## 1NC

#### 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

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.

#### Lack of IP protection makes medical innovation prohibitively risky and expensive

Grabowski et al 15 [(Henry, Professor of Economics, member of the faculty for the Health Sector Management Program, and Director of the Program in Pharmaceuticals and Health Economics at Duke University) “The Roles of Patents and Research And Development Incentives In Biopharmaceutical Innovation,” Health Affairs, 2/2015] JL

The essential rationale for patent protection for biopharmaceuticals is that long-term benefits in the form of continued future innovation by pioneer or brand-name drug manufacturers outweigh the relatively short-term restrictions on imitative cost competition associated with market exclusivity. Regardless, the entry of other branded agents remains an important source of therapeutic competition during the patent term.

Several economic characteristics make patents and intellectual property protection particularly important to innovation incentives for the biopharmaceutical industry. **5** The R&D process often takes more than a decade to complete, and according to a recent analysis by Joseph DiMasi and colleagues, per new drug approval (including failed attempts), it involves more than a billion dollars in out-of-pocket costs. **6** Only approximately one in eight drug candidates survive clinical testing. **6**

As a result of the high risks of failure and the high costs, research and development must be funded by the few successful, on-market products (the top quintile of marketed products provide the dominant share of R&D returns). **7**,**8** Once a new drug’s patent term and any regulatory exclusivity provisions have expired, competing manufacturers are allowed to sell generic equivalents that require the investment of only several million dollars and that have a high likelihood of commercial success. Absent intellectual property protections that allow marketing exclusivity, innovative firms would be unlikely to make the costly and risky investments needed to bring a new drug to market.

Patents confer the right to exclude competitors for a limited time within a given scope, as defined by patent claims. However, they do not guarantee demand, nor do they prevent competition from nonidentical drugs that treat the same diseases and fall outside the protection of the patents.

New products may enter the same therapeutic class with common mechanisms of action but different molecular structures (for example, different statins) or with differing mechanisms of action (such as calcium channel blockers and angiotensin receptor blockers). 9 Joseph DiMasi and Laura Faden have found that the time between a first-in-class new drug and subsequent new drugs in the same therapeutic class has been dramatically reduced, from a median of 10.2 years in the 1970s to 2.5 years in the early 2000s. 10 Drugs in the same class compete through quality and price for preferred placement on drug formularies and physicians’ choices for patient treatment.

Patents play an essential role in the economic “ecosystem” of discovery and investment that has developed since the 1980s. Hundreds of start-up firms, often backed by venture capital, have been launched, and a robust innovation market has emerged. **11** The value of these development-stage firms is largely determined by their proprietary technologies and the candidate drugs they have in development. As a result, the strength of intellectual property protection plays a key role in funding and partnership opportunities for such firms.

#### MRNA solves a litany of diseases, but continued innovation is key

Gupta 5/7 [(Swati, vice president and head of emerging infectious diseases and scientific strategy at IAVI, a nonprofit scientific research organization that develops vaccines and antibodies for HIV, tuberculosis, emerging infectious diseases (including COVID-19) and neglected diseases, PhD and MPH from Yale University) “The Application and Future Potential of mRNA Vaccines,” Yale School of Public Health, 5/7/2021] JL

The implications of mRNA technology are staggering. Several vaccine developers are studying this technology for deployment against rabies, influenza, Zika, HIV and cancer, as well as for veterinary purposes. Its potential utility is based upon its being a “platform technology” that can be developed and scaled rapidly. Given that only the genetic code for a protein of interest is needed, synthetically produced mRNA vaccines can be made rapidly, in days. Other vaccine approaches involve growing and/or producing proteins in cells, a process that can take months. Messenger RNA vaccines are generally regarded as safe, since they do not integrate into our cells’ DNA and naturally degrade in the body after injection. They also can be safely administered repeatedly, as we are seeing with the two-dose regimen for both the Pfizer-BioNTech and Moderna vaccines.

Despite the current success of mRNA vaccines for COVID-19, scientists continue to work on making the technology better. A number of laboratories are testing more thermostable formulations of mRNA vaccines, which currently must be kept at freezing or ultra-cold temperatures. Others are investigating second-generation vaccines that will only require a single shot, and “universal” coronavirus vaccines that could protect against future emerging coronaviruses. Messenger RNA vaccines that target a broad range of different diseases, all in one shot, are also in development; this approach has the potential to greatly simplify current vaccination schedules.

Taken together, these advantages and potential future developments position mRNA vaccines as an increasingly important technology in our arsenal of tools against infectious disease outbreaks, and are likely to be critical to fighting future epidemics and pandemics. Global partnerships like the Coalition for Epidemic Preparedness and Innovation (CEPI), tasked with facilitating the development of vaccines to stop future epidemics, have called for vaccines to be able to be tested in the clinic within months after a new pathogen is identified. With the latest discoveries in mRNA technology, we are well on our way to this goal; the ability of this platform technology to be transformative is no longer a hope, but more likely to be a reality in the very near future.

#### Disease causes extinction – defense is wrong

Piers Millett 17, Consultant for the World Health Organization, PhD in International Relations and Affairs, University of Bradford, Andrew Snyder-Beattie, “Existential Risk and Cost-Effective Biosecurity”, Health Security, Vol 15(4), http://online.liebertpub.com/doi/pdfplus/10.1089/hs.2017.0028

Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world’s population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization.

A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity’s favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6

While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and theWestern Abenaki (which suffered a staggering 98% loss of population).

