### 2

#### The US is leading the biopharmaceuticals race – but China is close. Catching up would be a death sentence for US lead.

Gupta 21 [Gaurav; Physician, founder of the biotechnology investment firm Ascendant BioCapital; “As Washington Ties Pharma’s Hands, China Is Leaping Ahead,” Barrons; 6/11/21; <https://www.barrons.com/articles/as-washington-ties-pharmas-hands-china-is-leaping-ahead-51623438808>] Justin

There should be no doubt that we are living at the dawn of a golden age of biomedical innovation. The American scientific engine that produced Covid-19 vaccines in record time was fueled by a convergence of advances in genomics, biomarkers, data science, and manufacturing years in the making. The first Food and Drug Administration approvals of a host of new product formats—oligonucleotide, bispecific, oncolytic virus, CAR-T, and lentivirus/AAV—all took place within the last decade. These represent an unprecedented expansion of the armamentarium that physicians have at their disposal to treat and cure disease. In the last few years, 47% of all new medicines were invented by U.S. biopharma companies, with homegrown startups driving the majority of innovation. The bulk of the remainder were developed by foreign companies specifically for the U.S. market.

An indirect benefit of these trends is that most novel therapeutics undergo clinical development and early commercial launch here in the U.S. The rest of the world understands that the American patient has earlier and broader access to groundbreaking therapies via these mechanisms. Indeed, the past decade is filled with examples of medical “firsts” for American patients: the first cure for Hepatitis C, the first gene therapy for blindness, the first immunotherapy for cancer. Future rewards will be greater still if we preserve our current system of incentivizing and protecting innovation.

The remarkable innovation capacity of our biopharmaceutical industry ought to be a source of national pride. Yet while “Made in America” is the global standard for medicines in development today, misguided policy risks ceding our scientific prowess to other countries in the future. This is particularly true in the case of China, where biotechnology has become a strategic pillar for the health of its people and economy.

From 2016 to 2020, the market capitalization of all Chinese biopharma companies increased exponentially from $1 billion to over $200 billion. China saw over $28 billion invested in its life sciences sector in 2020, double the previous year’s amount. Returns on China’s investment are already arriving. The FDA approved a drug developed in China for the first time ever in 2019. While China’s innovation capacity currently remains behind America’s, my experiences as a biopharma professional make it clear they are doing everything they can to catch up and catch up fast.

In fact, when I speak to Chinese biotechnology executives, they boast that they can run clinical trials faster than their U.S. counterparts. The danger of misguided policies that disincentivize pharmaceutical innovation in the U.S. is effectively driving that same innovation to China. If we close off the market in the U.S. at the same time that China is opening its market to innovative new products, then we will see companies choose to first launch impactful novel medicines in China, based on clinical trials conducted in China. Because the FDA rarely accepts data generated entirely outside the U.S., this relocation of research capacity will negatively affect Americans’ access to cutting-edge therapies.

#### The plan gives away sensitive biotechnology information that facilitates a China lead – no 1ar evergreening turn – it would affect both nations and that info would still be available

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Americans will not be safe from covid-19 until the entire world is safe. That basic truth shows why vaccine nationalism is not only immoral but also counterproductive. But the simplest solutions are rarely the correct ones, and some countries are using the issue to advance their own strategic interests. The Biden administration must reject the effort by some nations to turn our shared crisis into their opportunity.

As the inequities of vaccine distribution worldwide grow, a group of more than 50 developing countries led by India and South Africa is pushing the World Trade Organization to dissolve all international intellectual property protections for pandemic-related products, which would include vaccine research patents, manufacturing designs and technological know-how. The Trump administration rejected the proposal to waive the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for the pandemic when it was introduced in October.

Now, hundreds of nongovernmental organizations and dozens of Democratic lawmakers are pushing the Biden administration to support the proposal. But many warn the move would result in the United States handing over a generation of advanced research — much of it funded by the U.S. taxpayer — to our country’s greatest competitors, above all China.

In Congress, there’s justified frustration with the United States’ failure to respond to China’s robust vaccine diplomacy, in which Beijing has conditioned vaccine offers to pandemic-stricken countries on their ignoring security concerns over Chinese telecom companies or abandoning diplomatic recognition of Taiwan. There’s also a lot of anger at Big Pharma among progressives for profiting from the pandemic.

“We are in a race against time, and unfortunately Big Pharma is standing in the way of speedily addressing this problem,” Rep. Jan Schakowsky (D-Ill.), who supports the effort to waive intellectual property protections, told me in an interview. “I think the real security issue is that while the United States balks in making sure that we help ourselves, that these adversaries will just jump right in.”

