# AC:

I affirm:   
  
Resolved: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.

#### I value morality. The standard is maximizing well being.

#### All moral obligations revolve around potential consequences of actions

Sam Harris (NYT Bestselling author, BA in phil from Stanford, PhD in neuroscience from UCLA). The Moral Landscape: How Science Can Determine Human Values. 5 October 2010. p3. <http://notabenoid.com/book/22437/73890?Orig_page=3>

Here is my (consequentialist) starting point: all questions of value (right and wrong, good and evil, etc.) depend upon the possibility of experiencing such value. Without potential consequences at the level of experience—happiness, suffering, joy, despair, etc.—all talk of value is empty. Therefore, to say that an act is morally necessary, or evil, or blameless, is tomake (tacit) claims about its consequences in the lives of conscious creatures (whether actual or potential). I am unaware of any interesting exception to this rule. Needless to say, [For example,] if one is worried about pleasing God or His angels, this assumes that such invisible entities are conscious (in some sense) and cognizant of human behavior. It also generally assumes [and] that it is possible to suffer their wrath or enjoy their approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

#### Util is the only moral system available to policymakers.

Goodin 95

Robert E. Goodin 95 professor of government at the University of Essex, and professor of philosophy and social and political theory at Australian National University, “Utilitarianism as a Public Philosophy”, Cambridge Studies in Philosophy and Public Policy, May 1995

Consider, first, the argument from necessity. Public officials are obliged to make their choices under uncertainty, and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, private individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. Public officials, in contrast, are relatively poorly informed as to the effects that their choices will have on individuals, one by one. What they typically do know are generalities: averages and aggregates. They know what will happen most often to most people as a result of their various possible choices. But that is all. That is enough to allow [them] public policy-makers to use the utilitarian calculus – assuming they want to use it at all – to choose general rules of conduct. Knowing aggregates and averages, they can proceed to calculate the utility payoffs from adopting each alternative possible general rule. But they cannot be sure that the payoff will do to any given individual or on any particular occasion. Their knowledge of generalities, aggregates and averages is just not sufficiently fine-grained for that.

## Contention 1: Global Health Security

IPP and patents create agreements that mainly are made to benefit western nations. This makes it difficult to achieve IP protections in developing countries.

Rutenberg 13   
Isaac Rutenberg; Rutenberg is director of the Centre for Intellectual Property and Information Technology Law,   
Strathmore Law School, Nairobi, Kenya; 10-29-2013; "Faking it: time to rethink intellectual property in developing   
countries?"; https://www.theguardian.com/global-development-professionals-network/2013/oct/29/intellectual-  
property-rights-google, Guardian, accessed 7-29-2021; JPark

The minimal number of issued patents is not due to a lack of innovation or entrepreneurship in Kenya. These are both present in abundance and the type of innovation that I've seen is typically of a kind that would be suitable for patent protection. Instead, the lack of patents is due to a lack of patent expertise in the private sector, and a lack of funds available to hire expensive patent drafting services from firms in Europe, South Africa, or India. Without access to proper patent drafting, it is difficult for the Kenyan patent office to find applications that are suitable for granting as patents, and the ability of local inventors to obtain patents is severely diminished. Subsequently, without patents, the ability of local inventors to attract foreign investment and partnerships, and to build companies that are based on intellectual property (IP) assets, are also severely diminished. In patent-laden countries such as the US, Japan and blocs like the EU, it is common for patent lawyers to have science and law degrees. Patent lawyers with similar qualifications are found only in South Africa, in Africa. Accordingly, the skills needed to protect innovations via well-drafted patents are scarce, almost non-existent. One way to solve this problem is to train more people in Kenya and other countries in Africa in the skill of drafting and obtaining patents. I spend much of my time offering such skills-training but it is a long-term commitment (it can take a year or more) and with very little to show in the short term, there seems little incentive to acquire these skills. It doesn't take long given the context before one starts asking some fundamental questions: is the western notion of patent rights the best system for Kenya? Could it be that a different system would do a better job of promoting innovation – which is ostensibly the raison d'être of the patent system? Is it reasonable to expect Kenyan entrepreneurs, businesses, and inventors to play in the same patent system with corporate giants such as Google, IBM, and Pfizer? These are questions that not only apply to Kenya but also to much of the developing world. In a recent article Nagla Rizk, a prominent Egyptian IP scholar in the area of copyright, argued: "In developing countries poor people frequently find themselves in the dilemma of having to choose between the expensive original and the unlawful copy. It comes as no surprise that the less privileged would have stronger tendencies toward the illegal. Here, the need for novel business models that balance the needs of knowledge creators and users becomes evident, especially given the vast development of enabling technologies."

