they need to or if they think they need to. Whether that is medical products or personal protective equipment. On the other hand, everybody dislikes it when other countries impose export restrictions. So I think there is enough of an incentive for countries to sit down and negotiate,” one legal expert noted.

Sources also pointed to political declarations last year where WTO members came together and said that they would not impose restrictive trade measures. “In order to be constructive, countries decided that they were going to signal to members that will not introduce exports restrictive measures even though it may be expedient to do so,” one trade expert said. The way out, some feel, is to find solution to placing limits on export restrictions.

It is not just trade restrictive measures that could result in trade disputes. The heated political discussions on the TRIPS waiver at WTO is also aggravating the potential for disputes, according to experts involved in litigations in international trade in Geneva. Therefore these ostensibly independent processes, can catalyse disputes.

“The waiver discussion is very heated and it is aggravating the discussion on the EU's export restrictions. If the waiver succeeds, then the opposing members cannot do anything about it. So they will be looking at other ways to beat up on behavior they do not like on the COVID-19 front,” one trade law expert said.  Do not rule out disputes against supporters of the TRIPS waiver proposal, in case the waiver is adopted, the source added.

In their statement at the WTO General Council meeting last week, the EU said, “In order to ensure that vaccines and their ingredients are not directed to export destinations in unjustified volumes, the European Union had no choice but to introduce a transparency mechanism on Covid-19 vaccine export transactions.” The EU has said that the measures are WTO-consistent.

It added “Since the entry into force of the scheme on the 1 February, we have received 150 requests for export authorisation. All of them have been accepted. I repeat, all of them.” This week, the European Commission extended transparency and authorisation mechanism for exports of COVID-19 vaccines.

The EU is also a part of the Ottawa Group proposal on Trade and Health that also spells out commitments towards export restrictions. (See also *E.U. Exports Millions of Covid Vaccine Doses Despite Supply Crunch at Home*)

“Members bring disputes all the time, even when they know that it's going to take a long time to get a result and often they bring a dispute as leverage for negotiations. Filing a dispute does not mean they are looking for a solution. It does not mean the dispute will be litigated all the way to the end,” a trade lawyer said.

It could also result in a negotiated arrangement, like it was in 2001 in the U.S.-Brazil case. “Why did the U.S. bring a case against Brazil? It gave them leverage in negotiations, and to satisfy domestic stakeholders,” the lawyer added.

The impasse at the Appellate Body may not be a deterrent for countries to dissuade countries from bringing a dispute, some believe.

“The Appellate Body not being functional is not a problem. Countries have recourse to Article 25 under the Dispute Settlement Understanding (DSU) that provides for ‘expeditious arbitration as a alternate means to dispute settlement’,” a source involved in the WTO litigation process said. (The EU, for example, is a signatory to the Multi-party interim appeal arbitration arrangement, MPIA.)

While disputes may take up precious energy and resources of members already stretched in fighting to address the pandemic, it may likely be a strategy to address trade protectionism. Not all agree.

“I think the law is not really an answer here, I hate to say that because I'm a lawyer. But I really don't think the law is an answer because the law is so generically drafted right that and it's politically so sensitive. Which WTO panel will tell a member that restricting vaccines is not legitimate? It will ultimately harm the legitimacy of the trading system,” the person added.

#### Overfishing causes SCS war – WTO agreement solves

Cohen and Floyd 1/27 [(Sam, J.D. student at Harvard Law School, BA in history from Yale University, surface warfare officer in the U.S. Navy, and Steve, joint J.D./LL.M. in national security law at Georgetown University Law Center, lieutenant commander in U.S. Naval Intelligence) “Water Wars Special: How IUU Fishing Increases the Risk of Conflict, Lawfare, 1/27/2021] JL

The Food and Agriculture Organization of the United Nations has classified one-third of the world’s marine fisheries as overfished. The impact of unsustainable fishing is especially acute in the South China Sea, where coastal fisheries have lost 70 to 95 percent of their stocks since the mid-20th century and catch rates have declined by 70 percent throughout the past two decades. Furthermore, the sea’s coral reefs, which nurture critical feeding grounds for fish stocks, decline by 16 percent every 10 years. As traditional fishing grounds prove less fruitful, fishermen venture farther from shore and operate in contested areas. Indeed, when China faced dwindling coastal stocks in the 1990s, Beijing embarked on a massive shipbuilding effort; and President Xi Jinping continues to exhort Chinese fishermen to “build bigger ships and venture even farther into the oceans and catch bigger fish.” Such efforts incentivize IUU activity, heighten competition for increasingly scarce resources and feed an escalating cycle that accelerates stock depletion.

In the South China Sea, with its kaleidoscope of disputed claims, China’s excess capacity and IUU fishing practices exacerbate a particularly volatile environment. Depleted fishing stocks force fishermen to operate further from shore and increase the chance of violent encounters. Filipino authorities have intercepted Chinese boats illegally fishing off Palawan, and Philippine President Rodrigo Duterte claimed that Chinese fishermen intentionally rammed a Filipino fishing boat and left its crew stranded in the sea in 2019. Three years earlier, the Chinese Coast Guard rammed an Indonesian patrol boat attempting to interdict Chinese fishermen. As the Vietnamese government actively encourages fishermen to contest China’s expansive maritime claims, the Chinese Coast Guard expelled nearly 1,200 fishing boats from the northern half of the South China Sea last summer. During one such encounter, a Chinese Coast Guard vessel repeatedly rammed a Vietnamese fishing boat and sent its 17-person crew overboard. It’s true that fishing subsidies did not create the region’s historic animosities. But the activities these subsidies support add fuel to an already smoldering fire.

Dwindling stocks of fish, unsustainable practices and IUU fishing constitute a global crisis and increase the risk of maritime conflict. But this risk can be mitigated through international cooperation: A World Trade Organization (WTO) agreement on fishing subsidies would address a fundamental cause of these fishing-related problems and create a binding legal framework through which members could seek relief.

#### SCS conflict draws in the US and goes nuclear – extinction

Carter 20 (John Carter has been an economics and finance journalist for more than 40 years. Prior to joining the South China Morning Post, he worked for Market News International for more than 33 years, first as Washington Bureau Chief, then as European Managing Editor in Frankfurt, Germany and finally as Asian Managing Editor working out of Beijing, Global Impact newsletter: escalating conflict in the South China Sea, https://www.scmp.com/economy/article/3102323/global-impact-newsletter-escalating-conflict-south-china-sea)

If you want to start a world war, a good way to do it is to mix the escalating conflict between two of the world’s greatest military powers with the grievances of a half-dozen smaller countries over territorial claims. That’s the current situation in the South China Sea, the massive body of water that stretches more than 4,000km (2,485 miles) from mainland China in the north to Indonesia in the south – about the same distance between London and Chicago. China has claimed the vast majority of the South China Sea as its exclusive territory, including areas claimed by six other governments – Brunei, Indonesia, Malaysia, the Philippines, Taiwan, and Vietnam – that consider them part of their own exclusive economic zones. A map of the conflicting claims can be seen in this graphic presentation, while the history of China’s territorial disputes, including in the South China Sea, is explained in this video. China considers the South China Sea one of its “core” interests, of equal importance as Taiwan, Tibet and Xinjiang, meaning it is ready to go to war to defend it. It has marked the territory by a “nine dash line” on its maps, and even on its passports, angering its neighbours. China needs the oil and mineral wealth hidden beneath the South China Sea to supply its rapid economic recovery, as well as the fishing catch needed to feed the country’s 1.4 billion stomachs. An international tribunal ruled in 2016 that China did not have the right to claim the South China Sea as its sovereign territory, a ruling that China has pointedly rejected. To secure this vast sea area, China has turned uninhabited atolls and half-submerged rock formations into forward military bases, as personally directed by President Xi Jinping. Regular Chinese sea patrols monitor the area, driving away fishing boats from other nations from what it considers its exclusive fishing area. The intrusion of China into what other Asian nations consider their sovereign territory has caused tensions in the region to ratchet up, with the 10 members of the Association of Southeast Asian Nations (Asean) increasingly pushing back, at times with violent confrontations. The US has flatly rejected Chinese claims to the South China Sea, and has dramatically stepped up its military presence in the area. Each side has warned the other of the dangers of further escalation, with the US sanctioning Chinese firms that helped build China’s island outposts. Rarely a week goes by without a US warship sailing near Chinese held outputs as part a “freedom of navigation” exercise, shadowed by Chinese vessels the entire way. Confrontations have brought warships from both nations within a few metres of each other, a dangerous situation that could easily get out of hand. Tensions have ratched up recently, with the Chinese and US navies holding exercises in the region at the same time. In a provocation move, the Chinese test fired several of its “aircraft carrier killer” missiles in a clear warning to the US to back off its “interference” in the South China Sea. And some Asean nations are starting to push back against Chinese “intrusions” into their territorial waters, threatening to draw the US deeper into local disputes, though the group as a whole is trying to avoid picking sides in the US-China confrontation. The latest incident occurred this week, with Indonesia’s foreign ministry lodging an official protest after a Chinese coastguard ship spent two days sailing through Indonesia territorial waters. Chinese military commands have been ordered not to shoot first in any confrontation with the US military, but with heavily armed warships and planes constantly patrolling the area, even a small error in judgment could lead to a shooting war. And with the US presidential election less than two months away, there is no sign that tensions between two of the world’s largest militaries will de-escalate any time soon.

## 1NC – CP

#### CP: Member nations of the World Trade Organization should reduce intellectual property protections for medicines by implementing a one-and-done approach for patent protection except for extended-release formulations for epilepsy medicines.

