# 1NC vs Marlborough AK

### 1NC – Off

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

#### Violation: Only defend Covid-19 medicines

#### It applies to medicines:

#### Upward entailment test – spec fails the upward entailment test because saying that nations ought to reduce IPP for one medicine does not entail that those nations ought to reduce IPP for all medicines

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

#### Vote neg:

#### Semantics outweigh:

#### T is a constitutive rule of the activity and a basic aff burden – they agreed to debate the topic when they came here

#### Jurisdiction – you can’t vote aff if they haven’t affirmed the resolution

#### It’s the only stasis point we know before the round so it controls the internal link to engagement – there’s no way to use ground if debaters aren’t prepared to defend it

#### Limits – there are countless affs accounting for thousands of medicines – 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

#### There are over 20,000 affs

FDA 11/18 [(U.S. Food and Drug Administration, federal agency of the Department of Health and Human Service) “Fact Sheet: FDA at a Glance,” 11/18/2020] JL

There are over 20,000 prescription drug products approved for marketing.

FDA oversees over 6,500 different medical device product categories.

There are over 1,600 FDA-approved animal drug products.

There are about 300 FDA-licensed biologics products.

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

#### 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

#### Competing interps – reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation

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

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

### 1NC – Off

#### 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 for COVID-19 medicines. Member nations will support the proposal and adopt the results of consultation.

#### WHO says yes

Kimball 5/7 [(Spencer, news editor with CNBC.com) “WHO chief urges world to follow U.S. lead and support waiving Covid vaccine patent protections,” CNBC, 5/7/2021] JL

World Health Organization Director General-Tedros Adhanom Ghebreyesus on Friday urged other countries, particularly the Group of Seven industrialized nations, to follow the U.S. example and support a World Trade Organization motion to temporarily waive Covid-19 vaccine patent protections.

“Wednesday’s announcement by the U.S. that it will support a temporary waiver of intellectual property protections for Covid-19 vaccines is a significant statement of solidarity and support for vaccine equity,” Tedros said at a press briefing. “I know that this is not a politically easy thing to do, so I very much appreciate the leadership of the U.S. and we urge other countries to follow their example.”

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

#### Solves Aff-

#### 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.

## 1NC – Case

### Framing

**The standard is maximizing expected wellbeing**

**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

#### Answers any squo suffering args – yes suffering now is bad, but death is the ultimate exp of pain and prevents all future pleasure which ow – our ! aren’t first world saftey – hurts ppl

**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.

### UV

1. **Ethics –We are not responsible for defending everything the WTO has done – hoarding vaccines is bad, but does not make extinction any less morally repugnant**
2. **Compound Probability- No slippery slope fallacies: you have to answer our internal links and specific scenarios**

**(C) Causal Direction – predictions are possible: we have made probabilistic claims with evidence and you should have to explain why the probability is actually low**

**(D) Complexity- this is a link of omission – obviously there are infinite things that could happen in the future, but we’ve made an argument about why the cp is most likely – the onus is on you to explain how complexity takes out our scenario**

**(E) Decision Gridlock- We can calculate using internal links and weigh scenarios using body count**

### Solvency

#### Affs defends a reduction of intellectual property protections for *medicines*.

#### They reduce IP protections on *vaccines* which is categorically distinct

#### Medicines are drugs

Senate Journal 12 [(SENATE JOURNAL STATE OF ILLINOIS )”NINETY-SEVENTH GENERAL ASSEMBLY 92ND LEGISLATIVE DAY”, <https://www.ilga.gov/senate/journals/97/2012/SJ097092R.pdf>, MARCH 8, 2012] SS

Medicines means and includes all drugs intended for human or veterinary use approved by the United States Food and Drug Administration.

#### Vaccines are not drugs

He et al 12 [(Yongqun, Professor of Microbiology and Immunology at the University of Michigan Medical School, primary bioinformatics interests are development of biomedical ontologies and their applications in literature mining, Bayesian network modeling, microbial genomics, and vaccine informatics)“A 2012 Workshop: Vaccine and Drug Ontology in the Study of Mechanism and Effect,” Journal of Biomedical Semantics, 12/18/2012] JL