Schakowsky argued that alternative measures for helping poor countries manufacture vaccines are simply not moving fast enough to save lives and that the United States has a duty to respond. House Speaker Nancy Pelosi (D-Calif.) personally conveyed her support for the waiver to President Biden, Schakowsky said.

But Big Pharma is just one piece of the puzzle. Countries such as India and South Africa have been trying to weaken WTO intellectual property protections for decades. The mRNA technology that underpins the Pfizer and Moderna vaccines was funded initially by the Defense Advanced Research Projects Agency and has national security implications.

Inside the Biden administration, the National Security Council has already convened several meetings on the issue. The waiver is supported by many global health officials in the White House and at the U.S. Agency for International Development, who believe the United States’ international reputation is suffering from its perceived “America First” vaccine strategy.

On Wednesday, U.S. Trade Representative Katherine Tai spoke with WTO Director General Ngozi Okonjo-Iweala about the waiver issue. USTR is convening its own interagency meetings on the issue, which many see as a move to reassert its jurisdiction over WTO matters.

If and when this does get to Biden’s desk, he will also hear from national security officials who believe that waiving TRIPS would result in the forced transfer of national security-sensitive technology to China, a country that strives to dominate the biotechnology field as part of its Made in China 2025 strategy. Once countries such as China have this technology, they will apply their mercantilist industrial models to ensure their companies dominate these strategically important industries, potentially erasing thousands of U.S. jobs.

“We would be delivering a competitive advantage to countries that are increasingly viewed as our adversaries, at taxpayer expense, when there are other ways of doing this,” said Mark Cohen, senior fellow at the University of California at Berkeley Law School.

#### Gains are directly converted to military prowess – destroys US primacy.

Kuo 17 [Mercy A; Executive Vice President at Pamir Consulting; “The Great US-China Biotechnology and Artificial Intelligence Race,” The Diplomat; 8/23/17; <https://thediplomat.com/2017/08/the-great-us-china-biotechnology-and-artificial-intelligence-race/>] TDI // Re-Cut Justin

Trans-Pacific View author Mercy Kuo regularly engages subject-matter experts, policy practitioners, and strategic thinkers across the globe for their diverse insights into the U.S. Asia policy. This conversation with Eleonore Pauwels – Director of Biology Collectives and Senior Program Associate, Science and Technology Innovation Program at the Wilson Center in Washington D.C. – is the 104th in “The Trans-Pacific View Insight Series.”

Explain the motivation behind Chinese investment in U.S. genomics and artificial intelligence (AI).

With large public and private investments inland and in the U.S., China plans to become the next AI-Genomics powerhouse, which indicates that these technologies will soon converge in China.

China’s ambition is to lead the global market for precision medicine, **which necessitates acquiring strategic tech**nological and human capital in both genomics and AI. And the country excels at this game. A sharp blow in this U.S.-China competition happened in 2013 when BGI purchased Complete Genomics, in California, with the intent to build its own advanced genomic sequencing machines, therefore securing a technological knowhow mainly mastered by U.S. producers.

There are significant economic incentives behind China’s heavy investment in the increasing convergence of AI and genomics. This golden combination will drive precision medicine to new heights by developing a more sophisticated understanding of how our genomes function, leading to precise, even personalized, cancer therapeutics and preventive diagnostics, such as liquid biopsies. By one estimate, the liquid biopsy market is expected to be worth $40 billion in 2017.

Assess the implications of iCarbonX of Shenzhen’s decision to invest US$100 million in U.S.-company PatientsLikeMe relative to AI and genomic data collection.

iCarbonX is a pioneer in AI software that learns to recognize useful relationships between large amounts of individuals’ biological, medical, behavioral and psychological data. Such a data-ecosystem will deliver insights into how an individual’s genome is mutating over time, and therefore critical information about this individual’s susceptibilities to rare, chronic and mental illnesses. In 2017, iCarbonX invested $100 million in PatientsLikeMe, getting a hold over data from the biggest online network of patients with rare and chronic diseases. If successful, this effort could turn into genetic gold, making iCarbonX one of the wealthiest healthcare companies in China and beyond.

The risk factor is that iCarbonX is handling more than personal data, but potentially vulnerable data as the company uses a smartphone application, Meum, for customers to consult for health advice. Remember that the Chinese nascent genomics and AI industry relies on cloud computing for genomics data-storage and exchange, creating, in its wake, new vulnerabilities associated with any internet-based technology. This phenomenon has severe implications. How much consideration has been given to privacy and the evolving notion of personal data in this AI-powered health economy? And is our cyberinfrastructure ready to protect such trove of personal health data from hackers and industrial espionage? In this new race, will China and the U.S. have to constantly accelerate their rate of cyber and bio-innovation to be more resilient? Refining our models of genomics data protection will become a critical biosecurity issue.

