**AC Rough Draft**

**AC - Framework**

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

The moral principle for today's round in mind of the resolution is the promotion of the quality of life.

The conception of what constitutes quality of life is teleology. Teleology is a moral theory which determines moral institutions by whether they are justified by their actions in the mind of improvement for society, which, in this case, is quality of life.

**C1 - Saving Lives**

Today's debate must be focused on the paramount moral consideration. Saving lives. There are several areas in which are concerned with saving lives that are reduced by having intellectual properties:

One is the access to vaccinations and other crucial medicines.

The Covid-19 Delta is spreading world-wide and only vaccinations can prevent death.

**Steenhuysen, Smout, and Rabinovitch 21**, Julie Steenhuysen, Alistair Smout and Ari Rabinovitch, July 26, 2021, at 6:19 a.m., Reuters, “How the Delta Variant Upends Assumptions About the Coronavirus”, 8/23, <https://www.usnews.com/news/top-news/articles/2021-07-26/how-the-delta-variant-upends-assumptions-about-the-coronavirus>, Reporting by Julie Steenhuysen in Chicago, Alistair Smout in London, Ari Rabinovitch and Maayan Lubell in Jerusalem; Editing by Will Dunham and Bill Berkrot,

**The Delta variant is the fastest, fittest and most formidable version of** the coronavirus that causes **COVID-19** the world has encountered, and it is upending assumptions about the disease even as nations loosen restrictions and open their economies, according to virologists and epidemiologists. ***Vaccine protection remains very strong against severe disease and hospitalizations*** caused by any version of the coronavirus, and **those most at risk are still the unvaccinated**, according to interviews with 10 leading COVID-19 experts But the evidence is mounting that the Delta variant, first identified in India, is capable of infecting fully vaccinated people at a greater rate than previous versions, and concerns have been raised that they may even spread the virus, these experts said As a result, targeted use of masks, social distancing and other measures may again be needed even in countries with broad vaccination campaigns, several of them said. Israel recently reinstated mask-wearing requirements indoors and requires travelers to quarantine upon arrival. U.S. officials are considering whether to revise mask guidance for the vaccinated. Los Angeles County, the most populous in the United States, is again requiring masks even among the vaccinated in indoor public spaces. Even in Canada, where hospitalizations and COVID-19 cases continue to decline, national data from the Public Health Agency of Canada warns the Delta variant stands a chance of unravelling some of that progress. The data suggests that, despite ground gained on COVID-19 nationally, **the Delta variant may result in “greater than previously expected resurgence this fall and winter.**” “The biggest risk to the world at the moment is simply Delta,” said microbiologist Sharon Peacock, who runs Britain’s efforts to sequence the genomes of coronavirus variants, calling it the “fittest and fastest variant yet. **The** major worry about the **Delta** **variant** is not that it makes people sicker, but that it **spreads far more easily from person to person, increasing infections and hospitalizations among the unvaccinated.** Public Health England said on Friday that of a total of 3,692 people hospitalized in Britain with the Delta variant, 58.3 per cent were unvaccinated and 22.8 per cent were fully vaccinated In Canada, though COVID-19 cases are declining, Variants of Concern represent the majority of reported COVID-19 cases — approximately 70 per cent. For the week of June 20, 2021, cases of the Delta variant sat at 39 per cent, while Alpha cases sat around 38 per cent — the first time the two variant cases were reported in similar proportions. In Singapore, where Delta is the most common variant, government officials reported on Friday that three-quarters of its coronavirus cases occurred among vaccinated individuals, though none were severely ill. Israeli health officials have said 60 per cent of current hospitalized COVID-19 cases are in vaccinated people. Most of them are age 60 or older and often have underlying health problems. In the United States, which has experienced more COVID-19 cases and deaths than any other country, **the Delta variant represents about 83 per cent of new infections**. So far, **unvaccinated people represent nearly 97 per cent of severe cases.** Dr. Monica Gandhi, an infectious diseases doctor at the University of California, San Francisco, said many vaccinated people are “so disappointed” that they are not 100% protected from mild infections. But the fact that nearly all Americans hospitalized with COVID-19 right now are unvaccinated “is pretty astounding effectiveness,” she said “There is always the illusion that there is a magic bullet that will solve all our problems. The coronavirus is teaching us a lesson,” said Nadav Davidovitch, director of Ben Gurion University’s school of public health in Israel.The Pfizer Inc/BioNTech vaccine, one of the most effective against COVID-19 so far, appeared only 41% effective at halting symptomatic infections in Israel over the past month as the Delta variant spread, according to Israeli government data. Israeli experts said this information requires more analysis before conclusions can be drawn.“Protection for the individual is very strong; protection for infecting others is significantly lower,” Davidovitch said.**m**A study in China found that **people infected with the Delta variant carry 1,000 times more viru**s in their noses compared with the original version first identified in Wuhan in 2019.“You may actually excrete more virus and that’s why it’s more transmissible. That’s still being investigated,” Peacock said.Virologist Shane Crotty of the La Jolla Institute for Immunology in San Diego noted that Delta is 50% more infectious than the Alpha variant first detected in the UK.“It’s outcompeting all other viruses because it just spreads so much more efficiently,” Crotty said.Genomics expert Eric Topol, director of the Scripps Research Translational Institute in La Jolla, California, noted that Delta infections have a shorter incubation period and a far higher amount of viral particles.“That’s why the vaccines are going to be challenged. The people who are vaccinated have got to be especially careful. This is a tough one,” Topol said.In the United States, the Delta variant has taken hold just as many Americans – vaccinated and not – have stopped wearing masks indoors.“It’s a double whammy,” Topol said. “The last thing you want is to loosen restrictions when you’re confronting the most formidable version of the virus yet.”The development of highly effective vaccines may have led many people to believe that once vaccinated, COVID-19 posed little threat to them.“When the vaccines were first developed, nobody was thinking that they were going to prevent infection,” said Carlos del Rio, a professor of medicine and infectious disease epidemiology at Emory University in Atlanta. The aim was always to prevent severe disease and death, del Rio added.The vaccines were so effective, however, that there were signs they also prevented transmission against prior coronavirus variants.“We got spoiled,” he said.