In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-2

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#### CP: Member nations of the World Trade Organization should adopt the European Union’s proposal to:

#### Ensure that COVID-19 vaccines, treatments and their components can cross borders freely

#### Encourage producers to expand their production, while ensuring that those countries most in need of vaccines receive them at an affordable price

#### Facilitate the use of compulsory licensing within the WTO's existing Agreement on Trade-Related Aspects of Intellectual Property Rights

#### Solves vaccine access but avoids innovation

Brachmann 6/8 [(Steve, contributor to IPWatchdog.com, Research on Point, and Main Street Host writing about technology and innovation) “EU Offers Alternative to COVID-19 IP Waiver That Supports Innovation and Addresses Supply Chain Problems,” IP Watchdog, 6/8/2021] JL

The EU’s proposal to the WTO regarding COVID-19 vaccine access focuses on three key elements. The first element focuses on international supply chain issues, advocating for countries producing vaccines to increase international exports and to avoid any trade restrictions on vaccines or their raw materials that could hinder the supply chain either for countries in need or the global COVAX Facility initiative. Supply chain issues have a real and devastating effect on unvaccinated communities, as evidenced by the recent news that Thailand government officials acknowledged delays and reductions for a promised shipment of 17 million doses of Thai-produced AstraZeneca vaccines to the Philippines. One of the biggest supply chain issues facing the unvaccinated world right now is the decision of India’s government, which along with South Africa proposed the patent waiver at the WTO, to stop exporting vaccines manufactured by the Serum Institute of India, the world’s largest vaccine manufacturer, in order to address India’s own exploding COVID-19 infection rates. For its part, the United States under President Joe Biden recently announced an increase of 20 million doses to the country’s planned COVID-19 vaccine exports.

The second key element in the EU’s proposal requests that governments support vaccine manufacturers and developers to ensure affordable vaccine supplies. This portion of the EU’s proposal acknowledges the beneficial impacts of licensing, which ensures that developers and manufacturers enter into agreements that those companies are incentivized to uphold because they promote business interests. The EU’s proposal notes that the vaccine developers Pfizer, BioNTech, Johnson & Johnson and Moderna have all committed to agreements to deliver a combined 1.3 billion doses through 2021 at no profit to low-income countries and at low cost to middle-income countries.

The final key element in the EU’s alternative focuses on intellectual property and recognizes that “voluntary licenses are the most effective instrument to facilitate the expansion of production and sharing of expertise.” While compulsory licensing could be available without voluntary licensing due to the extraordinary nature of the COVID-19 pandemic, the EU advocates for using existing mechanisms for compulsory licensing under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). While the EU is currently drafting a communication dedicated to intellectual property rights which it plans to submit to all WTO members, the governmental body was clear on its thoughts regarding the India-South Africa proposal backed by many governments, including the Biden Administration:

As regards the broad waiver proposed by a number of WTO members, the European Commission, while ready to discuss any option that helps end the pandemic as soon as possible, is not convinced that this would provide the best immediate response to reach the objective of the widest and timely distribution of COVID-19 vaccines that the world urgently needs.

The forces urging the world towards waiving international patent rights under TRIPS for COVID-19 vaccines are about as legion as they are misguided. On June 7, the WTO announced that it had received a petition signed by 2.7 million people around the world calling for the suspension of patent rights on COVID-19 vaccines. Currently more than 60 nations have publicly supported the India-South Africa proposal to waive patent rights under TRIPS for COVID-19 vaccines. However, as the EU’s proposal indicates, developing effective responses to international supply chain issues regarding vaccines do not have to stoop to dismantling the system for encouraging the investment in pharmaceutical R&D that produced the vaccine in the first place. In fact, the EU’s proposal recognizes that properly respecting IP rights and encouraging voluntary licensing, while making some allowances for Article 31 of TRIPS, will be a much more effective answer than a political stance that creates more problems than it solves by reducing medical innovation at exactly the time that the world needs it the most.

In supporting the waiver, the Biden Administration has arguably abdicated one of its first promises: that it would be an administration guided by science and truth. There is no science that exists to show that patents are barriers to vaccine access. That is a fact that has been acknowledged by the World Intellectual Property Organization, the UN’s agency for intellectual property rights, since the beginning of the COVID-19 pandemic. The sentimentality driving those supporting the TRIPS waiver for COVID-19 vaccines won’t solve supply chain issues in manufacturing capacity, which the EU’s alternative does address, but it will do a great job at decreasing investment into medical R&D because weak patent rights decrease economic productivity. Decreased investment in medical R&D will slow down the research needed to cure new COVID-19 variants that continue to appear across the world, and needless human death will continue.

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#### CP: Member nations of the World Trade Organization should reduce intellectual property protections for medicines except Remdesivir.

#### Remdesivir patents are key to profits that enable continued production and future innovation

Mossoff 20 [(Adam, Professor of Law at Antonin Scalia Law School, George Mason University, teaches a wide range of courses at the law school, including property, patent law, trade secrets, trademark law, remedies, and internet law, Visiting Intellectual Property Fellow at the Heritage Foundation, JD from the University of Chicago Law School) “US Should Not Confiscate Gilead's Remdesivir Patent,” Law360, 8/21/2020] JL

These politicians allege that since the U.S. helped pay for some of remdesivir's clinical trials, the federal government can use its march-in power in a 1980 law to appropriate Gilead's patent and license it to generic manufacturers to lower the price and increase availability of the drug.  
  
At first glance, their argument may seem appealing. Unfortunately, the state AGs' letter is another example of populist rhetoric contrary to both law and reason. The state AGs clearly don't understand the law in question — or the drug development process. If they succeed, this would sanction government theft of patents that will chill innovation and harm patients.  
  
First, consider how their proposal rests on a foundation of sand.  
  
The 1980 law they cite, the Bayh-Dole Act, was not enacted for the purpose of government confiscation of patents. Congress enacted this law to facilitate universities and other research institutions to obtain patents and then license their innovations in the marketplace. Before 1980, no one knew who owned inventions if one cent of federal funding was used in the basic research that led to the patent. As a result, life-saving innovations sat on the shelf in the university lab.  
  
Bayh-Dole changed this. As former Sen. Bob Dole, R-Kan., recently observed, his legislation spurred the licensing of new innovations, promoted thousands of startups, and led to massive economic growth. It contributed to the explosion in new drugs over the past 40 years that have turned what were once death sentences into manageable conditions — from cancer to diabetes to hepatitis.  
  