Harder for developing countries to ensure access to medicines

Trade report, 2019/11, Working Group on Trade, Investment Treaties & Access to Medicines, <https://www.bu.edu/gdp/files/2019/11/Trade-Report-2019-GDP-Center-3.pdf>

Since the establishment of the World Trade Organization (WTO) in 1994 that brought intellectual property rules into the global trading regime via the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), there has been a concern that the trading regime would globalize the monopolies created by patent rights and therefore make it more difficult for low- and middle-income countries (LMIC) to ensure access to essential medicines for all those in need. Despite the landmark decision in Doha, there continue to be concerns about the extent to which the trading system is compatible with Sustainable Development Goal (SDG) 3, in particular access to medicines. Trading partners from high-income countries continue to pursue bilateral and regional trade agreements that seek intellectual property and investment protections beyond what is required by the TRIPS Agreement (TRIPS-plus). Those same partners also tend to limit the adoption and use of public health flexibilities in the TRIPS Agreement (TRIPS-flexibilities). The trade and investment policy is entering a new era of debate and (re)negotiation shaped by the graduation of many least developed countries (LDCs) who will need to adhere to TRIPS, and the review of multilateral and bilateral agreements in the US.

#### Reducing IPR is necessary to empower less resourced countries to develop publicly beneficial medicines and resolves big pharma’s inefficiencies.

Chaudhry 17 Faisal Chaudhry; Assistant Professor of Law & History; Hanley Institute Sustainability Scholar; 12-1-2017; Intellectual Property And The Global Crisis Of Non-Communicable Disease (December 1, 2017). North Carolina Journal Of Law And Technology, Vol. 19, No. 2, 2017, Available At Ssrn: Https://Ssrn.Com/Abstract=3192074"; accessed 7-30-2021; JPark

However, by implicitly envisioning access solely in terms of the availability to the world’s poor of treatments for conditions that only or primarily afflict them, we have allowed an otherwise remote possibility—of multinationals becoming altogether unable to deliver therapies to the market—seem as if it is acute. As with ostensibly context-free normative reasoning in general, the access incentivization dilemma has thus carried an inherent tendency to facilitate status quo arrangements and directions of movement in law and policy making. Indeed, it is because of this reason that this Article has eschewed simply taking a traditional path of a normative argument for or against drug patents. By highlighting how the legal and administrative conflict in the developing world has tracked the changing face of its public health crisis more closely than existing discussion in the developed world, it instead urges decision makers to capitalize on the dramatic natural experiment now unfolding before our eyes. It is thus crucial to see that there has never been a better way to gauge whether departing from a regime of strict IPR will really push us to the brink of a world without medicines. Indeed, as the one example of infectious disease drugs that are close in their economics to those for NCDs has already shown, harmonizing away from strict patent rights has hardly prevented new forms of HIV/AIDS combination therapy from materializing. In fact, they have actually proliferated—much to the benefit of individuals in both the developing and developed world. In the final analysis, therefore, this Article’s plea is for policy makers to ensure that the natural experiment that the NCD crisis has created comes to fruition. In so doing, decision makers will be encouraging solutions that add to or even improve upon the best existing proposals for solving the ongoing drugs-for-the-developing world dilemma as it advances into its second generation of visibility. This is because existing proposals have tended to focus on actions by international institutions subject to a great deal of internal inertia and political pressure from the major power holders within the international system than developing countries themselves face. Given the focus of these proposals, moreover, they also have the downside of tending to leave the supposed normative intractability of the access-incentivization dilemma intact. In contrast, the solutions this Article tracks are not only practical but also possibly more forceful insofar as they originate from initiatives that are already being implemented by ground level actors in the developing world. This Article has argued that it is those actors who have led the way in addressing the public health crises their countries face to reconsider the true ethical and economic burdens that remain if pharmaceutical patenting is the default. Of course, it may only be a coincidence that the shifting context of legal and administrative conflict in low and middle-income countries has ended up dovetailing with the unexpected popular support in high-income countries for renegotiating the terms of free trade liberalization. Yet, even so, law and policy makers would be remiss if they fail to see the great opportunity that exists within the seeming crisis the world order is now going through. As we garner better evidence about the consequences of deviating from strict IPR in the NCD drug context, we will only end up better positioned to rewrite the rules of our global innovation system in a way that makes sense for a twenty-first century that has moved well past its post Cold War antecedents.