Holman 18 [(Christopher M., Professor at the University of Missouri-Kansas City School of Law, where his primary research focus lies at the intersection of intellectual property and biotechnology) “Why Follow-On Pharmaceutical Innovations Should Be Eligible For Patent Protection,” Intellectual Property Watch, 9/12/2018] JL

Follow-on pharmaceutical innovation can come in the form of an extended-release formulation that permits the drug to be administered at less frequent intervals than the original formulation. Critics of secondary patents downplay the significance of extended-release formulations, claiming that they represent nothing more than a ploy to extend patent protection without providing any real benefit to patients. In fact, the availability of a drug that can be taken once a day has been shown to improve patient compliance, a significant issue with many drugs, particularly in the case of drugs taken by patients with dementia or other cognitive impairments. Extended-release formulations can also provide a more consistent dosing throughout the day, avoiding the peaks and valleys in blood levels experienced by patients forced to take an immediate-release drug multiple times a day.

Other examples of improved formulations that provide real benefits to patients are orally administrable formulations of drugs that could previously only be administered by more invasive intravenous or intramuscular injection, combination products that combine two or more active pharmaceutical agents in a single formulation (resulting in improved patient compliance), and a heat-stable formulation of a lifesaving drug used to treat HIV infection and AIDS (an important characteristic for use in developing countries with a hot climate).

#### Extended-release epilepsy medicines save lives

Wheless and Phelps 18 [(James W., professor of neurology and pediatrics and director of the Texas Comprehensive Epilepsy Program and of the Epilepsy/EEG Fellowship Program at the University of Texas Health Science Center at Houston and Stephanie J., Professor of Clinical Pharmacy and Pediatrics at The University of Tennessee Health Science Center) “A Clinician's Guide to Oral Extended-Release Drug Delivery Systems in Epilepsy,” Journal of Pediatric Pharmacology and Therapeutics, 8/2018] JL

There are many inherent advantages to using ER formulations. They may enhance adherence to AED therapy, minimize fluctuations in SDC, improve seizure control, and reduce toxicities associated with peak concentrations compared with IR formulations.

Enhanced Medication Adherence and Improved Quality of Life. Non-adherence to AEDs is a problem in the management of epilepsy, and it can have serious or even fatal consequences if patients experience inadequate seizure control (Table 2).17–19 In a US survey of 661 patients with epilepsy, 71% noted dose omissions and 45% reported a seizure following a missed dose.19 A large retrospective database analysis in a US managed-care adult population showed that during a mean follow-up of 27 months, 39% of patients with epilepsy were non-adherent.18 In another retrospective open-cohort study of claims data for 33,658 US Medic-aid patients with epilepsy, non-adherence to AEDs was associated with a more than 3-fold increase in mortality compared with adherence, and during periods of non-adherence patients had significantly higher incidences of emergency department visits, hospital admissions, motor vehicle injuries, and fractures.20

Evidence shows that patients receiving an ER formulation are more likely to continue with therapy than patients receiving IR formulations, and that there are no significant differences in AEs between the 3 formulations (Tegretol [ER carbamazepine], Carbatrol [ER carbamazepine], and a generic IR carbamazepine).21 In a review of studies that compared ER, conventional, and IR formulations of AEDs, several studies noted increases in adherence following a change from an IR to an ER formulation.17 In general, ER formulations were associated with reduced AEs, greater tolerability, improved dosing convenience, increased efficacy, and improvements in quality of life.17 Finally, because the likelihood of missing a dose increases with dosing frequency, and with the number of tablets/capsules taken,19 the simplification of dosing regimens with ER formulations is an important approach to improving adherence.13,15,17,22

Decreased Fluctuation in Peak-and-Trough SDC**.** Many AEDs have short half-lives. For IR formulations, this necessitates frequent dosing to maintain SDCs within the targeted range for optimal seizure control. The resulting wide peak-to-trough fluctuations in concentrations (Figure 1B) may increase the likelihood of both seizures and AEs.13,15,22,23

Extended-release formulations enable the dosing interval to be increased, which maintains concentration within the targeted range while decreasing fluctuations in peak-to-trough concentrations (Figure 1B). The decreased fluctuations may result in reduced toxicity and fewer concentration-related AEs compared with IR formulations.14,15,24 This may make ER formulations more forgiving to occasional irregular dosing compared with IR formulations. A pharmacokinetic simulation of Trokendi XR (topiramate; Supernus Pharmaceuticals, Rockville, MD) showed that following a delayed or omitted dose, SDC could be restored by giving the ER dose at any point within the next dosing interval, or by giving an additional ER dose together with the next scheduled dose.25

Less Frequent Local and Systemic AEs. Extended-release DDSs typically have slower release rates, which can result in fewer concentration-related AEs and can prevent side effects that may occur during the absorption phase with IR formulations.26 Lower peak concentrations may allow some patients to have their total daily dose increased without experiencing AEs, resulting in improved seizure control for the same chemical moiety when an ER formulation is used.

Uthman17 reviewed more than 15 studies comparing ER formulations of AEDs to IR, DR, or placebo products. A total of 4 of the 7 studies that directly compared ER and IR formulations showed significantly fewer AEs, better tolerability, and enhanced compliance for ER formulations of carbamazepine,27,28 levetiracetam,29 and valproate.30

Similarly to DR formulations, ER products have the potential to improve adherence by reducing local AEs, such as the gastrointestinal intolerance that can be associated with IR formulations. Additionally, ER formulations that are enteric coated may improve gastrointestinal tolerability in some patients. For example, the gastrointestinal AEs associated with valproic acid have been reduced by the introduction of enteric-coated formulations.31

Overall Decrease in Health Care Costs. The use of AED ER formulations is generally associated with better adherence and seizure control than IR formulations.17 Several studies in adults have shown that an increase in adherence was associated with a decrease in the costs of care and hospitalization (Table 2)18,32,33; hence, ER formulations have the potential to reduce overall health care costs compared with IR formulations. Helmers et al34 studied the economic burden associated with generic versus branded AEDs in the United States. They found that the periods of generic use were associated with higher total medical service cost (i.e., $3186) when compared to period of brand product use. Likewise, Labiner et al35 reported that generic AED use was associated with significantly greater use of medical services and increased risk of epilepsy-related medical events compared with brand use. Within an institutional setting, ER products require less pharmacy preparation and less nursing time related to administration (e.g., QD versus TID).

## 1NC – CP

#### CP: Member nations of the World Trade Organization should enter into a prior and binding consultation with the World Health Organization over reducing intellectual property protections by implementing a one-and-done approach for patent protection s. Member nations will support the proposal and adopt the results of consultation.

#### WHO says yes

#### It supports increasing the availability of generics and limiting TRIPS

Hoen 03 [(Ellen T., researcher at the University Medical Centre at the University of Groningen, The Netherlands who has been listed as one of the 50 most influential people in intellectual property by the journal Managing Intellectual Property, PhD from the University of Groningen) “TRIPS, Pharmaceutical Patents and Access to Essential Medicines: Seattle, Doha and Beyond,” Chicago Journal of International Law, 2003] JL

However, subsequent resolutions of the World Health Assembly have strengthened the WHO’s mandate in the trade arena. In 2001, the World Health Assembly adopted two resolutions in particular that had a bearing on the debate over TRIPS [30]. The resolutions addressed:

– the need to strengthen policies to increase the availability of generic drugs;

– and the need to evaluate the impact of TRIPS on access to drugs, local manufacturing capacity, and the development of new drugs.

#### It’s outspoken against evergreening

WHO 06 [(World Health Organization, specialized agency of the United Nations responsible for international public health) “Public health, innovation and intellectual property rights,” Report of the Commission on Intellectual Property Rights, Innovation, and Public Health, 2006] JL

Though difficult to discern from incremental innovation in practice, socalled “evergreening” is importantly different. As usually understood, “evergreening” occurs when, in the absence of any apparent additional therapeutic benefits, patent-holders use various strategies to extend the length of their exclusivity beyond the 20-year patent term. President Bush, in 2002, provided a working definition while announcing reforms in response to a Federal Trade Commission (FTC) report (73) on delays to the entry of generic products onto the market:

The FTC...discovered that some brand name drug manufacturers may have manipulated the law to delay the approval of competing generic drugs. When a drug patent is about to expire, one method some companies use is to file a brand new patent based on a minor feature, such as the color of the pill bottle or a specific combination of ingredients unrelated to the drug’s effectiveness … In the meantime, the lower-cost generic drug is shut out of the market … This is not how Congress intended the law to work. Today, I’m taking action to close the loopholes, to promote fair competition and to reduce the cost of prescription drugs in America … These steps we take today will not undermine patent protection. Instead, we are enforcing the original intent of a good law. Our message to brand name manufacturers is clear: you deserve the fair rewards of your research and development; you do not have the right to keep generic drugs off the market for frivolous reasons (81).

Evergreening can occur in a number of ways but typically, as noted by President Bush, it arises when companies file and obtain patents, subsequent to the original patent, on other aspects of the same compound or reformulations of the original compound in ways that might be regarded as of no incremental therapeutic value, but which are nevertheless patentable. For instance, strategies include a similar but different dosage form such as capsules rather than tablets, salts, esters, or crystals (polymorphs) of the same product or other changes dependent on the ingenuity of the formulators and the lawyers. These types of strategies occur in almost all jurisdictions, especially for lucrative products (see Box 4.7) (82, 83).