Bayh-Dole does authorize a march-in power for the federal government to take patents and license them under very limited conditions. Contrary to the state AGs' claim, this is not an authorization for the federal government to confiscate patents merely to lower a price by expanding production. The National Institutes of Health has repeatedly stated that "the extraordinary remedy of march-in is not an appropriate means of controlling prices."  
  
Since 1980, bipartisan administrations have consistently rejected lobbying efforts to use the march-in power for the purpose of lowering prices of drugs. They did so for one simple reason: Bayh-Dole does not authorize it.  
  
But there's a more basic legal problem with the state AGs' letter: Bayh-Dole doesn't even apply to remdesivir. The company readily acknowledges working with universities and the U.S. military in testing the drug, but it was invented by and patented by Gilead researchers. The chief patent counsel for the U.S. Army Medical Research Institute of Infectious Diseases, or USAMRIID, which assisted Gilead in some of the later-stage testing, recently stated that its contributions did "not qualify USAMRIID as a joint inventor of the compound."  
  
Remdesivir is an example of the miracle drugs created by the modern biopharmaceutical sector. Researchers at Gilead labored for more than a decade and ultimately the company will spend more than a billion dollars in R&D expenditures on the drug. This is typical of the average time and R&D expenditures that lead to all life-enhancing drugs today.  
  
The federal government's total funding of remdesivir's testing, and the additional funding provided in response to the COVID-19 pandemic, ranged from $30 million to $70 million. These federal monies are a minuscule fraction — approximately 3% to 7% — of the total $1 billion plus in private investments ultimately made by Gilead in this life-saving medicine. For this, the state AGs would have the federal government confiscate Gilead's entire patent.  
  
This is not what Bayh-Dole was intended to do, as Dole has made clear. It was not enacted to justify confiscation of the patents that this law made possible in the first place. It was especially not enacted to justify confiscation simply to lower prices given massive disparities in federal funding versus private funding of the R&D in a life-saving drug.  
  
The politicians and activists lobbying since February for the government to invoke its march-in power for any COVID-19 drugs do a disservice to innovators and to the American patients who benefit from the fruits of their inventive labors.  
  
If the government can twist the Bayh-Dole law and arbitrarily decide when to confiscate patents, companies like Gilead will no longer risk billions of dollars and decades of research in creating miracle drugs like remdesivir. We will never see cures for diseases like Alzheimer's and ultimately for pandemics like COVID-19.

#### Remdesivir substantially reduces COVID mortality – turns case

Antrim 7/27 [(Aislinn, assistant editor at Pharmacy Times, BA in journalism from the University of North Carolina) “Remdesivir Associated With Reduction in Mortality Rate in Hospitalized Patients with COVID-19,” Pharmacy Times, 7/27/2021] JL

Three analyses of large, retrospective, real-world data sets have found that remdesivir was associated with a reduction in mortality rates in patients hospitalized with COVID-19, according to a Gilead press release. Remdesivir is indicated for hospitalized adults and pediatric patients 12 years of age and older and weighing at least 40 kg for the treatment of COVID-19.

The 3 data analyses include 98,654 patients who were hospitalized with COVID-19. Two of the studies observed treatment trends and outcomes in the United States using the HealthVerity and Premier Healthcare databases, whereas the third analysis compared clinical outcomes in patients receiving a 10-day treatment course of remdesivir in the extension phase of the SIMPLE-Severe study.

“Clinical trials help us understand the efficacy and safety profile of a treatment, but their size can limit our ability to assess all potential aspects of a treatment’s effect due to low event rates in the trials,” said Robert L. Gottlieb, MD, PhD, a cardiologist at the Baylor University Medical Center, in a press release. “Large real-world datasets with greater sample sizes and robust methodologies can be helpful to assess treatment effects in both the overall patient population and in clinically relevant subsets of patients.”

This reduction in mortality was observed across a spectrum of baseline oxygen requirements, and the results were consistent at different timeframes over the course of the pandemic and across geographies, according to the researchers. Two of the studies also found that patients who received remdesivir had a significantly increased chance of discharge from the hospital by day 28.

The analysis of data from HealthVerity matched 24,856 patients treated with remdesivir 1:1 with matched controls between May 1, 2020, and May 3, 2021. Researchers found that in the overall population, patients receiving remdesivir had a statistically significant 23% lower mortality risk compared with patients in the control arm, regardless of baseline oxygen requirement.

Investigators also observed a significantly greater likelihood of discharge by day 28 in patients who completed a full 5-day course of remdesivir compared with patients in the control arm. This result was most pronounced in patients with lower oxygen requirements at baseline.

Similarly, an analysis of data from the Premier Healthcare Database found that patients treated with remdesivir had a significantly lower risk of mortality at days 14 and 28 compared with patients who did not receive remdesivir. Patients who received remdesivir and either no oxygen, low-flow oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) at baseline had a significantly lower risk of 14-day mortality.

A significant reduction in mortality was also seen at day 28 for these same groups of patients, and patients on high-flow oxygen at baseline who received remdesivir also had significantly lower 14-day mortality. At 28 days, the difference in mortality in patients receiving high-flow oxygen at baseline was not statistically significant.

The SIMPLE-Severe study evaluated hospitalized adult patients with severe COVID-19. Investigators found that in the overall population, treatment with remdesivir was associated with a statistically significant 54% lower mortality risk at 28 days compared to patients who were not treated with remdesivir, regardless of baseline oxygen requirements.

Furthermore, patients who completed a full 10-day course of treatment had a significantly shorter time to discharge within 28 days, compared to patients who did not receive remdesivir. The result for time to discharge was not significant for patients receiving mechanical ventilation or ECMO at baseline.