Why is Chinese access to U.S. genomic data a national security concern?

**Genomics** and computing research **is inherently dual-use, therefore a strategic advantage in a nation’s security arsenal.**

Using AI systems to understand how the functioning of our genomes impacts our health **is of strategic importance for biodefense.** This knowledge will lead to increasing developments at the forefront of medical countermeasures, **including vaccines**, antibiotics, and targeted treatments relying on virus-engineering and microbiome research. Applying deep learning to genomics data-sets could help geneticists learn how to use genome-editing (CRISPR) to efficiently engineer living systems, but also to treat and, even “optimize,” human health, **with potential applications in military enhancements**. A $15 million partnership between a U.S. company, Gingko Bioworks, and DARPA aims to genetically design new probiotics as a protection for soldiers against a variety of stomach bugs and illnesses.

China could be using the same deep learning techniques on U.S. genomics data to better comprehend how to develop, patent and manufacture tailored cancer immunotherapies in high demand in the United States. Yet, what if Chinese efforts venture into understanding how to impact key genomics health determinants relevant to the U.S. population? **Gaining access to increasingly large U.S. genomic data-sets gives China a knowledge advantage into leading the next steps in bio-military research.**

Could biomedical data be used to develop bioweapons? Explain.

Personalized medicine advances mean that personalized bio-attacks are increasingly possible. The combination of AI with biomedical data and genome-editing technologies will help us predict genes most important to particular functions. Such insights will contribute to knowing how a particular disease occurs, how a newly-discovered virus has high transmissibility, but also why certain populations and individuals are more susceptible to it. Combining host susceptibility information with pathogenic targeted design, **malicious actors could engineer pathogens that are tailored to overcome the immune system or the microbiome of specific populations.**

#### That causes extinction.

Yulis 17 [Max; Major in PoliSci, Penn Political Review; “In Defense of Liberal Internationalism,” Penn Political Review; 4/8/17; <http://pennpoliticalreview.org/2017/04/in-defense-of-liberal-internationalism/>] // Re-Cut Justin

Over the past decade, international headlines have been bombarded with stories about the unraveling of the post-Cold War world order, the creation of revolutionary smart devices and military technologies, the rise of militant jihadist organizations, and nuclear proliferation. Indeed, times are paradoxically promising and alarming. In relation to treating the world’s ills, fortunately, there is a capable hegemon– one that has the ability to revive the world order and traditionally hallmarked human rights, peace, and democracy. The United States, with all of its shortcomings, had crafted an international agenda that significantly impacted the post-WWII landscape. Countries invested their ambitions into security communities, international institutions, and international law in an effort to mitigate the chances of a nuclear catastrophe or another World War. The horrors and atrocities of the two Great Wars had traumatized the global community, which spurred calls for peace and the creation of a universalist agenda. Today, the world’s fickle and declining hegemon still has the ability, but not the will, to uphold the world order that it had so carefully and eagerly helped construct. Now, the stakes are too high, and there must be a mighty and willing global leader to lead the effort of diffusing democratic ideals and reinforcing stability through both military and diplomatic means. To do this, the United States must abandon its insurgent wave of isolationism and protectionism, and come to grips with the newly transnational nature of problems ranging from climate change to international terrorism.

First, the increase in intra-state conflict should warrant concern as many countries, namely in Africa and the Middle East, are seeing the total collapse of civil society and government. These power vacuums are being filled with increasingly ideological and dangerous tribal and non-state actors, such as Boko Haram, ISIS, and Al-Shabaab. Other bloody civil wars in Rwanda, Sudan, and the Congo have contributed to the deaths of millions in the past two decades. As the West has seen, however, military intervention has not been all that successful in building and empowering democratic institutions in the Far East. A civil crusade, along with the strengthening of international institutions, may in fact be the answer to undoing tribal, religious, and sectarian divisions, thereby mitigating the prospects of civil conflict. During the Wilsonian era, missionaries did their part to internationalize the concept of higher education, which has contributed to the growth of universities in formerly underdeveloped countries such as China and South Korea.[1] In addition, the teachings of missionaries emphasized the universality of humanity and the oneness of man, which was antithetical to the justifications for imperialism and the rampant sectarianism that plagued much of the Middle East and Africa.[2] Seeing that an increase in the magnitude of human casualty is becoming more of a reality due to advancements in military technology and the increasing outbreaks of civil war, international cooperation and the diffusion of norms that highlight the importance of stable governance, democracy, and human rights is the only recourse to address the rise in sectarian divides and civil conflicts. So long as the trend of the West’s desire to look inward continues, it is likely that nation states mired in conflict will devolve into ethnic or tribal enclaves bent on relying on war to maintain their legitimacy and power. Aside from growing sectarianism and the increasing prevalence of failed states, an even more daunting threat come from weapons that transcend the costs of conventional warfare.