## Contention 2: Innovation

#### The illusion of innovation incentivizes companies to solely focus on profit

Chaudhry 20 Faisal Chaudhry; Professor of Law, University of Dayton; 1-28-2020; "A secret reason Rx drugs cost so much: A global web of patent laws protects Big Pharma"; https://theconversation.com/a-secret-reason-rx-drugs-cost-so-much-a-global-web-of-patent-laws-protects-big-pharma-122028, Conversation, accessed 7-30-2021; JPark

Since 1994, Big Pharma has imposed ever more severe requirements around patent rights. They have insisted that patent rights are necessary to “incentivize” the availability of drugs for conditions like tuberculosis and malaria that, having no markets in the developed world, require guaranteed premiums from whatever countries they are sold in. Yet for just as long, critics have alleged that Big Pharma typically uses inflated, misleading or otherwise opaque cost data to tout the billions of dollars it claims to spend on drug development. Likewise, critics have continuously called attention to the way that most drug development is built on publicly funded research. And, finally, critics have never stopped highlighting the fact that Big Pharma long ago largely abandoned research and development for drugs for infectious ailments in developing nations, and increasingly switched to spending on blockbuster noninfectious disease drugs. Yet as diseases such as cancer and heart disease begin to take an even greater toll in the developing world, patents will extract an ever greater toll on patient populations across the world. In a developing world where public health problems increasingly look similar to the developed world’s, in fact, multinational pharmaceutical corporations could become better – not worse – placed to expand their profits by tapping new markets for drugs like insulin and beta blockers.

#### And, the TRIPS agreement makes this exploitation clearer. IPP slows the the diffusion of new innovation. COVID-19 proves.