Finally, in the double-blind, placebo-controlled ACTT-1 clinical trial, investigators noted a trend toward reduced mortality at day 29 among patients who were treated with remdesivir compared with placebo, although this result was not statistically significant.

Researchers also conducted a post-hoc analysis with no adjustment for multiple testing and determined that patients who required low-flow oxygen at baseline and who received remdesivir achieved a statistically significant 70% reduction in mortality at day 29, although this reduction was not statistically significant in the other groups.

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**The standard is maximizing expected wellbeing**

**First, pleasure and pain are intrinsically valuable. People consistently regard pleasure and pain as good reasons for action, despite the fact that pleasure doesn’t seem to be instrumentally valuable for anything.**

**Moen 16** [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281] SJDI

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that pleasure is intrinsically valuable and pain is intrinsically disvaluable. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues**.** This inclusion makes intuitive sense, moreover, for there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels, and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative.2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values**.** If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable**.** You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good.3 As Aristotle observes**:** “We never ask [a man] what his end is in being pleased, because we assume that pleasure is choice worthy in itself.”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that pleasure and pain are both places where we reach the end of the line in matters of value.

**Moreover, *only* pleasure and pain are intrinsically valuable. All other values can be explained with reference to pleasure; Occam’s razor requires us to treat these as instrumentally valuable.**

**Moen 16** [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281] SJDI

I think several things should be said in response to Moore’s challenge to hedonists. First, **I do not think the burden of proof lies on hedonists to explain why the additional values are not intrinsic values. If someone claims that X is intrinsically valuable, this is a substantive, positive claim, and it lies on him or her to explain why we should believe that X is in fact intrinsically valuable.** Possibly, this could be done through thought experiments analogous to those employed in the previous section. Second, **there is something peculiar about the list of additional intrinsic values** that counts in hedonism’s favor**: the listed values have a strong tendency to be well explained as things that help promote pleasure and avert pain.** To go through Frankena’s list, life and consciousness are necessary presuppositions for pleasure; activity, health, and strength bring about pleasure; and happiness, beatitude, and contentment are regarded by Frankena himself as “pleasures and satisfactions.” The same is arguably true of beauty, harmony, and “proportion in objects contemplated,” and also of affection, friendship, harmony, and proportion in life, experiences of achievement, adventure and novelty, self-expression, good reputation, honor and esteem. Other things on Frankena’s list, such as understanding, **wisdom, freedom, peace, and security, although they are perhaps not themselves pleasurable, are important means to achieve a happy life, and as such, they are things that hedonists would value highly.** **Morally good dispositions and virtues, cooperation, and just distribution of goods and evils, moreover, are things that, on a collective level, contribute a happy society, and thus the traits that would be promoted and cultivated if this were something sought after.** To a very large extent, the intrinsic values suggested by pluralists tend to be hedonic instrumental values. Indeed, pluralists’ suggested intrinsic values all point toward pleasure, for while the other values are reasonably explainable as a means toward pleasure, pleasure itself is not reasonably explainable as a means toward the other values. Some have noticed this. Moore himself, for example, writes that though his pluralistic theory of intrinsic value is opposed to hedonism, its application would, in practice, look very much like hedonism’s: “Hedonists,” he writes “do, in general, recommend a course of conduct which is very similar to that which I should recommend.”24 Ross writes that “[i]t is quite certain that by promoting virtue and knowledge we shall inevitably produce much more pleasant consciousness. These are, by general agreement, among the surest sources of happiness for their possessors.”25 Roger Crisp observes that “those goods cited by non-hedonists are goods we often, indeed usually, enjoy.”26 What Moore and Ross do not seem to notice is that their observations give rise to two reasons to reject pluralism and endorse hedonism. The first reason is that if **the suggested non-hedonic intrinsic values are potentially explainable by appeal to just pleasure and pain** (which, following my argument in the previous chapter, we should accept as intrinsically valuable and disvaluable), **then—by appeal to Occam’s razor—we have at least a pro tanto reason to resist the introduction of any further intrinsic values and disvalues. It is ontologically more costly to posit a plurality of intrinsic values and disvalues, so in case all values admit of explanation by reference to a single intrinsic value and a single intrinsic disvalue, we have reason to reject more complicated accounts.** **The fact that suggested non-hedonic intrinsic values tend to be hedonistic instrumental values does not, however, count in favor of hedonism solely in virtue of being most elegantly explained by hedonism; it also does so in virtue of creating an explanatory challenge for pluralists.** The challenge can be phrased as the following question: **If the non-hedonic values suggested by pluralists are truly intrinsic values in their own right, then why do they tend to point toward pleasure and away from pain?**27

**Moral uncertainty means preventing extinction should be our highest priority.  
Bostrom 12** [Nick Bostrom. Faculty of Philosophy & Oxford Martin School University of Oxford. “Existential Risk Prevention as Global Priority.” Global Policy (2012)]  
These reflections on **moral uncertainty suggest** an alternative, complementary way of looking at existential risk; they also suggest a new way of thinking about the ideal of sustainability. Let me elaborate.¶ **Our present understanding of axiology might** well **be confused. We may not** nowknow — at least not in concrete detail — what outcomes would count as a big win for humanity; we might not even yet **be able to imagine the best ends** of our journey. **If we are** indeedprofoundly **uncertain** about our ultimate aims,then we should recognize that **there is a great** option **value in preserving** — and ideally improving — **our ability to recognize value and** to **steer the future accordingly. Ensuring** that **there will be a future** version of **humanity** with great powers and a propensity to use them wisely **is** plausibly **the best way** available to us **to increase the probability that the future will contain** a lot of **value.** To do this, we must prevent any existential catastrophe.