Where there is a linkage between the patent system and the procedures for approving new drugs (for example, in Canada and the United States), the policy issues take a particular form. In the United States, for instance, the Federal Trade Commission catalogued a number of instances where generic entry was delayed by up to fi ve years by successive stays of up to 30 months on the entry of a generic competitor (see Box 4.7). These stays were provided automatically under the United States law if a brand-holder challenged the generic company for infringement, until the changes announced by President Bush reduced this to one stay only.

These linkage arrangements are essentially supplementary to the patent system. But they alter the way in which the patent system operates for pharmaceutical products.15 Nevertheless, the final decisions on patent validity and infringement cases lie with the courts. This means that any change to tackle evergreening at its roots requires measures to reduce the likelihood of such patents being granted or, if granted, of being upheld in the courts. While, as previously stated, some forms of incremental innovation might be important in terms of patient benefit, faced with the reality of the TRIPS agreement, developing countries need to consider how their own patent laws may deal with this issue. Patents on minor developments are used, often aggressively, by some patent holders to delay or block generic competition. Small and medium-sized generic firms in developing countries, in particular, are generally unable to sustain costly and lengthy legal challenges, and opt to avoid fields where litigation may arise. The outcome may be the reduction or suppression of competition and, in some cases higher prices for patients.

#### Consultation displays strong leadership, authority, and cohesion among member states which are key to WHO legitimacy

Gostin et al 15 [(Lawrence O., Linda D. & Timothy J. O’Neill Professor of Global Health Law at Georgetown University, Faculty Director of the O’Neill Institute for National & Global Health Law, Director of the World Health Organization Collaborating Center on Public Health Law & Human Rights, JD from Duke University) “The Normative Authority of the World Health Organization,” Georgetown University Law Center, 5/2/2015] JL

Members want the WHO to exert leadership, harmonize disparate activities, and set priorities. Yet they resist intrusions into their sovereignty, and want to exert control. In other words, ‘everyone desires coordination, but no one wants to be coordinated.’ States often ardently defend their geostrategic interests. As the Indonesian virus-sharing episode illustrates, the WHO is pulled between power blocs, with North America and Europe (the primary funders) on one side and emerging economies such as Brazil, China, and India on the other. An inherent tension exists between richer ‘net contributor’ states and poorer ‘net recipient’ states, with the former seeking smaller WHO budgets and the latter larger budgets.

Overall, national politics drive self-interest, with states resisting externally imposed obligations for funding and action. Some political leaders express antipathy to, even distrust of, UN institutions, viewing them as bureaucratic and inefficient. In this political environment, it is unsurprising that members fail to act as shareholders. Ebola placed into stark relief the failure of the international community to increase capacities as required by the IHR. Guinea, Liberia and Sierra Leone had some of the world's weakest health systems, with little capacity to either monitor or respond to the Ebola epidemic.20 This caused enormous suffering in West Africa and placed countries throughout the region e and the world e at risk. Member states should recognize that the health of their citizens depends on strengthening others' capacity. The WHO has a central role in creating systems to facilitate and encourage such cooperation.

The WHO cannot succeed unless members act as shareholders, foregoing a measure of sovereignty for the global common good. It is in all states' interests to have a strong global health leader, safeguarding health security, building health systems, and reducing health inequalities. But that will not happen unless members fund the Organization generously, grant it authority and flexibility, and hold it accountable.

#### WHO is critical to disease prevention – it is the only international institution that can disperse information, standardize global public health, and facilitate public-private cooperation

Murtugudde 20 [(Raghu, professor of atmospheric and oceanic science at the University of Maryland, PhD in mechanical engineering from Columbia University) “Why We Need the World Health Organization Now More Than Ever,” Science, 4/19/2020] JL

WHO continues to play an indispensable role during the current COVID-19 outbreak itself. In November 2018, the US National Academies of Sciences, Engineering and Medicine organised a workshop to explore lessons from past influenza outbreaks and so develop recommendations for pandemic preparedness for 2030. The salient findings serve well to underscore the critical role of WHO for humankind.

The world’s influenza burden has only increased in the last two decades, a period in which there have also been 30 new zoonotic diseases. A warming world with increasing humidity, lost habitats and industrial livestock/poultry farming has many opportunities for pathogens to move from animals and birds to humans. Increasing global connectivity simply catalyses this process, as much as it catalyses economic growth.

WHO coordinates health research, clinical trials, drug safety, vaccine development, surveillance, virus sharing, etc. The importance of WHO’s work on immunisation across the globe, especially with HIV, can hardly be overstated. It has a rich track record of collaborating with private-sector organisations to advance research and development of health solutions and improving their access in the global south.

It discharges its duties while maintaining a dynamic equilibrium between such diverse and powerful forces as national securities, economic interests, human rights and ethics. COVID-19 has highlighted how political calculations can hamper data-sharing and mitigation efforts within and across national borders, and WHO often simply becomes a convenient political scapegoat in such situations.

International Health Regulations, a 2005 agreement between 196 countries to work together for global health security, focuses on detection, assessment and reporting of public health events, and also includes non-pharmaceutical interventions such as travel and trade restrictions. WHO coordinates and helps build capacity to implement IHR.

#### WHO diplomacy solves great power conflict

Murphy 20 [(Chris, U.S. senator from Connecticut serving on the U.S. Senate Foreign Relations Committee) “The Answer is to Empower, Not Attack, the World Health Organization,” War on the Rocks, 4/21/2020] JL

The World Health Organization is critical to stopping disease outbreaks and strengthening public health systems in developing countries, where COVID-19 is starting to appear. Yemen announced its first infection earlier this month, and other countries in Africa, Asia and the Middle East are at severe risk. Millions of refugees rely on the World Health Organization for their health care, and millions of children rely on the WHO and UNICEF to access vaccines.

The World Health Organization is not perfect, but its team of doctors and public health experts have had major successes. Their most impressive claim to fame is the eradication of smallpox – no small feat. More recently, the World Health Organization has led an effort to rid the world of two of the three strains of polio, and they are close to completing the trifecta.

These investments are not just the right thing to do; they benefit the United States. Improving health outcomes abroad provides greater political and economic stability, increasing demand for U.S. exports. And, as we are all learning now, it is in America’s national security interest for countries to effectively detect and respond to potential pandemics before they reach our shores.

As the United States looks to develop a new global system of pandemic prevention, there is absolutely no way to do that job without the World Health Organization. Uniquely, it puts traditional adversaries – like Russia and the United States, India and Pakistan, or Iran and Saudi Arabia – all around the same big table to take on global health challenges. It has relationships with the public health leaders of every nation, decades of experience in tackling viruses and diseases, and the ability to bring countries together to tackle big projects. This ability to bridge divides and work across borders cannot be torn down and recreated – not in today’s environment of major power competition – and so there is simply no way to build an effective international anti-pandemic infrastructure without the World Health Organization at the center.

#### Ought means should

Merriam Webster, No Date – Merriam Webster’s Learner’s Dictionary, “ought”, <http://www.learnersdictionary.com/definition/ought>  
ought /ˈɑːt/ verb  
Learner's definition of OUGHT [modal verb] 1 ◊ Ought is almost always followed by to and the infinitive form of a verb. The phrase ought to has the same meaning as should and is used in the same ways, but it is less common and somewhat more formal. The negative forms ought not and oughtn't are often used without a following to. — used to indicate what is expected They ought to be here by now. You ought to be able to read this book. There ought to be a gas station on the way. 2 — used to say or suggest what should be done You ought to get some rest. That leak ought to be fixed. You ought to do your homework.

#### Should is immediate

Summers 94 (Justice – Oklahoma Supreme Court, “Kelsey v. Dollarsaver Food Warehouse of Durant”, 1994 OK 123, 11-8, http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn13)

¶4 The legal question to be resolved by the court is whether the word "should"[13](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn13) in the May 18 order connotes futurity or may be deemed a ruling in praesenti.[14](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn14) The answer to this query is not to be divined from rules of grammar;[15](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn15) it must be governed by the age-old practice culture of legal professionals and its immemorial language usage. To determine if the omission (from the critical May 18 entry) of the turgid phrase, "and the same hereby is", (1) makes it an in futuro ruling - i.e., an expression of what the judge will or would do at a later stage - or (2) constitutes an in in praesenti resolution of a disputed law issue, the trial judge's intent must be garnered from the four corners of the entire record.[16](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn16) [CONTINUES – TO FOOTNOTE] [13](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker2fn13) "*Should*" not only is used as a "present indicative" synonymous with *ought* but also is the past tense of "shall" with various shades of meaning not always easy to analyze. See 57 C.J. Shall § 9, Judgments § 121 (1932). O. JESPERSEN, GROWTH AND STRUCTURE OF THE ENGLISH LANGUAGE (1984); St. Louis & S.F.R. Co. v. Brown, 45 Okl. 143, 144 P. 1075, 1080-81 (1914). For a more detailed explanation, see the Partridge quotation infra note 15. Certain contexts mandate a construction of the term "should" as more than merely indicating preference or desirability. Brown, supra at 1080-81 (jury instructions stating that jurors "should" reduce the amount of damages in proportion to the amount of contributory negligence of the plaintiff was held to imply an *obligation* *and to be more than advisory*); Carrigan v. California Horse Racing Board, 60 Wash. App. 79, [802 P.2d 813](http://www.oscn.net/applications/oscn/deliverdocument.asp?box1=802&box2=P.2D&box3=813) (1990) (one of the Rules of Appellate Procedure requiring that a party "should devote a section of the brief to the request for the fee or expenses" was interpreted to mean that a party is under an *obligation* to include the requested segment); State v. Rack, 318 S.W.2d 211, 215 (Mo. 1958) ("should" would mean the same as "shall" or "must" when used in an instruction to the jury which tells the triers they "should disregard false testimony"). [14](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker2fn14) In praesenti means literally "at the present time." BLACK'S LAW DICTIONARY 792 (6th Ed. 1990). In legal parlance the phrase denotes that which in law is presently or immediately effective, as opposed to something that will or would become effective in the future *[in futurol*]. See Van Wyck v. Knevals, [106 U.S. 360](http://www.oscn.net/applications/oscn/deliverdocument.asp?box1=106&box2=U.S.&box3=360), 365, 1 S.Ct. 336, 337, 27 L.Ed. 201 (1882).