The problem of nuclear proliferation has been around for decades, and on the eve of President Trump’s inauguration, it appeared that Obama’s lofty goal of advocating for nonproliferation would no longer be a priority of American foreign policy.[3] In addition, now that the American president is threatening to undo much of the United States’ extensive network of alliances, formerly non-nuclear states may be forced to rearm themselves. Disarmament is central to liberal internationalism, as was apparent by the Washington Naval Treaty advocated by Wilson, and by the modern CTBT treaty. The reverse is, however, being seen in the modern era, with cries coming from Japan and South Korea to remobilize and begin their own nuclear weapon programs.[4] A world with more nuclear actors is a formula for chaos, especially if nuclear weapons become mass-produced. Non-state actors will increasingly eye these nuclear sites as was the case near a Belgian nuclear power plant just over a year ago.[5] If any government commits a serious misstep, access to nuclear weapons on the behalf of terrorist and insurgent groups will become a reality, especially if a civil war occurs. States with nuclear weapons require domestic stability and strong security, which is why states such as Israel, North Korea, and Pakistan could be in serious trouble in the event of a domestic uprising or military coup. The disarmament of all states is essential for human survival, and if it is not achieved, then a world full of nuclear weapons and an international system guided by realpolitik could give rise to nuclear warfare. In today’s world, nuclear weapons leave all states virtually defenseless. But, for nuclear deproliferation to become a cornerstone of the global agenda, a pacifying and democratic power must rise to the limelight to advocate the virtues of peace, stability, and human rights.

### 3

#### Strong current IP guarantees causes massive Pharma innovation.

* Answers Evergreening/Me-Too Drugs

Stevens and Ezell 20 Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated 7,000 new medicines under development globally (about half of them in the United States), with 74 percent being potentially first in class, meaning they use a new and unique mechanism of action for treating a medical condition.31 In the United States, over 85 percent of all drugs sold are generics (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were first-in-class medicines.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $**3.2 billion**.45 IP rights—including patents, copyrights, and data exclusivity protections—give innovators, whether in the life sciences or other sectors, the **confidence** to undertake the risky and expensive process of innovation, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, **in the global public’s long-term interests.** Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

#### **Reducing IP protections chills future investment – even the perception of wavering commitment scares off companies.**

Grabowski et al. ’15 (Harry; Professor Emeritus of Economics at Duke, and a specialist in the intersection of the pharmaceutical industry and government regulation of business; February 2015; “The Roles Of Patents And Research And Development Incentives In Biopharmaceutical Innovation”; Health Affairs; <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1047>; Accessed: 8-31-2021; AU)

Patents and other forms of **intellectual property** **protection** play **essential roles** in encouraging innovation in biopharmaceuticals. As part of the “21st Century Cures” initiative, Congress is reviewing the policy mechanisms designed to accelerate the discovery, development, and delivery of new treatments. Debate continues about how best to balance patent and intellectual property incentives to encourage innovation, on the one hand, and generic utilization and price competition, on the other hand. We review the current framework for accomplishing these dual objectives and the important role of patents and regulatory exclusivity (together, the patent-based system), given the lengthy, costly, and risky biopharmaceutical research and development process. We summarize existing targeted incentives, such as for orphan drugs and neglected diseases, and we consider the pros and cons of proposed voluntary or mandatory alternatives to the patent-based system, such as prizes and government research and development contracting. We conclude that patents and regulatory exclusivity provisions are likely to remain the core approach to providing incentives for biopharmaceutical research and development. However, prizes and other voluntary supplements could play a useful role in addressing unmet needs and gaps in specific circumstances. Technological innovation is widely recognized as a key determinant of economic and public health progress. 1,2 Patents and other forms of intellectual property protection are generally thought to play essential roles in encouraging innovation in biopharmaceuticals. This is because the process of developing a new drug and bringing it to market is **long, costly, and risky**, and the costs of imitation are low. After a new drug has been approved and is being marketed, its **patents protect it** from competition from chemically identical entrants (or entrants infringing on other patents) for a period of time. **For firms** to have an **incentive** to **continue to invest** in innovative development efforts, they must have an **expectation** that they can **charge enough** during this period to **recoup** costs and make a profit. After a drug’s patent or patents expire, **generic rivals** can enter the market at **greatly reduced development cost** and prices, providing added consumer benefit but **eroding** the **innovator drug** company’s revenues. The Drug Price Competition and Patent Term Restoration Act of 1984 (commonly known as the Hatch-Waxman Act) was designed to balance innovation incentives and generic price competition for new drugs (generally small-molecule chemical drugs, with some large-molecule biologic exceptions) by extending the period of a drug’s marketing exclusivity while providing a regulatory framework for generic drug approval. This framework was later changed to encompass so-called biosimilars for large-molecule (biologic) drugs through the separate Biologics Price Competition and Innovation Act of 2009. Other measures have been enacted to provide research and development (R&D) incentives for antibiotics and drugs to treat orphan diseases and neglected tropical diseases. Discussion continues about whether current innovation incentives are optimal or even adequate, given evolving public health needs and scientific knowledge. For instance, the House Energy and Commerce Committee recently embarked on the “21st Century Cures” initiative, 3 following earlier recommendations by the President’s Council of Advisors on Science and Technology on responding to challenges in “propelling innovation in drug discovery, development, and evaluation.” 4 In this context, we discuss the importance of patents and other forms of intellectual property protection to biopharmaceutical innovation, given the unique economic characteristics of drug research and development. We also review the R&D incentives that complement patents in certain circumstances. Finally, we consider the pros and cons of selected voluntary (“opt-in”) or mandatory alternatives to the current patent- and regulatory exclusivity–based system (such as prizes or government-contracted drug development) and whether they could better achieve the dual goals of innovation incentives and price competition. 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. Universities also play a key role in the R&D ecosystem because they conduct basic biomedical research supported by sponsored research grants from the National Institutes of Health (NIH) and the National Science Foundation (NSF). The Patent and Trademark Law Amendments Act of 1980 (commonly known as the Bayh-Dole Act) gave universities the right to retain title to patents and discoveries made through federally funded research. This change was designed to encourage technology transfer through industry licensing and the creation of start-up companies. Universities received only 390 patents for their discoveries in 1980, 12 compared to 4,296 in 2011, with biotechnology and pharmaceuticals being the top two technology areas (accounting for 36 percent of all university patent awards in 2012). 13