**Reducing the risk of extinction is always priority number one.   
Bostrom 12** [Faculty of Philosophy and Oxford Martin School, University of Oxford.], Existential Risk Prevention as Global Priority.  Forthcoming book (Global Policy). MP. http://www.existenti...org/concept.pdfEven if we use the most conservative of these estimates, which entirely ignores the   possibility of space colonization and software minds, **we find that the expected loss of an existential   catastrophe is greater than the value of 10^16 human lives**.  **This implies that the expected value of   reducing existential risk by a mere one millionth of one percentage point is at least a hundred times the   value of a million human lives.**  The more technologically comprehensive estimate of 10  54 humanbrain-emulation subjective life-years (or 10  52  lives of ordinary length) makes the same point even   more starkly.  Even if we give this allegedly lower bound on the cumulative output potential of a   technologically mature civilization a mere 1% chance of being correct, we find that the expected   value of reducing existential risk by a mere one billionth of one billionth of one percentage point is worth   a hundred billion times as much as a billion human lives. **One might consequently argue that even the tiniest reduction of existential risk has an   expected value greater than that of the definite provision of any ordinary good, such as the direct   benefit of saving 1 billion lives.**  And, further, that the absolute value of the indirect effect of saving 1  billion lives on the total cumulative amount of existential riskâ€”positive or negativeâ€”is almost   certainly larger than the positive value of the direct benefit of such an action.

## Case

### framing

#### ROB is to vote for the better debater – anything else is arbitrary, self–serving, and impact justified – they haven’t justified how debate shapes subject formation – it doesn’t – the role of individual debate rounds is white noise – *can you remember what happened round () of () your senior year?*

#### No eurocentrism— their cards are just about debates over epistemolgy, not how we evaluate all other types of debates.

#### No link to eurocentricism— need ot point out what arguments we have read that are colonialist or eurocentirc.

#### Your makoni card— just in the context of Africa’s IP, no reason why it disrupts other forms of academia in other states.

#### No largescale impacts being wrong— they haven’t isolated why our specific impacts are wrong, just a generalization of all impacts.

#### Psychoanalysis has no empirical basis.

Paris 17 [Dr Paris is Professor, Department of Psychiatry, McGill University, and Research Associate, Department of Psychiatry, Jewish General Hospital. "Is Psychoanalysis Still Relevant to Psychiatry?" https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5459228/]

The proposal to establish a discipline of neuropsychoanalysis also met with a mixed reception from traditional psychoanalysts, who did not want to dilute Freud’s wine with neuroscientific water.42 Neuroscientists, who are more likely to see links to psychology as lying in cognitive science,43 have ignored this idea. In summary, neuropsychoanalysis is being used a way to justify long-standing models, without attempting to find something new or to develop an integration of perspectives on psychology.

However, Eric Kandel,44 influential in the light of his Nobel Prize for the study of the neurochemistry of memory, has taken a sympathetic view of the use of biological methods to study psychoanalytic theory. Kandel had wanted to be an analyst before becoming a neuroscientist.45 But Kandel, who does not actively practice psychiatry, may be caught in a time warp, unaware that psychoanalysis has been overtaken by competitors in the field of psychotherapy.

Another attempt to reconcile psychoanalysis with science has come from the literature on neuroplasticity.46 It is now known that neurogenesis occurs in some brain regions (particularly the hippocampus) during adulthood and that neural connections undergo modification in all parts of the brain. There is also evidence that CBT can produce brain changes that are visible using imaging.47 These findings have not been confirmed in psychoanalytic therapies. However, Norman Doidge, a Canadian psychoanalyst, has argued that psychoanalysis can change the brain.48 This may be the case for all psychotherapies. However, more recently, Doidge49 has claimed that mental exercises can reverse the course of severe neurological and psychiatric problems, including chronic pain, stroke, multiple sclerosis, Parkinson’s disease, and autism. While these books have been best-sellers, most of their ideas in the second volume,49 based on anecdotes rather than on clinical trials, have had little impact in medicine. This story underscores the difficulty of reconciling the perspectives and methods of psychoanalysis with scientific methods based on empirical testing.

Psychoanalysis and the Humanities

Psychoanalysis claimed to be a science but did not function like one. It failed to operationalize its hypotheses, to test them with empirical methods, or to remove constructs that failed to gain scientific support.1 In this way, the intellectual world of psychoanalysis more closely resembles the humanities. Today, with few psychiatrists or clinical psychologists entering psychoanalytic training, the door has been opened to practitioners with backgrounds in other disciplines, including the humanities.

This trend is related to a hermeneutic mode of thought,50 which focuses on meaningful interpretations of phenomena, rather than on empirical testing of hypotheses and observations. Since the time of Freud, the typical psychoanalytic paper has consisted of speculations backed up with illustrations, similar to the methods of literary theory and criticism.

One model currently popular in the humanities is “critical theory.”51 This postmodernist approach uses Marxist concepts to explain phenomena ranging from literature to politics. It proposes that truth is entirely relative and often governed by hidden social forces. In its most radical form, in the work of Michel Foucault,52 critical theory and postmodernism take an antiscience position, denying the existence of objective truth and viewing scientific findings as ways of defending the “hegemony” of those in power.

Some humanist scholars have adopted the ideas of Jacques Lacan, a French psychoanalyst who created his own movement and whose eccentric clinical practice resembled that of a cult leader.53 Moreover, recruitment of professionals and academics with no training in science could lead to an increasing isolation of the discipline. While only a few contemporary psychoanalysts have embraced postmodernism, the humanities have made use of psychoanalytical concepts for their own purposes as a way of understanding literature and history.

### Underview

#### Theory comes first—its how we frame the round and a procedural for how the round will play out, means that it comes first because we couldn’t engage with your aff.

#### 1] no juristiction— judges vote for non t affs and cross apply answers from the ROB

#### 2] no fairness argument— the neg is purely reactionary means that if we were unfair its bc you were unfair.

#### 3] if we’ve won that your pedagogy is unfair then it’s a reason to vote neg, and no link to norm setting in a large scale— one round can’t solve for all of settler colonialism.