## 1NC – T

#### Interpretation: intellectual property protections is a generic bare plural. The aff may not defend that member nations of the World Trade Organization reduce a subset of intellectual property protections for medicines.

Nebel 19 Jake Nebel [Jake Nebel is an assistant professor of philosophy at the University of Southern California and executive director of Victory Briefs.] , 8-12-2019, "Genericity on the Standardized Tests Resolution," Briefly, https://www.vbriefly.com/2019/08/12/genericity-on-the-standardized-tests-resolution/ SM

Both distinctions are important. Generic resolutions can’t be affirmed by specifying particular instances. But, since generics tolerate exceptions, plan-inclusive counterplans (PICs) do not negate generic resolutions. Bare plurals are typically used to express generic generalizations. But there are two important things to keep in mind. First, generic generalizations are also often expressed via other means (e.g., definite singulars, indefinite singulars, and bare singulars). Second, and more importantly for present purposes, bare plurals can also be used to express existential generalizations. For example, “Birds are singing outside my window” is true just in case there are some birds singing outside my window; it doesn’t require birds in general to be singing outside my window. So, what about “colleges and universities,” “standardized tests,” and “undergraduate admissions decisions”? Are they generic or existential bare plurals? On other topics I have taken great pains to point out that their bare plurals are generic—because, well, they are. On this topic, though, I think the answer is a bit more nuanced. Let’s see why. 1.1 “Colleges and Universities” “Colleges and universities” is a generic bare plural. I don’t think this claim should require any argument, when you think about it, but here are a few reasons. First, ask yourself, honestly, whether the following speech sounds good to you: “Eight colleges and universities—namely, those in the Ivy League—ought not consider standardized tests in undergraduate admissions decisions. Maybe other colleges and universities ought to consider them, but not the Ivies. Therefore, in the United States, colleges and universities ought not consider standardized tests in undergraduate admissions decisions.” That is obviously not a valid argument: the conclusion does not follow. Anyone who sincerely believes that it is valid argument is, to be charitable, deeply confused. But the inference above would be good if “colleges and universities” in the resolution were existential. By way of contrast: “Eight birds are singing outside my window. Maybe lots of birds aren’t singing outside my window, but eight birds are. Therefore, birds are singing outside my window.” Since the bare plural “birds” in the conclusion gets an existential reading, the conclusion follows from the premise that eight birds are singing outside my window: “eight” entails “some.” If the resolution were existential with respect to “colleges and universities,” then the Ivy League argument above would be a valid inference. Since it’s not a valid inference, “colleges and universities” must be a generic bare plural. Second, “colleges and universities” fails the upward-entailment test for existential uses of bare plurals. Consider the sentence, “Lima beans are on my plate.” This sentence expresses an existential statement that is true just in case there are some lima beans on my plate. One test of this is that it entails the more general sentence, “Beans are on my plate.” Now consider the sentence, “Colleges and universities ought not consider the SAT.” (To isolate “colleges and universities,” I’ve eliminated the other bare plurals in the resolution; it cannot plausibly be generic in the isolated case but existential in the resolution.) This sentence does not entail the more general statement that educational institutions ought not consider the SAT. This shows that “colleges and universities” is generic, because it fails the upward-entailment test for existential bare plurals. Third, “colleges and universities” fails the adverb of quantification test for existential bare plurals. Consider the sentence, “Dogs are barking outside my window.” This sentence expresses an existential statement that is true just in case there are some dogs barking outside my window. One test of this appeals to the drastic change of meaning caused by inserting any adverb of quantification (e.g., always, sometimes, generally, often, seldom, never, ever). You cannot add any such adverb into the sentence without drastically changing its meaning. To apply this test to the resolution, let’s again isolate the bare plural subject: “Colleges and universities ought not consider the SAT.” Adding generally (“Colleges and universities generally ought not consider the SAT”) or ever (“Colleges and universities ought not ever consider the SAT”) result in comparatively minor changes of meaning. (Note that this test doesn’t require there to be no change of meaning and doesn’t have to work for every adverb of quantification.) This strongly suggests what we already know: that “colleges and universities” is generic rather than existential in the resolution. Fourth, it is extremely unlikely that the topic committee would have written the resolution with the existential interpretation of “colleges and universities” in mind. If they intended the existential interpretation, they would have added explicit existential quantifiers like “some.” No such addition would be necessary or expected for the generic interpretation since generics lack explicit quantifiers by default. The topic committee’s likely intentions are not decisive, but they strongly suggest that the generic interpretation is correct, since it’s prima facie unlikely that a committee charged with writing a sentence to be debated would be so badly mistaken about what their sentence means (which they would be if they intended the existential interpretation). The committee, moreover, does not write resolutions for the 0.1 percent of debaters who debate on the national circuit; they write resolutions, at least in large part, to be debated by the vast majority of students on the vast majority of circuits, who would take the resolution to be (pretty obviously, I’d imagine) generic with respect to “colleges and universities,” given its face-value meaning and standard expectations about what LD resolutions tend to mean.

#### It applies to IP protections:

#### Upward entailment test – spec fails the upward entailment test because saying that nations ought to reduce one type of IPP does not entail that those nations ought to reduce all kinds of IPP

#### Adverb test – adding “usually” to the res doesn’t substantially change its meaning because a reduction is universal and permanent

#### Vote neg:

#### Limits – there are countless affs accounting for every kind of intellectual property protections, like tertiary patents, provisional patents, and design patents – unlimited topics incentivize obscure affs that negs won’t have prep on – limits are key to reciprocal prep burden – potential abuse doesn’t justify foregoing the topic and 1AR theory checks PICs

#### Ground – spec guts core generics like innovation that rely on reducing all kinds of IP for all medicines because individual types of IP don’t substantially affect the pharmaceutical industry – also means there is no universal DA to spec affs

#### TVA solves – read as an advantage to whole rez

#### Paradigm issues:

#### Drop the debater – their abusive advocacy skewed the debate from the start

#### Comes before 1AR theory – NC abuse is responsive to them not being topical

#### No RVIs – fairness and education are a priori burdens – and encourages baiting – outweighs because if T is frivolous, they can beat it quickly

#### Fairness is a voter ­– necessary to determine the better debater

#### Education is a voter – why schools fund debate

## 1NC – Case

### Innovation

#### Biotech industry strong now.

Cancherini et al. 4/30 [(Laura, Engagement Manager @ McKinsey & Company, Joseph Lydon, Associate Partner @ McKinsey & Company, Jorge Santos Da Silva, Senior Partner at McKinsey & Company, and Alexandra Zemp, Partner at McKinsey & Company), “What’s ahead for biotech: Another wave or low tide?“, McKinsey & Company, 4-30-2021, https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/whats-ahead-for-biotech-another-wave-or-low-tide] TDI

As the pandemic spread across the globe in early 2020, biotech leaders were initially pessimistic, reassessing their cash position and financing constraints. When McKinsey and BioCentury interviewed representatives from 106 biotech companies in May 2020,4 half of those interviewed were expecting delays in financing, and about 80 percent were tight on cash for the next two years and considering trade-offs such as deferring IPOs and acquisitions. Executives feared that valuations would decline because of lower revenue projections and concerns about clinical-trial delays, salesforce-effectiveness gaps, and other operational issues.

Belying this downbeat mood, biotech has in fact had one of its best years so far. By January 2021, venture capitalists had invested some 60 percent more than they had in January 2020, with more than $3 billion invested worldwide in January 2021 alone.5 IPO activity grew strongly: there were 19 more closures than in the same period in 2020, with an average of $150 million per raise, 17 percent more than in 2020. Other deals have also had a bumper start to 2021, with the average deal size reaching more than $500 million, up by more than 66 percent on the 2020 average (Exhibit 3).6

What about SPACs?

The analysis above does not include special-purpose acquisition companies (SPACs), which have recently become significant in IPOs in several industries. Some biotech investors we interviewed believe that SPACs represent a route to an IPO. How SPACs will evolve remains to be seen, but biotechs may be part of their story.

Fundamentals continue strong

When we asked executives and investors why the biotech sector had stayed so resilient during the worst economic crisis in decades, they cited innovation as the main reason. The number of assets transitioning to clinical phases is still rising, and further waves of innovation are on the horizon, driven by the convergence of biological and technological advances.

In the present day, many biotechs, along with the wider pharmaceutical industry, are taking steps to address the COVID-19 pandemic. Together, biotechs and pharma companies have more than 250 vaccine candidates in their pipelines, along with a similar number of therapeutics. What’s more, the crisis has shone a spotlight on pharma as the public seeks to understand the roadblocks involved in delivering a vaccine at speed and the measures needed to maintain safety and efficacy standards. To that extent, the world has been living through a time of mass education in science research and development.

Biotech has also benefited from its innate financial resilience. Healthcare as a whole is less dependent on economic cycles than most other industries. Biotech is an innovator, actively identifying and addressing patients’ unmet needs. In addition, biotechs’ top-line revenues have been less affected by lockdowns than is the case in most other industries.