Innovative therapeutic interventions are critical to prevent and treat human and animal diseases. A way to broadly classify therapeutic interventions is through their timing in administration: Vaccines are classically administered to prevent the appearance of a medical problem, while drugs are generally administered to treat a medical problem. Noticeable exceptions can be found for both classes of therapeutic interventions such as cancer vaccines (that are administered after detection of the problem), and protein pump inhibitors (that are often administered to prevent gastric problems in co-therapy with other drugs or in specific hospital settings). Nevertheless, vaccines and drugs are similarly regulated both in research and development, manufacturing, clinical trials, government approval and regulation, and post-licensing usage surveillance and monitoring. In a broader scope, vaccine is a special type of drug. Vaccines and drugs also have many differences. For example, for vaccines, dose, time, route, and frequency of administration are generally known quite precisely. However, since drugs are used for patients with different conditions, dose, time, and frequency of drug administration are often very difficult to establish. Since vaccines are often administered to healthy people to prevent medical problems, attribution of an adverse event following vaccination is less likely to be confounded by signs or symptoms of underlying medical problems as it is with drugs that are administered to treat medical problems. However, separation of manifestation of medical problem from manifestation of drug adverse event is often very challenging. In the U.S.A, vaccines are regulated under different laws by the Center for Biologics (CBER) at FDA, while drugs are regulated under the Food Drug and Cosmetic Act by the Center for Drugs (CDER) at FDA. Safety surveillance for vaccines is for the most part carried out by the Center for Disease Control (CDC) in Atlanta, while for drugs it is carried out by the FDA. Due to these similarities and differences between vaccines and drugs, a closer communication between these two areas is important to create effective ontological frameworks around which we can build comparative and predictive systems for both vaccines and drugs.

#### No plan text in a vacuum – the only way to logically join the plan text and advantage is to presume they defend the medicines discussed in their advantage

### Adv

#### 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.”

#### TRIPs waiver is a symbolic gesture that prevents vaccine production and distribution

Ikenson 6/25 [(Dan, former director of the Cato Institute's Herbert A. Stiefel Center for Trade Policy Studies, MA in economics from George Washington University) “Stop Blaming Patents For The World’s Low Vaccination Rates,” Forbes, 6/25/2021] JL

The premise of the need for a TRIPS waiver is simply absurd. It serves to divert attention from the failures of governments to protect their citizens with smart public health policies and, importantly, to demonize intellectual property protections more broadly. Governments are already free to waive IP protections and to engage in compulsory licensing in times of health crises but have not done so because patents are not the bottleneck. The bottlenecks result from limited global expertise in the highly technical process of producing the vaccine, the dearth of production facilities and capacity to ramp up production at existing facilities, the tight supply of crucial pharmaceutical ingredients (including vials, bags, and other components), and the limited distribution channels through which the proper handling of vaccines at proper temperatures can be assured.

To be sure, global health officials and biopharmaceutical companies have been working to resolve these real bottlenecks—a process that has benefited significantly from the fact that U.S. officials have more bandwidth to devote more attention and other resources to these matters precisely because U.S. vaccination efforts have been successful. And why have they been successful? In large measure, they have been successful because intellectual property protections have bred expectations of future intellectual property protections, which has invited and enabled an accumulation of R&D investment, infrastructure, and expertise in the United States.

The effort to surmount these real impediments to producing, distributing, and injecting vaccines is not made any easier by a symbolic waiver of IP protections—and may be made more difficult. The volume of vaccines necessary to ending the pandemic requires governments and public health officials to coordinate and focus on ramping up the capacity to produce and distribute, and to safeguard against the squandering of pharmaceutical ingredients by ensuring those inputs are channeled to producers with expertise in manufacturing and distribution. On the contrary, suspending IP protection might encourage novice firms with no expertise to end up wasting limited, essential ingredients.

#### 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."

#### 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 or in the response to the next health emergency? And if the patent waiver is only temporary and building a factory takes months or years, will anyone bother to do so, even if they could?

No, none of it makes sense. Worse still, we could solve the policy problem more easily by harnessing market incentives for the global good by ponying up cash to vaccinate the entire world. No confiscation necessary.

The big problem is that countries have

not bought enough vaccine to inoculate most of their populations. Covax, buying on behalf of 91 lower-income countries, is only collecting enough funding to cover 20% of their population. In many parts of the world, such as the Middle East, sub-Saharan Africa and some countries in Latin America, we see very low levels of vaccine prepurchasing. We have seen this week that the government of India had not ordered enough vaccine to cover its own population, for example, resulting in export bans on its domestic vaccine manufacturers; nor has it approved the Pfizer vaccine. Our collective focus instead must be to make the market: to set up advance purchase agreements to establish demand via country cooperation, Covax, and the multilateral development banks.