#### 4] no scope arg— nothing happens outside of a round, the only thing we can solve for in this round is fairness

### Advantage

#### They can only leverage the amount of settler colonialism solved by the aff – alt causes – Chinese oppression of Uighurs, Turkey’s involvement in Syria, and Native Americans making $.60 to the dollar. Means that you cant solve for your pedagogy.

#### Only commitment on vaccines— means it can’t solve for other instances of colonialism in the global south.

#### COVID inevitable even with vaccines – antibodies fade and high transmissibility

Zhang 20 [(Sarah, staff writer at The Atlantic, winner of a 2018 AAAS Kavli Science Journalism Silver Award) “The Coronavirus Is Never Going Away,” The Atlantic, 8/4/2020] JL

The coronavirus is simply too widespread and too transmissible. The most likely scenario, experts say, is that the pandemic ends at some point—because enough people have been either infected or vaccinated—but the virus continues to circulate in lower levels around the globe. Cases will wax and wane over time. Outbreaks will pop up here and there. Even when a much-anticipated vaccine arrives, it is likely to only suppress but never completely eradicate the virus. (For context, consider that vaccines exist for more than a dozen human viruses but only one, smallpox, has ever been eradicated from the planet, and that took 15 years of immense global coordination.) We will probably be living with this virus for the rest of our lives.

Back in the winter, public-health officials were more hopeful about SARS-CoV-2, the coronavirus that causes COVID-19. SARS, a closely related coronavirus, emerged in late 2002 and infected more than 8,000 people but was snuffed out through intense isolation, contact tracing, and quarantine. The virus was gone from humans by 2004. SARS and SARS-CoV-2 differ in a crucial way, though: The new virus spreads more easily—and in many cases asymptomatically. The strategies that succeeded with SARS are less effective when some of the people who transmit COVID-19 don’t even know they are infected. “It’s very unlikely we’re going to be able to declare the kind of victory we did over SARS,” says Stephen Morse, an epidemiologist at Columbia University.

If not, then what does the future of COVID-19 look like? That will depend, says Yonatan Grad, on the strength and duration of immunity against the virus. Grad, an infectious-disease researcher at Harvard, and his colleagues have modeled a few possible trajectories. If immunity lasts only a few months, there could be a big pandemic followed by smaller outbreaks every year. If immunity lasts closer to two years, COVID-19 could peak every other year.

At this point, how long immunity to COVID-19 will last is unclear; the virus simply hasn’t been infecting humans long enough for us to know. But related coronaviruses are reasonable points of comparison: In SARS, antibodies—which are one component of immunity—wane after two years. Antibodies to a handful of other coronaviruses that cause common colds fade in just a year. “The faster protection goes away, the more difficult for any project to try to move toward eradication,” Grad told me.

This has implications for a vaccine, too. Rather than a onetime deal, a COVID-19 vaccine, when it arrives, could require booster shots to maintain immunity over time. You might get it every year or every other year, much like a flu shot.

Even if the virus were somehow eliminated from the human population, it could keep circulating in animals—and spread to humans again. SARS-CoV-2 likely originated as a bat virus, with a still-unidentified animal perhaps serving as an intermediate host, which could continue to be a reservoir for the virus. (SARS also originated in bats, with catlike palm civets serving as an intermediate host—which led officials to order the culling of thousands of civets.) Timothy Sheahan, a virologist at the University of North Carolina at Chapel Hill, wonders if, with SARS-CoV-2 so widespread across the globe, humans might be infecting new species and creating new animal reservoirs. “How do you begin to know the extent of virus spread outside of the human population and in wild and domestic animals?” he says. So far, tigers at the Bronx Zoo and minks on Dutch farms seem to have caught COVID-19 from humans and, in the case of the minks, passed the virus back to humans who work on the farm.

The existence of animal reservoirs that can keep reinfecting humans is also why scientists don’t speak of “eradication” for these viruses. The Ebola virus, for example, probably comes from bats. Even though human-to-human transmission of Ebola eventually ended in the West African epidemic in 2016, the virus was still somewhere on Earth and could still infect humans if it found the right host. And indeed, in 2018, Ebola broke out again in the Democratic Republic of the Congo. Ebola can be contained through contact tracing, isolation, and a new vaccine, but it cannot be “eradicated.” No one is quite sure why SARS has never reemerged from an animal reservoir, but this coronavirus could well follow a different pattern.

#### Waivers don’t improve vaccine supply or distribution, but do allow for poorly made vaccines that undermine vaccine confidence

Delgado 5/25 [(Carla, health & culture journalist who’s written for Insider, Architectural Digest, Elemental, Observer, and Mental Floss) “Experts Say Patent Waivers Aren't Enough To Increase Global Vaccination,” Verywell Health, 5/25/2021] JL

“Waiving intellectual property rights for COVID-19 vaccines is likely to only have a modest impact on global vaccine supply,” William Moss, MD, executive director of the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health, tells Verywell. “A vaccine IP waiver is not in itself likely to lead to increased vaccine production in less developed countries because much more needs to be in place to increase the global vaccine supply.”

For several countries outside of the U.S. that have the necessary equipment to produce mRNA vaccines effectively and safely, the IP waiver can be of great help. However, many more countries lack this capacity, and this move still leaves them behind.

“The majority of the world’s countries lack the capacity to produce and distribute COVID-19 vaccines, and especially at the scale required to get this pandemic under control,” Richard Marlink, MD, director of the Rutgers Global Health Institute, tells Verywell. “They need funding, manufacturing facilities, raw materials, and laboratory staff with the technological expertise required.”

We've already seen what can go wrong with substandard vaccine manufacturing. In April, the Food and Drug Administration (FDA) inspected the Emergent BioSolutions factory in Baltimore and consequently shut down their production after concerning observations, which include:3

The factory was not maintained in a clean and sanitary condition.

Waste handling was found to be inadequate because generated waste was transported through the warehouse before disposal, which can potentially contaminate other areas.

Employees were seen dragging unsealed bags of medical waste from the manufacturing area across the warehouse.