Another factor acting in the sector’s favor is that larger pharmaceutical companies still rely on biotechs as a source of innovation. With the top dozen pharma companies having more than $170 billion in excess reserves that could be available for spending on M&A, the prospects for further financing and deal making look promising.

For these and other reasons, many investors regard biotech as a safe haven. One interviewee felt it had benefited from a halo effect during the pandemic.

More innovation on the horizon

The investors and executives we interviewed agreed that biotech innovation continues to increase in quality and quantity despite the macroeconomic environment. Evidence can be seen in the accelerating pace of assets transitioning across the development lifecycle. When we tracked the number of assets transitioning to Phase I, Phase II, and Phase III clinical trials, we found that Phase I and Phase II assets have transitioned 50 percent faster since 2018 than between 2013 and 2018, whereas Phase III assets have maintained much the same pace. There could be many reasons for this, but it is worth noting that biotechs with Phase I and Phase II assets as their lead assets have accounted for more than half of biotech IPOs. Having an early IPO gives a biotech earlier access to capital and leaves it with more scope to concentrate on science.

Looking forward, the combination of advances in biological science and accelerating developments in technology and artificial intelligence has the potential to take innovation to a new level. A recent report from the McKinsey Global Institute analyzed the profound economic and social impact of biological innovation and found that biomolecules, biosystems, biomachines, and biocomputing could collectively produce up to 60 percent of the physical inputs to the global economy. The applications of this “Bio Revolution” range from agriculture (such as the production of nonanimal meat) to energy and materials, and from consumer goods (such as multi-omics tailored diets) to a multitude of health applications.

#### Secondary patents are key to innovation – recouping development costs and new applications of existing medicines

Richards et al 20 [(Kevin T., Associate Solicitor at the US Patent and Trademark Office, former legislative attorney at CRS, JD from UVA School of Law) “Drug Pricing and Pharmaceutical Patenting Practices,” Congressional Research Service, 2/11/2020] JL

Defenders of evergreening respond that the term is "inherently pejorative" because it creates the impression that pharmaceutical companies are exploiting the patent system.157 Defenders contend that there is nothing inherently suspect about secondary patents, which must meet the same requirements for patentability and pass through the same examination procedures as any other patent.158 Indeed, those requirements bar a secondary patent on an obvious variation of the primary patent or on another product or invention already available to the public.159 "[I]t is often the case," defenders contend, "that the value of a follow-on patent is comparable to, or even might exceed, that of a primary patent."160 One example arguably supporting this view is the drug Evista (raloxifine). Evista was "initially studied as a potential treatment for breast cancer" but, in 1997, FDA approved the drug for the prevention of osteoporosis.161 At that time, there were only a few years left on Evista's initial patent, which was filed in 1983.162 If the brand could not patent the new use (i.e., for prevention of osteoporosis), one commentator has argued that insufficient incentives would have existed to make the investment in R&D necessary to bring the drug to market.163

Defenders also argue that the ability to receive a patent on a later-developed formulation provides a significant incentive to address problems with the original formulation. For example, the original formulation of Lumigan, which is used to treat glaucoma, resulted, at times, in sufficiently severe red eye that patients would discontinue its use.164 Researchers subsequently developed an improved formulation with significantly decreased risk of this side effect.165 Defenders of secondary patents contend that without the possibility of patent protection, there would have been little incentive to perform this sort of research due to the significant costs involved.166

Secondary patents are also defended on the grounds of being necessary to recoup development costs. A recent study found that even though the patent term is generally twenty years, delays in PTO and FDA approval can decrease the nominal Orange Book patent term to 15.9 years, and generic competition can result in an effective market exclusivity of only 12.2 years.167 This effective market exclusivity is less than the sixteen years that one commentator suggests is necessary to recoup the brand's fixed costs for research, development, and clinical testing.168

#### High drug prices are necessary for long-term innovation that outweighs short-term costs – most comprehensive meta-analysis

Kennedy 19 [(Joseph, senior fellow at the Information Technology and Innovation Foundation, professor of Law, Economics and International Policy at Georgetown’s School of Foreign Service, Senior Principal Economist at MITRE, Inc., former Chief Economist for the Department of Commerce and Senior Counsel for the Senate Permanent Subcommittee on Investigations, PhD in economics from George Washington University) “The Link Between Drug Prices and Research on the Next Generation of Cures,” Information Technology and Innovation Foundation, 9/9/2019] JL

The justification for high prices on any particular drug therefore depends on the assumption that they are needed to fund the subsequent round of innovation. This link has been established by numerous empirical studies over the last several decades. A recent survey summarized the scholarly literature this way: “The preponderance of evidence suggests that raising reimbursements for pharmaceuticals stimulates innovation, primarily because the expected rewards for innovation go up and secondarily because the cost of financing falls for cash-constrained pharmaceutical firms.”63

Previous government reports have summarized the link between biopharmaceutical profits and innovation within the drug industry. CBO pointed to two underlying reasons why this link might be so strong.64 First, as in most industries, the introduction of successful new drugs often leads to higher profits as companies are able to capture some of the social value created by their products. The profitability of current drugs also serves as a proxy for the profitability of future drugs. If biopharmaceutical firms are allowed to make reasonably large profits from their current products, they are likely to conclude that the same will be true in the future. This may cause them to increase both the speed and amount of their research activities. Conversely, they may view current attempts to hold down prices as likely to continue into the future, in which case they may decrease research funding.

The second reason CBO identified is adequate profits generate significant cash flow, which allows companies to finance the next round of innovation.65 The availability of cash flow is important because raising significant amounts of money in the stock or bond markets is more costly. Biopharma companies have a much more detailed knowledge of disease models, the status of their current research, and the probabilities of success. Because investors cannot adequately assess these risks for themselves, they demand higher returns for investing. Assuming firms invest in R&D until their cost of capital exceeds the rate of return, financing through cash flow should allow them to justify more projects than if they have to raise the money from outside investors.

The Organization for Economic Cooperation and Development (OECD) conducted a detailed study of this issue in the pharmaceutical industry. It found that “[p]harmaceutical pricing and reimbursement policies stand to affect innovation through multiple channels, influencing both the incentives to invest in private R&D and the costs of investment. The main channel of prospective influence is the impact of pricing and reimbursement policies on the *expected return on investment* in R&D.”66 In fact the generation of large revenues is closely related to the amount of research an individual company does. Figure 9 shows R&D expenditures and sales of the 151 largest pharmaceutical firms in the world in 2006. There was clearly a very strong correlation (0.97).

Pricing policies affect not only the amount of research conducted (leading-edge or marginal improvements) but also the type and the decision of whether and when to introduce a new product to the market.

The Government Accountability Office recently completed its own review of trends in pharmaceutical profits and R&D.68 It found that both experts and academic research has concluded that high revenue potential associated with a large number of patients, or the ability to charge a high price, is an important incentive for R&D investment.69 Exclusivity periods and patent protection, tax incentives, and expedited review programs were also cited as influencing R&D. Of course, while biopharmaceutical companies, like other firms, would like to charge as high a price as possible, their ability to do so is limited by both buyers not being willing to pay more for a drug than the benefits it delivers in terms of longer, healthier lives, and the presence of at least some competition in the marketplace.

Academic studies that explore the causal link between drug revenues and research face a common difficulty in finding good data. They also take different approaches to choosing the inputs, outputs, and econometric model to measure the relationship between prices and profits, and research and innovation. So it is somewhat remarkable that, collectively, they arrive at the common answer that high prices for today’s treatments are closely associated with more research and a larger number of future drugs. There appear to be no scholarly studies that show no relationship between current prices and future innovation. Given their common conclusion that short-term price declines will endanger future drug innovation, it is worthwhile to discuss some of the major studies individually.

Two studies by Duke University’s Henry Grabowski and John A. Vernon from the University of North Carolina at Chapel Hill looked at the relationship between expected returns and cash flows on the one hand, and company research on the other. The first study covered the period from 1962 to 1975.70 This followed passage of the Kefauver-Harris Amendment to the Food, Drug, and Cosmetic Act, which required a showing of efficacy as well as safety in order to get FDA approval. This increased development times by several years and R&D costs per new drug by several-fold. The authors found that research productivity, defined as sales of recent new drug introductions divided by lagged R&D spending, declined rapidly during the period. This eventually influenced cash flows, the decline of which along with the fall in research productivity together had the effect of reducing R&D.

A later study looked at research spending between 1974 and 1994 in 11 firms specializing in prescription drugs.71 Together, these firms represented just over 40 percent of the U.S. market and half of the innovative output (defined as the first 3 years’ sales of all new chemical entities introduced in a period of time). Unlike the previous period, research productivity rose over 50 percent. Grabowski and Vernon found that both expected productivity of R&D and available cash flow positively affect R&D spending. Again, the link between cash flow and research is due to the fact that internally generated funds, which are often the result of higher profits, cost less than either borrowed funds or new equity, and therefore lower the required rate of return for new research at the margin.72

In 2004, Congress asked the U.S. Department of Commerce to study the effect of pharmaceutical price controls in OECD countries.73 The department concluded that most OECD countries use a variety of controls to limit the price of patent-protected drugs in their countries. These restrictions reduced the revenue of drug companies by $18 billion to $27 billion per year. The department estimated that lower revenues reduced global R&D by $5 billion to $8 billion, or 3 to 4 new drug entities annually. This latter effect was based on outside estimates regarding the cost of developing a new drug. Note that using a lower cost of development would imply that the reduction in research spending resulted in a higher number of new drugs not being discovered. Access to these new drugs would benefit U.S. consumers by $5 billion to $7 billion a year. In contrast, OECD countries also used price floors on generic drugs in order to protect their domestic manufacturers. Eliminating these floors would save Europeans $5 billion to $30 billion annually, potentially paying for restoring a competitive market to patent drugs. The study also found that significantly more new active substances were available in the United States than in other countries, which it attributed to companies’ increased ability to capture more of the social benefit from current drugs.74

One problem with modeling the relationship between prices and research is the causation may go both ways. It is possible that better research increases profits rather than the other way around. To get at this problem, economists Daron Acemoglu and Joshua Linn examined the pharmaceutical industry using the theory of induced innovation, which says that changes in the real prices of different goods or inputs should cause companies to change the direction of innovation.75 Their 2004 study looked at changes in demographic trends between 1970 and 1990. Demographic changes affect the potential market size for a drug but they do not depend on the amount of research being done. If research spending and the size of the market move together, causation should run from prices to research.