Lindsey, June 3, 2021 Brink Lindsey, 6-3-2021, "Why intellectual property and pandemics don’t mix," Brookings, <https://www.brookings.edu/blog/up-front/2021/06/03/why-intellectual-property-and-pandemics-dont-mix/> When we take the longer view, we can see a fundamental mismatch between the policy design of intellectual property protection and the policy requirements of effective pandemic response. Although patent law, properly restrained, constitutes one important element of a well-designed national innovation system, the way it goes about encouraging technological progress is singularly ill-suited to the emergency conditions of a pandemic or other public health crisis. Securing a TRIPS waiver for COVID-19 vaccines and treatments would thus establish a salutary precedent that, in emergencies of this kind, governments should employ other, more direct means to incentivize the development of new drugs. Here is the basic bargain offered by patent law: encourage the creation of useful new ideas for the long run by slowing the diffusion of useful new ideas in the short run. The second half of the bargain, the half that imposes costs on society, comes from the temporary exclusive rights, or monopoly privileges, that a patent holder enjoys. Under U.S. patent law, for a period of 20 years nobody else can manufacture or sell the patented product without the permission of the patent holder. This allows the patent holder to block competitors from the market, or extract licensing fees before allowing them to enter, and consequently charge above-market prices to its customers. Patent rights thus slow the diffusion of a new invention by restricting output and raising prices. The U.S. patent system at present is out of balance. Over the past few decades, the expansion of patentability to include software and business methods as well as a general relaxation of patenting requirements have led to wildly excessive growth in these temporary monopolies: the number of patents granted annually has [skyrocketed roughly fivefold](https://www.uspto.gov/web/offices/ac/ido/oeip/taf/us_stat.htm) since the early 1980s. One unfortunate result has been the rise of “non-practicing entities,” better known as patent trolls: firms that make nothing themselves but buy up patent portfolios and monetize them through aggressive litigation. As a result, a law that is supposed to encourage innovation has turned into a [legal minefield](https://scholarship.law.cornell.edu/cgi/viewcontent.cgi?article=4620&context=clr) for many would-be innovators. In the pharmaceutical industry, firms have abused the law by piling up patents for trivial, therapeutically irrelevant “innovations” that allow them to [extend their monopolies](https://www.i-mak.org/wp-content/uploads/2018/08/I-MAK-Overpatented-Overpriced-Report.pdf) and keep raising prices long beyond the statutorily contemplated 20 years.

#### Innovation saves lives and money, if slowed it will become detrimental

Dean J. Paranicas 12-18-2014, American Life, "The Value of Medical Innovation: Saving Lives, Saving Money – HINJ," No Publication, <https://hinj.org/the-value-of-medical-innovation-saving-lives-saving-money/>

Over the past century, the life sciences has eradicated some of the world’s most dreaded diseases such as polio and smallpox.  More recently, the industry has made other diseases such as breast cancer, HIV/AIDS, heart disease and lung cancer no longer the death sentences that they once were. Collectively, new therapies are the greatest contributors to increased life expectancy.  According to the [National Bureau of Economic Research](http://www.nber.org/papers/w18235) (NBER), between 1960 and 1997, new therapies accounted for 45 percent of the increase in life expectancy in 30 developing and high-income countries.  Between 2000 and 2009, new therapies accounted for 73 percent of the increased life expectancy for these countries. Despite the dramatic life-saving advancements that the life sciences sector has made, our work is far from done.  Diabetes, Alzheimer’s, Ebola, different types of cancers, and other formidable medical conditions demonstrate the compelling need for America’s medical innovation community to build upon its tremendous achievements to continue saving lives around the world. Toward that goal, every day, teams of scientists from New Jersey companies go to work to research and discover the next generation of medicines, therapies, devices, technologies and diagnostic tools that will alleviate even more of these life-threatening and life-altering diseases. **Medical Innovation’s Overlooked Benefit** With these medical innovations, past and future, comes an often-overlooked benefit:  the incalculable billions of dollars in savings to patients, their families, insurers, employers, governments and hospitals in avoided medical expenses associated with keeping people healthy or curing them of a life-long, chronic condition. Certainly, these medicines, therapies, medical technologies, devices and diagnostic tools keep people healthier.  They limit the need for frequent visits to the doctor.  They help to avoid costly hospital stays.  They help patients avoid expensive surgeries. Unfortunately, these tremendous cost savings often go unrecognized.  Instead, we hear frequent reports about the high cost of medicine or about new technologies or diagnostic tools being deemed “too expensive” or “unnecessary.”  We hear that medical innovation is a cost-driver, not a cost-saver. The reality is quite to the contrary.  Medications, therapies and medical technologies and devices not only save lives — they save money. By eradicating a disease, people no longer need to seek or spend money on treatment.  By better managing and preventing more serious complications from an existing disease, people avoid more costly medical care.  By discovering a new treatment or cure, the costs that would have been incurred in addressing a patient’s ongoing medical issues can be avoided entirely. Therefore, developing new treatments, cures and health technologies is one of the most important steps we can take — not only to save lives and improve the quality of life, but also to avoid the expenditure of enormous amounts of health care dollars.