#### **R&D’s key to innovation – otherwise, future pandemics.**

Marjanovic et al. ’20 (Sonja; Ph.D. at the University of Cambridge; May 2020; “How to Best Enable Pharma Innovation Beyond the COVID-19 Crisis”; RAND; <https://www.rand.org/pubs/perspectives/PEA407-1.html>; Accessed: 8-31-2021; AU)

As key actors in the healthcare innovation landscape, pharmaceutical and life sciences companies have been called on to **develop** medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also **infectious diseases** that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a **bioterrorism context**.1 The general threat to public health that is posed by **antimicrobial resistance** is also well-recognised as an area **in need of pharmaceutical innovation**. Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and competition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, make pharmaceutical companies and the wider life sciences sector an **indispensable partner** in the search for solutions that save lives. This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceutical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic. In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is **essential** for socially responsible companies in the sector. 2 It is therefore unsurprising that we are seeing industry-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently **contributing in a variety of ways**. Examples include pharmaceutical companies donating existing compounds to assess their utility in the fight against COVID19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating trials for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accelerate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6 The **primary purpose** of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be relatively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pressure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing combination product that is being tested for therapeutic potential against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10 Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider **how** pharmaceutical **innovation** for **responding to emerging** infectious diseases can best be enabled beyond the current crisis. Many **public health threats (including** those associated with other infectious diseases, bioterrorism agents and antimicrobial resistance) **are urgently in need** of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the immediate term. The pharmaceutical industry has responded to previous public health emergencies associated with infectious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contributions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are **important policy questions** as to whether – and how – industry could engage with such public health threats to an even greater extent under **improved innovation conditions.**

#### Evolving superbugs trigger extinction.

Srivatsa ’17 (Kadiyali; specialist in pediatric intensive and critical care medicine in the UK. Invented the bacterial identification tool ‘MAYA’; 1-12-2017; "Superbug Pandemics and How to Prevent Them", American Interest; https://www.the-american-interest.com/2017/01/12/superbug-pandemics-and-how-to-prevent-them/, Accessed: 8-31-2021; AU)