Peeling paint, paint flecks, loose particles/debris were observed. There were also damaged floors and rough surfaces that cannot be properly cleaned and sanitized.

Employees were seen removing their protective garments where raw materials were staged for manufacturing.

They reportedly spoiled about 15 million doses of the Johnson and Johnson COVID-19 vaccine, and more than 100 million doses are on hold as regulators inspect them for possible contamination.4

“Vaccines are complex biological products, much more complex than drugs, and need to be produced by manufacturers and in facilities with the highest quality control standards,” Moss says. “Adverse events associated with a poorly made or contaminated batch of vaccines would have a devastating impact on vaccine confidence.”

In a statement last October, Moderna announced that they will not enforce their COVID-19-related patents against those who will make vaccines during this pandemic.5 While waiving some vaccine patents may allow third-party manufacturers to make and sell COVID-19 vaccines, the transfer of skills and technology that will allow them to manage production isn't very simple.

For instance, a spokesperson for Pfizer said that the Pfizer-BioNTech vaccine required 280 different components sourced from 86 suppliers across various countries. Manufacturing the vaccine would require highly specialized equipment and complex technology transfers.6

“Technology transfer also would need to be a critical component to expand vaccine manufacturing by other companies as an IP waiver is insufficient to provide the ‘know how’ needed to manufacture mRNA or adenovirus-vectored COVID-19 vaccines,” Moss says. “And supply chains for the reagents, supplies, and equipment would be needed.”

Interested manufacturers would need to have the proper equipment to test the quality and consistency of their manufacturing. At present, the World Health Organization (WHO) has plans to facilitate the establishment of technology hubs to transfer "a comprehensive technology package and provide appropriate training" to manufacturers from lower- and middle-income countries.7

While waiving vaccine patents is necessary, it's likely not enough. Additionally, negotiations about it are still ongoing. Even though the U.S. supports the waiver of COVID-19 vaccine patents, other countries like the United Kingdom, Japan, and Germany oppose it.8

It's also important to remember that manufacturing vaccines is only one step of the process of vaccinating the global population—distributing it is yet another hurdle.

“Many countries are counting on COVAX, a global collaboration to distribute COVID-19 vaccines more equitably around the world,” Marlink says. “The single largest supplier to COVAX is in India, where exports have been suspended since March due to the country’s COVID-19 crisis.”

#### Waivers antagonize drug-makers and manufacturers which reduces vaccine production

Furlong 4/21 [(Ashleigh, health care reporter for POLITICO, based in London, former reporter at the science policy publication Research Fortnight who covered biomedical research policy) “Why waiving patents might not boost global access to coronavirus vaccines,” Politico EU, 4/21/2021] JL

Lifting IP rules may make it pretty straightforward to make some types of drugs where technology transfer isn’t important, said ‘t Hoen. For example, during the pandemic, both Hungary and Russia have issued compulsory licenses for remdesivir, with both countries then producing the drug. But that’s not true for vaccines.

A vaccine patent prevents another company from producing the same product. But even without a patent in the way, the company that produced the vaccine holds an enormous amount of relevant know-how that it's not going to turn over for free. So when drugmakers make deals with other manufacturers to produce their vaccine, they transfer this knowledge along under strict agreements. For example, AstraZeneca reached a licensing agreement with the Serum Institute of India last June that ensured that SII treats AstraZeneca as a priority customer in return for access to the technology behind the Oxford/AstraZeneca vaccine.

Compulsory licensing may also be an over-hyped solution, aside from removing the possibility of being sued for patent infringement, says Guilherme Cintra, director of innovation policy at the International Federation of Pharmaceutical Manufacturers and Associations, a pharma lobby. It could actually be "an antagonistic move," he added. "In a way it removes trust, and undermines the possibility of engaging in good faith to build up manufacturing."

#### Primacy prevents great-power conflict — multipolar revisionism fragments the global order and causes nuclear war

Brands & Edel, 19 — Hal Brands; PhD, Henry A. Kissinger Distinguished Professor of Global Affairs at the Johns Hopkins School of Advanced International Studies. Charles Edel; PhD, Senior Fellow and Visiting Scholar at the United States Studies Centre at the University of Sydney. (“The Lessons of Tragedy: Statecraft and World Order;” Ch. 6: Darkening Horizon; Published by *Yale University Press*; //GrRv)  
Each of these geopolitical challenges is different, and each reflects the distinctive interests, ambitions, and history of the country undertaking it. Yet there is growing cooperation between the countries that are challenging the regional pillars of the U.S.-led order. Russia and China have collaborated on issues such as energy, sales and development of military technology, opposition to additional U.S. military deployments on the Korean peninsula, and naval exercises from the South China Sea to the Baltic. In Syria, Iran provided the shock troops that helped keep Russia’s ally, Bashar al-Assad, in power, as Moscow provided the air power and the diplomatic cover. “Our cooperation can isolate America,” supreme leader Ali Khamenei told Putin in 2017. More broadly, what links these challenges together is their opposition to the constellation of power, norms, and relationships that the U.S.-led order entails, and in their propensity to use violence, coercion, and intimidation as means of making that opposition effective. Taken collectively, these challenges constitute a geopolitical sea change from the post-Cold War era.

The revival of great-power competition entails higher international tensions than the world has known for decades, and the revival of arms races, security dilemmas, and other artifacts of a more dangerous past. It entails sharper conflicts over the international rules of the road on issues ranging from freedom of navigation to the illegitimacy of altering borders by force, and intensifying competitions over states that reside at the intersection of rival powers’ areas of interest. It requires confronting the prospect that rival powers could overturn the favorable regional balances that have underpinned the U.S.-led order for decades, and that they might construct rival spheres of influence from which America and the liberal ideas it has long promoted would be excluded. Finally, it necessitates recognizing that great-power rivalry could lead to great-power war, a prospect that seemed to have followed the Soviet empire onto the ash heap of history.