Acemoglu and Linn divided specific drugs into categories depending on the age of the population that primarily used them. The results showed a strong relationship between market size and the entry of new drugs. As baby boomers aged over a 30-year period, the market for drugs mostly consumed by the young declined, while those used by older individuals increased. This produced a matching change in the number of new drugs in each category. A 1-percent increase in the potential market size led to a 6-percent increase in the number of new drugs entering that market. Although much of this increase came from generics, both the number of nongeneric drugs (those not identical or bioequivalent to an existing drug) and the number of new molecular compounds (drugs containing an active component that has never been approved by the FDA or marketed in the United States) increased by at least 4 percent. They also found that drug firms anticipated these demographic changes with a lead of 10 to 20 years.

Another study, by Giaccotto, Santerre, and Vernon, found a strong link between real drug prices and firm R&D.76 Their 2005 study focused on R&D intensity (the ratio of R&D spending to product sales) rather than the level of research, and found that real drug prices, real GDP per capita, and the amount of foreign sales as a percentage of total sales all had a strong impact on R&D intensity the following year. Specifically, a 10-percent increase in real prices caused firms to increase their R&D intensity by nearly 6 percent the following year. Applying this result to the past, they estimated that if drug prices had not increased in real terms between 1980 and 2001, R&D spending would have been 30 percent below its actual level. The number of new drugs entering the market during this time would have fallen by between 330 and 365, or about one-third of the actual number.

Some studies have tried to estimate the impact of future price controls on research. In 2005, economists Thomas Abbott of Thomson-Medstat and John A. Vernon found a strong impact on future innovation.77 They used the history of specific firms to look at the impact of prices on the initial decision whether to start Phase I trials on a perspective drug. With data on actual development costs, drug revenues, and a measure of the uncertainty facing firms, they found that minor price changes would have relatively little effect. A price decline of 5 to 10 percent would reduce product development by about 5 percent. But larger price declines would have a more serious impact. For example, a price cut of 40 to 45 percent in real terms would reduce the number of new development projects by 50 to 60 percent.

A 2006 study by Frank Lichtenberg looks at relationships between expected market revenues on the one hand and both the number of chemotherapy regimens for treating a cancer site (i.e., skin, lungs) and the number of articles published in scientific journals pertaining to drug therapy for that cancer site.78 As the importation of drugs would decrease the U.S. price and therefore the expected revenues, Lichtenberg hypothesized that importation would cause both the number of regimens and the number of publications to fall. He started by assuming that the responsiveness of innovation to a change in revenues is at least as great as its responsiveness to the number of patients. To estimate the latter, he looked at both changes in the number of patents with particular types of cancer in Canada and the United States, and the number of regimens and research papers devoted to that type of cancer. The results showed the elasticity of the number of cancer patients to the number of chemotherapy regimens available to treat a specific type of cancer is 0.53. The elasticity of journal citations is 0.60. Therefore, a 10-percent fall in drug prices is likely to cause a 5- to 6-percent decline in both cancer regimens and research articles.

The study also looked at the relationship between the number of innovations within a company (defined as FDA-approved active ingredients contained in products sold by the company that are not contained in any other company’s products) and the number of its employees. It finds an elasticity of 0.71 across 14 pharmaceutical companies; a 10-percent reduction in new approved active ingredients would cut the number of employees by 7 percent.

In 2009, economists Abdulkadir Civan and Michael Maloney looked at both the existing drugs available to treat specific diseases and the number of new drugs in development for those same diseases.79 After correcting for the number of existing treatments available for a specific condition, they found a positive relationship between the average price of available drugs and the number of new drugs being developed. A 30-percent increase in drug prices for a given condition would increase the number of drugs in development for that condition by 25 percent. Of course, as generics enter the market in response to favorable market conditions, prices usually fall.

Economists Joseph Golec of the University of Connecticut and John A. Vernon looked at the relationship between an index of drug prices in both the United States and Europe and the profitability, research spending, and stock price of U.S. and EU pharmaceutical firms, respectively.80 Between 1993 and 2004, European price controls prevented pharmaceutical prices from rising in inflation-adjusted terms, whereas real prices in the United States rose by 50 percent. However, the authors found a statistically significant positive correlation (0.64) between changes in the price increases and R&D spending.81

Market conditions not only affected the size of research spending, it also affected its location. Looking at other sets of data, they found biopharmaceutical research in the EU countries exceeded research conducted in the United States by 24 percent in 1986. But by 2004, U.S. levels were 15 percent greater than EU levels.82 This is mostly due to EU spending stalling between 1997 and 2001, roughly the same time the two price indexes diverged. Total U.S. biopharma research by foreign firms has been growing at a faster rate than foreign research by U.S. firms, largely because U.S. prices for on-patent drugs are higher than those in Europe. Higher prices have therefore caused foreign companies to divert their attention to the U.S. market, thereby strengthening the U.S. domestic industry.

#### Resilience and countermeasures prevent spread – distinct from burnout

Adalja 16

Amesh Adalja is an infectious-disease physician at the University of Pittsburgh, The Atlantic, June 17, 2016, “Why Hasn't Disease Wiped out the Human Race?”, https://www.theatlantic.com/health/archive/2016/06/infectious-diseases-extinction/487514/

But when people ask me if I’m worried about infectious diseases, they’re often not asking about the threat to human lives; they’re asking about the threat to human life. With each outbreak of a headline-grabbing emerging infectious disease comes a fear of extinction itself. The fear envisions a large proportion of humans succumbing to infection, leaving no survivors or so few that the species can’t be sustained.

I’m not afraid of this apocalyptic scenario, but I do understand the impulse. Worry about the end is a quintessentially human trait. Thankfully, so is our resilience.

For most of mankind’s history, infectious diseases were the existential threat to humanity—and for good reason. They were quite successful at killing people: The 6th century’s Plague of Justinian knocked out an estimated 17 percent of the world’s population; the 14th century Black Death decimated a third of Europe; the 1918 influenza pandemic killed 5 percent of the world; malaria is estimated to have killed half of all humans who have ever lived.

Any yet, of course, humanity continued to flourish. Our species’ recent explosion in lifespan is almost exclusively the result of the control of infectious diseases through sanitation, vaccination, and antimicrobial therapies. Only in the modern era, in which many infectious diseases have been tamed in the industrial world, do people have the luxury of death from cancer, heart disease, or stroke in the 8th decade of life. Childhoods are free from watching siblings and friends die from outbreaks of typhoid, scarlet fever, smallpox, measles, and the like.

#### No extinction from pandemics

* Death rates as high as 50% didn’t collapse civilization
* Fossil fuel record caps risk at .1% per century
* health, sanitation, medicine, science, public health bodies, solve
* viruses can’t survive in all locations
* refugee populations like tribes, remote researchers, submarine crews, solve

Ord 20 Ord, Toby. Toby David Godfrey Ord (born 18 July 1979) is an Australian philosopher. He founded Giving What We Can, an international society whose members pledge to donate at least 10% of their income to effective charities and is a key figure in the effective altruism movement, which promotes using reason and evidence to help the lives of others as much as possible.[3] He is a Senior Research Fellow at the University of Oxford's Future of Humanity Institute, where his work is focused on existential risk. BA in Phil and Comp Sci from Melbourne, BPhil in Phil from Oxford, PhD in Phil from Oxford. The precipice: existential risk and the future of humanity. Hachette Books, 2020.