It is by now no secret that the human species is locked in a race of its own making with “superbugs.” Indeed, if popular science fiction is a measure of awareness, the theme has pervaded English-language literature from Michael Crichton’s 1969 Andromeda Strain all the way to Emily St. John Mandel’s 2014 Station Eleven and beyond. By a combination of massive inadvertence and what can only be called stupidity, we must now invent new and effective antibiotics faster than deadly bacteria evolve—and regrettably, they are rapidly doing so with our help. I do not exclude the possibility that bad actors might deliberately engineer deadly superbugs.1 But even if that does not happen, humanity faces an existential threat largely of its own making in the absence of malign intentions. As threats go, this one is entirely predictable. The concept of a “black swan,” Nassim Nicholas Taleb’s term for low-probability but high-impact events, has become widely known in recent years. Taleb did not invent the concept; he only gave it a catchy name to help mainly business executives who know little of statistics or probability. Many have embraced the “black swan” label the way children embrace holiday gifts, which are often bobbles of little value, except to them. But the threat of inadvertent pandemics is not a “black swan” because its probability is not low. If one likes catchy labels, it better fits the term “gray rhino,” which, explains Michele Wucker, is a high-probability, high-impact event that people manage to ignore anyway for a raft of social-psychological reasons.2 A pandemic is a quintessential gray rhino, for it is no longer a matter of if but of when it will challenge us—and of how prepared we are to deal with it when it happens. We have certainly been warned. The curse we have created was understood as a possibility from the very outset, when seventy years ago Sir Alexander Fleming, the discoverer of penicillin, predicted antibiotic resistance. When interviewed for a 2015 article, “The Most Predictable Disaster in the History of the Human Race,” Bill Gates pointed out that one of the costliest disasters of the 20th century, worse even than World War I, was the Spanish Flu pandemic of 1918-19. As the author of the article, Ezra Klein, put it: “No one can say we weren’t warned. And warned. And warned. A pandemic disease is the most predictable catastrophe in the history of the human race, if only because it has happened to the human race so many, many times before.”3 Even with effective new medicines, if we can devise them, we must contain outbreaks of bacterial disease fast, lest they get out of control. In other words, we have a social-organizational challenge before us as well as a strictly medical one. That means getting sufficient amounts of medicine into the right hands and in the right places, but it also means educating people and enabling them to communicate with each other to prevent any outbreak from spreading widely. Responsible governments and cooperative organizations have options in that regard, but even individuals can contribute something. To that end, as a medical doctor I have created a computer app that promises to be useful in that regard—of which more in a moment. But first let us review the situation, for while it has become well known to many people, there is a general resistance to acknowledging the severity and imminence of the danger. What Are the Problems? Bacteria are among the oldest living things on the planet. They are masters of survival and can be found everywhere. Billions of them live on and in every one of us, many of them helping our bodies to run smoothly and stay healthy. Most bacteria that are not helpful to us are at least harmless, but some are not. They invade our cells, spread quickly, and cause havoc that we refer to generically as disease. Millions of people used to die every year as a result of bacterial infections, until we developed antibiotics. These wonder drugs revolutionized medicine, but one can have too much of a good thing. Doctors have used antibiotics recklessly, prescribing them for just about everything, and in the process helped to create strains of bacteria that are resistant to the medicines we have. We even give antibiotics to cattle that are not sick and use them to fatten chickens. Companies large and small still mindlessly market antimicrobial products for hands and home, claiming that they kill bacteria and viruses. They do more harm than good because the low concentrations of antimicrobials that these products contain tend to kill friendly bacteria (not viruses at all), and so clear the way for the mass multiplication of surviving unfriendly bacteria. Perhaps even worse, hospitals have deployed antimicrobial products on an industrial scale for a long time now, the result being a sharp rise in iatrogenic bacterial illnesses. Overuse of antibiotics and commercial products containing them has helped superbugs to evolve. We now increasingly face microorganisms that cannot be killed by antibiotics, antifungals, antivirals, or any other chemical weapon we throw at them. Pandemics are the major risk we run as a result, but it is not the only one. Overuse of antibiotics by doctors, homemakers, and hospital managers could mean that, in the not-too-distant future, something as simple as a minor cut could again become life-threatening if it becomes infected. Few non-medical professionals are aware that antibiotics are the foundation on which nearly all of modern medicine rests. Cancer therapy, organ transplants, surgeries minor and major, and even childbirth all rely on antibiotics to prevent infections. If infections become untreatable we stand to lose most of the medical advances we have made over the past fifty years.

### 4

#### Ethics starts with self-actualization, described as the capacity to abstract from one’s particular conditions through embodying personality in the world and recognition from others. Thus, the standard is consistency with mutual recognition.

Wood 90 [Allen W. Wood, Ruth Norman Halls Professor of Philosophy, Indiana University, "Hegel's Ethical Thought" Cambridge University Press, 1990, [https://www.cambridge.org/core/books/hegels-ethical-thought/D409B1F04527F36C32227799D0B303E5]/](https://www.cambridge.org/core/books/hegels-ethical-thought/D409B1F04527F36C32227799D0B303E5%5d/) lm

If there is any hope for ethics as a branch of rational inquiry, it lies in showing how ethical conceptions and a theory of the human good can be grounded in human self -understanding.1 Ethics must be grounded in a knowledge of human beings that enables us to say that some modes of life are suited to our nature, whereas others are not. In that sense, ethical theories generally may be regarded as theories of human self-actualization. Plato grounds his ethics in psychology, and Aristotle identifies the human good with a life actualizing the human essence in accordance with its proper excellences. Even the ethical theories of modern times rest on some identifiable conception of human beings, Kantian theories conceiving human nature as finite rational will, and utilitarian theories identifying human beings with bundles of desires, preferences, or affective states.