Both Beijing and Moscow are, after all, optimizing their forces and exercising aggressively in preparation for potential conflicts with the United States and its allies; Russian doctrine explicitly emphasizes the limited use of nuclear weapons to achieve escalation dominance in a war with Washington. In Syria, U.S. and Russian forces even came into deadly contact in early 2018. American airpower decimated a contingent of government-sponsored Russian mercenaries that was attacking a base at which U.S. troops were present, an incident demonstrating the increasing boldness of Russian operations and the corresponding potential for escalation. The world has not yet returned to the epic clashes for global dominance that characterized the twentieth century, but it has returned to the historical norm of great-power struggle, with all the associated dangers.

Those dangers may be even greater than most observers appreciate, because if today’s great-power competitions are still most intense at the regional level, who is to say where these competitions will end? By all appearances, Russia does not simply want to be a “regional power” (as Obama cuttingly described it) that dominates South Ossetia and Crimea.37 It aspires to the deep European and extra-regional impact that previous incarnations of the Russian state enjoyed. Why else would Putin boast about how far his troops can drive into Eastern Europe? Why else would Moscow be deploying military power into the Middle East? Why else would it be continuing to cultivate intelligence and military relationships in regions as remote as Latin America?

Likewise, China is today focused primarily on securing its own geopolitical neighborhood, but its ambitions for tomorrow are clearly much bolder. Beijing probably does not envision itself fully overthrowing the international order, simply because it has profited far too much from the U.S.-anchored global economy. Yet China has nonetheless positioned itself for a global challenge to U.S. influence. Chinese military forces are deploying ever farther from China’s immediate periphery; Beijing has projected power into the Arctic and established bases and logistical points in the Indian Ocean and Horn of Africa. Popular Chinese movies depict Beijing replacing Washington as the dominant actor in sub-Saharan Africa—a fictional representation of a real-life effort long under way. The Belt and Road Initiative bespeaks an aspiration to link China to countries throughout Central Asia, the Middle East, and Europe; BRI, AIIB, and RCEP look like the beginning of an alternative institutional architecture to rival Washington’s. In 2017, Xi Jinping told the Nineteenth National Congress of the Chinese Communist Party that Beijing could now “take center stage in the world” and act as an alternative to U.S. leadership.38

These ambitions may or may not be realistic. But they demonstrate just how significantly the world’s leading authoritarian powers desire to shift the global environment over time. The revisionism we are seeing today may therefore be only the beginning. As China’s power continues to grow, or if it is successful in dominating the Western Pacific, it will surely move on to grander endeavors. If Russia reconsolidates control over the former Soviet space, it may seek to bring parts of the former Warsaw Pact to heel. Historically, this has been a recurring pattern of great-power behavior—interests expand with power, the appetite grows with the eating, risk-taking increases as early gambles are seen to pay off.39 This pattern is precisely why the revival of great-power competition is so concerning—because geopolitical revisionism by unsatisfied major powers has so often presaged intensifying international conflict, confrontation, and even war. The great-power behavior occurring today represents the warning light flashing on the dashboard. It tells us there may be still-greater traumas to come.

The threats today are compelling and urgent, and there may someday come a time when the balance of power has shifted so markedly that the postwar international system cannot be sustained. Yet that moment of failure has not yet arrived, and so the goal of U.S. strategy should be not to hasten it by giving up prematurely, but to push it off as far into the future as possible. Rather than simply acquiescing in the decline of a world it spent generations building, America should aggressively bolster its defenses, with an eye to preserving and perhaps even selectively advancing its remarkable achievements.

#### The plan alienates pharma companies and doesn’t solve lack of vaccine purchasing

Glassman 5/6 [(Amanda, executive vice president and senior fellow at the Center for Global Development, research focuses on priority-setting, resource allocation and value for money in global health, former director for global health policy at the Center from 2010 to 2016, former deputy director of the Global Health Financing Initiative at Brookings and carried out policy research on aid effectiveness and domestic financing issues in the health sector in low-income countries, MSc from the Harvard School of Public Health) “Big Pharma Is Not the Tobacco Industry,” Barrons, 5/6/2021] JL

In fact, several of them did just that in the pandemic: invested their own money to develop patented manufacturing technologies in record time. Those technologies are literally saving the world right now. Public funding supported research and development, but companies also brought their own proprietary ingenuity and private investments to bear toward solving the world’s singular, collective challenge. Their reward should be astronomical given the insane scale of the health and economic benefits these highly efficacious vaccines produce every day. Market incentives sent a clear signal that further needed innovation—greater efficacy, single doses, more-rapid manufacturing, updated formulations, fast boosters, and others—would be richly rewarded. Market incentives could also have been used to lubricate supply lines and buy vaccines on behalf of the entire world; with enough money, incredible things can happen.

But activist lobbying to waive patents—a move the Biden administration endorsed yesterday—sends exactly the opposite signal. It says that the most important, valuable innovations will be penalized, not rewarded. It tells innovators, don’t bother attacking the most important global problems; instead, throw your investment dollars at the next treatment for erectile disfunction, which will surely earn you a steady return with far less agita.

It is worth going back to first principles. What problem are we trying to solve? We have highly efficacious vaccines that we would like to get out to the entire world as quickly as possible to minimize preventable disease and deaths, address atrocious inequities, and enable the reopening of society, trade, and commerce. Hundreds of millions of people have been plunged into poverty over the past year; in the developing world, the pandemic is just getting started.

What is the quickest way to get this done? Vaccine manufacturing is not just a recipe; if you attack and undermine the companies that have the know-how, do you really expect they’ll be eager to help you set up manufacturing elsewhere? Is the plan to march into Pfizer and force its staff to redeploy to Costa Rica to build a new factory? Do the U.S. administration or activists care that this decision could take years to negotiate at the World Trade Organization, and will likely be litigated for years thereafter? Does it make sense to eliminate the incentive for private companies to invest in vaccine R&D