Are we safe now from events like this? Or are we more vulnerable? Could a pandemic threaten humanity’s future?10 The Black Death was not the only biological disaster to scar human history. It was not even the only great bubonic plague. In 541 CE the Plague of Justinian struck the Byzantine Empire. Over three years it took the lives of roughly 3 percent of the world’s people.11 When Europeans reached the Americas in 1492, the two populations exposed each other to completely novel diseases. Over thousands of years each population had built up resistance to their own set of diseases, but were extremely susceptible to the others. The American peoples got by far the worse end of exchange, through diseases such as measles, influenza and especially smallpox. During the next hundred years a combination of invasion and disease took an immense toll—one whose scale may never be known, due to great uncertainty about the size of the pre-existing population. We can’t rule out the loss of more than 90 percent of the population of the Americas during that century, though the number could also be much lower.12 And it is very difficult to tease out how much of this should be attributed to war and occupation, rather than disease. As a rough upper bound, the Columbian exchange may have killed as many as 10 percent of the world’s people.13 Centuries later, the world had become so interconnected that a truly global pandemic was possible. Near the end of the First World War, a devastating strain of influenza (known as the 1918 flu or Spanish Flu) spread to six continents, and even remote Pacific islands. At least a third of the world’s population were infected and 3 to 6 percent were killed.14 This death toll outstripped that of the First World War, and possibly both World Wars combined. Yet even events like these fall short of being a threat to humanity’s longterm potential.15 In the great bubonic plagues we saw civilization in the affected areas falter, but recover. The regional 25 to 50 percent death rate was not enough to precipitate a continent-wide collapse of civilization. It changed the relative fortunes of empires, and may have altered the course of history substantially, but if anything, it gives us reason to believe that human civilization is likely to make it through future events with similar death rates, even if they were global in scale. The 1918 flu pandemic was remarkable in having very little apparent effect on the world’s development despite its global reach. It looks like it was lost in the wake of the First World War, which despite a smaller death toll, seems to have had a much larger effect on the course of history.16 It is less clear what lesson to draw from the Columbian exchange due to our lack of good records and its mix of causes. Pandemics were clearly a part of what led to a regional collapse of civilization, but we don’t know whether this would have occurred had it not been for the accompanying violence and imperial rule. The strongest case against existential risk from natural pandemics is the fossil record argument from Chapter 3. Extinction risk from natural causes above 0.1 percent per century is incompatible with the evidence of how long humanity and similar species have lasted. But this argument only works where the risk to humanity now is similar or lower than the longterm levels. For most risks this is clearly true, but not for pandemics. We have done many things to exacerbate the risk: some that could make pandemics more likely to occur, and some that could increase their damage. Thus even “natural” pandemics should be seen as a partly anthropogenic risk. Our population now is a thousand times greater than over most of human history, so there are vastly more opportunities for new human diseases to originate.17 And our farming practices have created vast numbers of animals living in unhealthy conditions within close proximity to humans. This increases the risk, as many major diseases originate in animals before crossing over to humans. Examples include HIV (chimpanzees), Ebola (bats), SARS (probably bats) and influenza (usually pigs or birds).18 Evidence suggests that diseases are crossing over into human populations from animals at an increasing rate.19 Modern civilization may also make it much easier for a pandemic to spread. The higher density of people living together in cities increases the number of people each of us may infect. Rapid long-distance transport greatly increases the distance pathogens can spread, reducing the degrees of separation between any two people. Moreover, we are no longer divided into isolated populations as we were for most of the last 10,000 years.20 Together these effects suggest that we might expect more new pandemics, for them to spread more quickly, and to reach a higher percentage of the world’s people. But we have also changed the world in ways that offer protection. We have a healthier population; improved sanitation and hygiene; preventative and curative medicine; and a scientific understanding of disease. Perhaps most importantly, we have public health bodies to facilitate global communication and coordination in the face of new outbreaks. We have seen the benefits of this protection through the dramatic decline of endemic infectious disease over the last century (though we can’t be sure pandemics will obey the same trend). Finally, we have spread to a range of locations and environments unprecedented for any mammalian species. This offers special protection from extinction events, because it requires the pathogen to be able to flourish in a vast range of environments and to reach exceptionally isolated populations such as uncontacted tribes, Antarctic researchers and nuclear submarine crews. 21 It is hard to know whether these combined effects have increased or decreased the existential risk from pandemics. This uncertainty is ultimately bad news: we were previously sitting on a powerful argument that the risk was tiny; now we are not. But note that we are not merely interested in the direction of the change, but also in the size of the change. If we take the fossil record as evidence that the risk was less than one in 2,000 per century, then to reach 1 percent per century the pandemic risk would need to be at least 20 times larger. This seems unlikely. In my view, the fossil record still provides a strong case against there being a high extinction risk from “natural” pandemics. So most of the remaining existential risk would come from the threat of permanent collapse: a pandemic severe enough to collapse civilization globally, combined with civilization turning out to be hard to re-establish or bad luck in our attempts to do so.

#### AMR superbugs have already arrived but new tech makes them preventable

Knoss 18 [(Trent, science writer and beat contact at CU Boulder covering ecology, environmental science, technology, chemistry and engineering, internally cites Peter Otoupal, postdoctoral fellow at Lawrence Berkeley National Laboratory, Ph.D. in Chemical Engineering from CU Boulder) “How to stop an antibiotic-resistant superbug,” CU Boulder Today, 9/3/2018] JL

A genetic disruption strategy developed by CU Boulder researchers effectively stymies the evolution of antibiotic-resistant bacteria such as E. coli, giving scientists a crucial leg up in the ongoing battle against deadly superbugs.

These multidrug-resistant pathogens—which adapt to current antibiotics faster than new ones can be created—infect nearly 2 million people and cause at least 23,000 deaths annually in the U.S., according to data from the Centers for Disease Control.

In an effort to develop a sustainable long-term solution, CU Boulder researchers created the Controlled Hindrance of Adaptation of OrganismS (CHAOS) approach, which uses CRISPR DNA editing techniques to modify multiple gene expressions within the bacteria cells, stunting the pathogen’s central processes and thwarting its ability to evolve defenses.

The findings are outlined today in the journal *Communications Biology*and could open new research avenues on how to best restrict a pathogen’s antibiotic resistance.

“We now have a way to cut off the evolutionary pathways of some of the nastiest bugs and potentially prevent future bugs from emerging at all,” said Peter Otoupal, lead author of the study and a doctoral researcher in CU Boulder’s Department of Chemical and Biological Engineering (CHBE).

The CHAOS research is the culmination of work that began in 2013, when Otoupal and his colleagues began searching for genes that could act as a cellular kill switch for *E. coli*. When the scientists tweaked one gene at a time, the bacteria could adapt and survive. But when they altered two or more genes at once, the cell got weaker.

“We saw that when we tweaked multiple gene expressions at the same time—even genes that would seemingly help the bacteria survive—the bacteria’s fitness dropped dramatically,” Otoupal said.

#### Even with evergreening, pharma will still research pandemic interventions because it’s profitable – proven by COVID

#### Rare disease innovation high now

FDA 3/21 [“Rare Disease Day 2021: FDA Shows Sustained Support of Rare Disease Product Development During the Public Health Emergency,” FDA, 3/21/2021] JL

As the FDA focuses on the COVID-19 pandemic, the agency also remains dedicated to its crucial role in development of treatments for rare diseases. Patients with rare diseases often have few or no treatment options. In 2020, we continued to see significant progress in the development of treatments for rare diseases, also known as orphan products. Specifically, in 2020, the agency approved 32 novel drugs and biologics with orphan drug designation. In the Center for Drug Evaluation and Research (CDER), 31 of the 53 novel drug approvals, or 58%, were orphan designated products. In CBER, one of the five novel biologic approvals, or 20%, was an orphan designated product and another of these five approvals, although not orphan designated, is for use in a rare disease.

Among the many new orphan treatments in 2020, several are particularly noteworthy, including a new drug to treat certain people with Hutchinson-Gilford Progeria Syndrome and progeroid laminopathies, rare conditions caused by certain genetic mutations that lead to premature aging and a new drug to treat patients with hereditary angioedema, a rare disorder characterized by recurrent episodes of severe swelling (angioedema), most commonly in the limbs, face, intestinal tract, and airway. The FDA also approved a CAR T-cell therapy to treat adult patients with relapsed or refractory mantle cell lymphoma, a rare cancer and type of non-Hodgkin lymphoma affecting B-cells, a type of immune cell, in the mantle or outer ring of the lymph node follicles. CAR T-cell therapy involves collecting a patient’s own T-cells, another type of immune cell, and genetically modifying them in the laboratory to fight cancer cells and then infusing them back into the patient. In addition, the FDA approved a treatment to control bleeding episodes occurring in adults and adolescents 12 years of age and older with hemophilia A or B with inhibitors. This is the first product for hemophilia treatment that contains an active ingredient obtained from rabbits genetically engineered to produce a protein necessary for blood coagulation. This approval is an example of our efforts to advance safe biotechnology innovations to support public health.

In 2020, in order to facilitate, support, and accelerate the development of drugs and therapeutic biologics for rare diseases, CDER’s Office of New Drugs reorganization created a new rare disease hub. This reorganization created the Division of Rare Diseases and Medical Genetics by combining the expertise to evaluate and review marketing applications with certain rare diseases with the Rare Diseases Team to support and coordinate research, collaboration and communication for rare diseases policy and programming.

#### No reason why plan incentivizes researching neglected diseases – if their disease impact uniqueness arguments are correct, they’ll focus on pandemics

### 1NC – Econ

#### Zero impact uniqueness – their healthcare spending bad argument is from 2007

#### Brennan doesn’t say pharma’s the largest cause of healthcare spending – alt causes

Smith 3/19 [(Gabrielle, Medical Care Manager in Virginia, People Keep columnist) “Seven reasons for rising healthcare costs,” People Keep, 3/19/2021] JL

1. Medical providers are paid for quantity, not quality

Most insurers—including Medicare—pay doctors, hospitals, and other medical providers under a fee-for-service system that reimburses for each test, procedure, or visit. That means the more services provided, the more fees are paid.

This encourages a high volume of redundant testing and overtreatment, including on patients that have questionable potential to improve their health.

On top of this, our medical system is not integrated. [The World Health Association](https://www.who.int/healthsystems/technical_brief_final.pdf) defines integrated health services as “the organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.”

So what does that have to do with cost? Integrated health means providers, management, and support teams are all in communication with one another on a patient’s care. On the other hand, in an unintegrated system, the lack of coordination can result in patients receiving duplicate tests and paying for more procedures than they truly need.