Thus Kant identifies the will (the practical self) with practical reason (G 412/29). Concernful awareness of oneself is indispensable for a sense of one's identity, in two related senses: that which ties together all one's mental states as the states of a single person, and that which determines the content of one's self-interest and self-worth. Like Derek Parfit, Kant and his idealist followers regard the identity of a person as a rational construct. Contrary to Parfit, however, they think this enhances rather than diminishes the importance of individual selfhood. For it makes us our own work and our own task; our fundamental vocation is to make ourselves into what we are.2 Fichte's way of expressing this idea is to say that the self "posits itself" (W 98/99), and that the self is "not a being but a doing" (W 495/66). The self is the object of an awareness, but this awareness is not a detached contemplation. Fichte interprets self-awareness as an activity of reflection on another activity already given; this is practical activity or will (W 264/232-233, GNR 20/36). Self-awareness reflects on will, intuits its own identity with that will, and at the same time forms a concept of it (W 463-464/38-39). Thus selfawareness is always self-concern, involving issues of self-interest and selfworth. It is self-awareness, in fact, that turns given desires into concerns for self-interest and self-worth. To be a self is always simultaneously to be aware of something and to do something. It is to "posit" what one is by deciding or positing what one is to be. A self-conception involves simultaneously what one is and what one is striving to become. These Fichtean ideas are taken up into Hegel's theory of self-awareness, through the thesis that the will's "individuality" results from its own activity of self-determination, proceeding from "universality" through "particularity" (PR §§ 5-7). One can speak of a self at all only in relation to an actively willed system of practical concerns, but these concerns have a dimension that goes beyond my "particularity" - the traits, desires, and other qualities that distinguish me from other people. It is not merely a result of the philosopher's peculiar craving for generality that ethical theories focus on the human good rather than on the good of this or that individual.

In Hegel's ethical theory, the final good is not happiness but freedom. One consequence of this is the importance of the right of persons in Hegel's theory. Personal rights set limits to what may be done to a person in the name of interests, whether that person's own interests or the interests of others. If rights are there in order to override eudaemonistic considerations generally, then we might expect them to be ascribed to persons independently of those considerations. Hegel's theory meets this expectation, since "abstract" right is so called precisely because it abstracts from all considerations of well-being or happiness: In abstract right "it is not a matter of particular interests, my utility or my well-being" (PR § 37). Instead, it is a matter of securing the abstract freedom of a "person." As we saw in Chapter 2, § 2, Hegel holds that every human being has "formal freedom," the capacity to abstract from all particular determinations, desires, and interests. This capacity is what makes someone a person, "a self-consciousness of itself as a perfectly abstract I, in which all concrete limitedness and validity is negated and invalid" (PR § 35R). As persons, all human beings are equal (VPRig: 67-68). Even though the exercise of this capacity to abstract (as in negative freedom or arbitrariness) is not freedom in its most proper sense, Hegel holds just the same that it is essential to guarantee individuals in the modern state adequate room for the exercise of arbitrariness (Chapter 2, §§ 2, 5, and 11). This is the point of abstract right. "A person must give its freedom an external sphere in order to exist as Idea" (PR § 41). "Idea" for Hegel refers to a rational concept when it expresses or embodies itself in something real (WL6: 462-469/755-760; EL §§ 213-215; PR § 1); a spiritual being "exists as Idea" when it actualizes itself appropriately in the objective world. I "exist as Idea" when my personality, my capacity to make abstract choices, is given adequate scope to actualize itself, and in Hegel's view this happens when I have a sufficient "external sphere" subject to my arbitrary choice.

To justify the claim that human beings have abstract rights, what Hegel must show us is why formally free agents ought to guarantee one another exclusive spheres of arbitrary activity. Hegel's argument on this point is developed in his Jena period lectures and shows up again in the Encyclopedia (1817, final version 1830) (EG §§ 430-436). Much of it is merely presupposed in the Philosophy of Right, since that work deals with objective spirit, whereas the argument in question belongs to the Encyclopedia y s discussion of subjective spirit. Hegel's argument is based on the concept of "recognition" (Anerkennung), or mutual awareness. The gist of Hegel's position is that I can have an adequate consciousness of myself only if I am recognized by others, and recognition can be adequate only if it is fully mutual. Much in Hegel's discussion of recognition is novel and provocative, but both the concept of recognition and its use as the basis of a theory of natural right are derived from Fichte's Foundations of Natural Right (GNR) (1796). It will enhance our understanding of Hegel's theory of recognition and the rights of persons if we are aware of the Fichtean theory he adopts and modifies.