2. The U.S. population is growing more unhealthy

According to the [National Center for Biotechnology Information](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7077778/#:~:text=Today%2C%20chronic%20disease%20affects%2050,of%20health%20care%20costs%203.), half of the U.S. population has at least one chronic condition, such as asthma, heart disease, or diabetes, which all drive up costs. A staggering 85% of healthcare costs in the U.S. are for the care of a chronic condition.

What’s more, recent data from the [Center for Disease Control and Prevention](https://www.cdc.gov/nchs/fastats/obesity-overweight.htm) finds that over 40% of adults in the U.S. are either overweight or obese, which also leads to chronic illness and inflated medical spending.

As the U.S. population gets sicker and more overweight, the risk involved in insuring the average American goes up. And in turn, the higher the risk, the higher the cost of insurance premiums. Data from the [Kaiser Family Foundation](https://www.kff.org/report-section/ehbs-2020-summary-of-findings/attachment/figure-a-37/) (KFF) shows between 2015 and 2020 the average annual premiums for family coverage rose from $15,545 to $21,342—that’s a whopping 37%.

3. The newer the tech, the more expensive

Medical advances can improve our health and extend our life, but they also add to the cost of healthcare and the overutilization of expensive technology.

According to a study by the [*Journal of the American Medical Association*,](https://www.medschool.lsuhsc.edu/emergency_medicine/docs/overutilization.pdf) (JAMA) Americans tend to associate more advanced technology and newer procedures with better care, even if there’s little to no evidence to prove that they’re more effective.

This assumption leads to both patients and doctors often demanding the newest (read: most expensive) treatments and technology available.

4. Many Americans don’t choose their own healthcare plan

Data from the [KFF](https://www.ehealthinsurance.com/resources/small-business/how-many-americans-get-health-insurance-from-their-employer) finds that roughly 49% of the U.S. population gets their insurance through their employer. That means nearly half of Americans don’t actually make any true consumer decisions about the cost of their care or coverage, because it was already made for them by their employer.

Organizations have an incentive to purchase more expensive healthcare plans because the amount employers pay toward coverage is tax deductible for the organization and tax exempt to the employee. In addition, low deductibles or small office co-payments can encourage overuse of care, driving both demand and cost.

5. There’s a lack of information about medical care and its costs

Despite a wealth of information at our fingertips online, there’s no uniform or quick way to understand treatment options and the costs associated with them. We would never buy a car without comparing models, features, gas mileage, cost, and payment options—but yet, this is how we buy healthcare.

[Kaiser Health News](https://khn.org/news/health-care-costs/) (KHN) reports that even when evidence shows a treatment isn’t effective or is potentially harmful, it takes too long for that information to become readily known, accepted, and actually change how doctors practice or what patients demand.

And in too many cases, even when hospitals make their service prices available, they are difficult to navigate and understand. Many of the [chargemasters](https://intermountainhealthcare.org/locations/intermountain-medical-center/hospital-information/chargemaster/shoppables/) that have been legally required to be made public are written using codes that only medical care professionals can understand.

6. Hospitals and providers are well-positioned to demand higher prices

According to the [Center for Studying Health System Change](http://www.hschange.org/CONTENT/1230/), mergers and partnerships between medical providers and insurers is one of the more prominent trends in America’s current healthcare system.

Increased provider consolidation has decreased the market competition, which normally allows for lower prices, improved productivity, and innovation. Without this competition, these near-monopolies created in some markets have both providers and insurers in a position to drive up their prices unopposed.

For example, a study done by the [*American Journal of Managed Care*](https://pubmed.ncbi.nlm.nih.gov/21756018/) found that hospitals in concentrated markets were able to charge considerably higher prices for the same procedures offered by hospitals in competitive markets. The cost for a coronary angioplasty was found to be 25% higher, while a total knee replacement was 19% higher.

7. Fear of malpractice lawsuits

Oftentimes called “defensive medicine,” some doctors will prescribe unnecessary tests or treatment out of fear of facing a lawsuit. The cost for these treatments add up over time—a study done by [JAMA](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1904758) estimates that an annual $46 billion are wasted in defensive medicine practices.

#### 1AC Rugabar thumps – proves economy’s thriving despite years of evergreening

Most economists say they detect the early stages of what could be a robust and sustained recovery, with coronavirus case counts declining, vaccinations rising and Americans spending their stimulus-boosted savings

#### No economy impact.

Clary ’15 (Christopher; 4/25/15; Ph.D. in political science from the Massachusetts Institute of Technology, M.A. in National Security Affairs, Postdoctoral fellow, Watson Institute for International Studies, Brown University; MIT Political Science Department Research Paper, “Economic Stress and International Cooperation: Evidence from International Rivalries,” https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=2597712)

Do economic downturns generate pressure for diversionary conflict? Or might downturns **encourage austerity and economizing behavior** in foreign policy? This paper provides **new evidence** that economic stress is associated with **conciliatory policies** between strategic rivals. For states that view each other as military threats, the biggest step possible toward bilateral cooperation is to terminate the rivalry by taking political steps to manage the competition. Drawing on **data from 109 distinct rival dyads since 1950**, 67 of which terminated, the evidence suggests rivalries were approximately **twice as likely to terminate** during economic downturns than they were during periods of economic normalcy. This is true controlling for all of the main alternative explanations for peaceful relations between foes (democratic status, nuclear weapons possession, capability imbalance, common enemies, and international systemic changes), as well as many other possible confounding variables. This research questions existing theories claiming that economic downturns are associated with diversionary war, and instead argues that in certain circumstances peace may **result from economic troubles**. I define a rivalry as the perception by national elites of two states that the other state possesses conflicting interests and presents a military threat of sufficient severity that future military conflict is likely. Rivalry termination is the transition from a state of rivalry to one where conflicts of interest are not viewed as being so severe as to provoke interstate conflict and/or where a mutual recognition of the imbalance in military capabilities makes conflict-causing bargaining failures unlikely. In other words, rivalries terminate when the elites assess that the risks of military conflict between rivals has been reduced dramatically. This definition draws on a growing **quantitative literature** most closely associated with the research programs of William Thompson, J. Joseph Hewitt, and James P. Klein, Gary Goertz, and Paul F. Diehl.1 My definition conforms to that of William Thompson. In work with Karen Rasler, they define rivalries as situations in which “[b]oth actors view each other as a significant politicalmilitary threat and, therefore, an enemy.”2 In other work, Thompson writing with Michael Colaresi, explains further: The presumption is that decisionmakers explicitly identify who they think are their foreign enemies. They orient their military preparations and foreign policies toward meeting their threats. They assure their constituents that they will not let their adversaries take advantage. Usually, these activities are done in public. Hence, we should be able to follow the explicit cues in decisionmaker utterances and writings, as well as in the descriptive political histories written about the foreign policies of specific countries.3 Drawing from available records and histories, Thompson and David Dreyer have generated a universe of strategic rivalries from **1494 to 2010** that serves as the basis for this project’s empirical analysis.4 This project measures rivalry termination as occurring on the last year that Thompson and Dreyer record the existence of a rivalry. Economic crises lead to conciliatory behavior through five primary channels. (1) Economic crises lead to **austerity pressures**, which in turn incent leaders to search for ways to **cut defense expenditures**. (2) Economic crises also encourage strategic reassessment, so that leaders can argue to their peers and their publics that defense spending can be arrested without endangering the state. This can lead to **threat deflation**, where elites attempt to **downplay** **the seriousness** of the threat posed by a former rival. (3) If a state faces multiple threats, economic crises provoke elites to **consider threat prioritization**, a process that is postponed during periods of economic normalcy. (4) Economic crises increase the political and economic benefit from **international economic cooperation**. Leaders **seek foreign aid**, **enhanced trade**, and **increased investment** from abroad during periods of economic trouble. This search is made easier if tensions are reduced with historic rivals. (5) Finally, during crises, elites are more prone to select leaders who are perceived as **capable of resolving economic difficulties**, permitting the emergence of leaders who hold heterodox foreign policy views. Collectively, these mechanisms make it **much more likely** that a leader will prefer conciliatory policies compared to during periods of economic normalcy. This section reviews this **causal logic** in greater detail, while also providing **historical examples** that these mechanisms recur in practice. Economic Crisis Leads to **Austerity** Economic crises generate pressure for austerity. Government revenues are a function of national economic production, so that when production diminishes through recession, revenues available for expenditure also diminish. Planning almost **invariably assumes growth** rather than contraction, so the deviation in available revenues compared to the planned expenditure can be sizable. When growth slowdowns are prolonged, the cumulative departure from planning targets can grow even further, even if no single quarter meets the technical definition of recession. Pressures for austerity are **felt** most **acutely** in governments that face difficulty borrowing to finance deficit expenditures. This is **especially the case** when this borrowing relies on international sources of credit. Even for states that can borrow, however, intellectual attachment to balanced budgets as a means to restore confidence—a belief in what is sometimes called “expansionary austerity”—generates **incentives to curtail expenditure**. These incentives to cut occur precisely when populations are experiencing economic hardship, making reductions especially painful that target poverty alleviation, welfare programs, or economic subsidies. As a result, mass and elite constituents strongly resist such cuts. Welfare programs and other forms of public spending may be especially susceptible to a policy “ratchet effect,” where people are **very reluctant** to forego benefits once they have become accustomed to their availability.6 As Paul Pierson has argued, “The politics [of welfare state] retrenchment is typically treacherous, because it imposes **tangible losses** on concentrated groups of voters in return for diffuse and uncertain gains.”7

#### No internal link – their impact ev is about countries like ASEAN members, but no 1AC ev says US decline spills over

#### McLennan – no laundry lists – make them read terminal impacts