For Hegel, the "object" of a desire is never merely a subjective mental state, such as pleasure or the absence of pain. Hegel interprets desire as a function of self-conscious, spiritual being - an embodied being situated in a world of external objects toward which its desires are directed. Further, Hegel interprets this desire in accordance with his theory of spirit as selfactualization through the overcoming of otherness. The fundamental desire that Hegel attributes to self-consciousness is a desire for self-worth or "selfcertainty." As spirit, the self engages in an activity of positing an object and then interpreting itself in terms of it. Self-certainty is gained only through something external, which is brought into harmony with the self, an objectivity whose independence is done away with or "negated." This negation of the object refers to my using it up or consuming it (as when I literally eat it up), but also includes my shaping or forming it. Even more broadly, it covers any sort of integration of it into my plans and projects. In the most abstract form, it occurs when I assert my dominion over the object in the social forms suitable to property ownership (PR §§ 54-70). The attempt to achieve self-certainty through the appropriation of things proves inadequate. Satisfaction taken in external objects merely leads to a new desire for a new object. This result only points to the fact that the desiring self-consciousness is always dependent on a new object, whereas its aim was rather to establish its own independence, and the nothingness of the object (EG § 428). What self-consciousness needs is an object that brings about this negation within itself without ceasing to be an object. But only a self-consciousness is able to endure the "contradiction" of negating itself or being its own other (PhG 11162). In other words, "self-consciousness reaches its satisfaction only in another self-consciousness" (PhG 1 175).

#### Prefer –

#### 1] Action theory – Every action can be broken down to infinite amounts of movements. Only the formation of a subject can unify the movements under a will.

#### 2] Performativity – debate requires mutual-recognition and self-actualization as the neg and aff recognize each other’s roles and personality is expressed in our cases.

#### 3] Subject formation is a side constraint as we can only have ethical obligations when we are ethical subjects that mutually recognize one another.

#### Now negate –

#### 1] Intellectual property protections are justified for enabling self-actualization.

Moore and Hinma 18 [Moore, Adam and Ken Himma, "Intellectual Property", The Stanford Encyclopedia of Philosophy (Winter 2018 Edition), Edward N. Zalta (ed.), https://plato.stanford.edu/archives/win2018/entries/intellectual-property/]/ lm

Personality theorists such as Hegel maintain that individuals have moral claims to their own talents, feelings, character traits, and experiences. We are self-owners in this sense. Control over physical and intellectual objects is essential for self-actualization—by expanding our selves outward beyond our own minds and mixing these selves with tangible and intangible items, we both define ourselves and obtain control over our goals and projects. For Hegel, the external actualization of the human will requires property (Hegel 1821). Property rights are important in two ways according to this view. First, by controlling and manipulating objects, both tangible and intangible, our will takes form in the world and we obtain a measure of freedom. Individuals may use their physical and intellectual property rights, for example, to shield their private lives from public scrutiny and to facilitate life-long project pursuit. Second, in some cases our personality becomes fused with an object—thus moral claims to control feelings, character traits, and experiences may be expanded to intangible works (Humboldt 1792; Kohler 1969).

Even if we acknowledge the force of these objections, there does seem to be something intuitively appealing about personality-based theories of intellectual property rights. Suppose, for example, that Mr. Friday buys a painting at a garage sale—a long-lost Crusoe original. Friday takes the painting home and alters the painting with a marker, drawing horns and mustaches on the figures in the painting. The additions are so clever and fit so nicely into the painting that Friday hangs it in a window on a busy street. There are at least two ethical worries to consider in this case. First, the alterations by Friday may cause unjustified economic damage to Crusoe. Second, and independent of the economic considerations, Friday’s actions may damage Crusoe’s reputation. The integrity of the painting has been violated without the consent of the author, perhaps causing long-term damage to his reputation and community standing. If these claims are sensible, then it appears that we are acknowledging personality-based moral “strings” attaching to certain intellectual works. By producing intellectual works, authors and inventors put themselves on display, so-to-speak, and incur certain risks. Intellectual property rights afford authors and inventors a measure of control over this risk. To put the point a different way, it is the moral claims that attach to personality, reputation, and the physical embodiments of these individual goods that justify legal rules covering damage to reputation and certain sorts of economic losses.

Moreover, personality-based theories of intellectual property often appeal to other moral considerations. Hegel’s personality-based justification of intellectual property rights included an incentive-based component as well—he asserts that protecting the sciences promotes them, benefiting society (Hegel 1821). Perhaps the best way to protect these intuitively attractive personality-based claims to intangible works is to adopt a more comprehensive system designed to promote progress and social utility.