On top of the increased risk of non-vaccinated individuals, billions lack even the access to have vaccines.

**Rouw et al. 21**, Anna Rouw, Adam Wexler, Jennifer Kates, and Josh Michaud, Jul 21, 2021, Kaiser Family Foundation, Tracking Global COVID-19 Vaccine Equity, 8/24, <https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-global-covid-19-vaccine-equity/>, Anna Rouw is a data analyst on the Global Health & HIV Policy team where she provides data analysis and policy research on a wide range of global health policy topics. Previously, Anna has held positions working for the Oklahoma House of Representatives as a non-partisan health policy analyst and the Oklahoma Policy Institute as a data intern. She graduated from the University of Tulsa with a B.A. in Political Science, Adam Wexler is an Associate Director of Global Health & HIV Policy with the Global Health team at the Henry J. Kaiser Family Foundation, where he focuses on analyzing the U.S. global health budget, international donor assistance for health, U.S. bilateral health agreements, and implications of foreign aid reform on U.S. global health efforts. Prior to joining KFF, Adam worked as a policy analyst for the City of San Diego. Adam holds a Bachelor of Science degree in Biology from Gettysburg College and a Master of Public Policy from Georgetown University, Dr. Jen Kates is Senior Vice President and Director of Global Health & HIV Policy at KFF, where she oversees policy analysis and research focused on the U.S. government’s role in global health and on the global and domestic HIV epidemics. Widely regarded as an expert in the field, she regularly publishes and presents on global health and HIV policy issues and is particularly known for her work analyzing donor government investments in global health; assessing and mapping the U.S. government’s global health architecture, programs, and funding; and tracking and analyzing major U.S. HIV programs and financing, and key trends in the HIV epidemic, an area she has been working in for close to thirty years. Prior to joining KFF in 1998, Dr. Kates was a Senior Associate with The Lewin Group, a health care consulting firm, where she focused on HIV policy, strategic planning/health systems analysis, and health care for vulnerable populations. Among other prior positions, she directed the Office of Lesbian, Gay, and Bisexual Concerns at Princeton University. Dr. Kates has served on numerous federal and private sector advisory committees on global health and HIV issues, including PEPFAR’s Scientific Advisory Board, the NIH Office of AIDS Research Advisory Council, the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT), the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Governing Council of the International AIDS Society. She is also a lecturer at the Johns Hopkins School of Advanced International Studies. Dr. Kates received her Ph.D. in Health Policy from George Washington University. She holds a Bachelor’s degree from Dartmouth College, a Master’s degree in Public Affairs from the Princeton School of Public and International Affairs and a Master’s degree in Political Science from the University of Massachusetts, Josh Michaud is an Associate Director for Global Health Policy at the Henry J. Kaiser Family Foundation, where he helps guide and oversee KFF’s research and analysis in the area of global health. Dr. Michaud is an authority on a range of global health policy issues including financing, the roles and activities of U.S. agencies and multilateral organizations, health diplomacy, and global health security and emerging diseases. Dr. Michaud is also a Professorial Lecturer at the Johns Hopkins University School of Advanced International Studies (SAIS) in Washington D.C., where he teaches courses on global health policy, public health and development. In the past, Dr. Michaud worked as an infectious disease epidemiologist with the U.S. Department of Defense and the Johns Hopkins University School of Medicine. He holds a Ph.D. in International Health Policy from Johns Hopkins SAIS, an M.A. in Applied Economics from Johns Hopkins University, and an M.H.S. in Infectious Disease Epidemiology from the Johns Hopkins University Bloomberg School of Public Health.

**As of July 7,** 2021, **of the estimated 3.3 billion COVID-19 vaccine doses administered globally, most had been provided in a small number of countries only. For much of the world, particularly for those living in low- and middle-income countries, COVID-19 vaccines remain out of reach.** While international efforts, such as COVAX and additional vaccine donations are seeking to increase global vaccine access, several estimates suggest that many countries may not achieve substantial levels of vaccination until at least 2023. Drawing on and complementing existing efforts that track global vaccine access, such as Our World in Data, the Launch and Scale Speedometer, and Bloomberg’s Vaccine Tracker, we examine several measures of global vaccine equity in an effort to assess where the biggest gaps are and whether they are narrowing or getting worse. Specifically, we group countries by income and by region and look at:

Share of the total population having received at least one vaccine dos Rate of first vaccine doses administered (Using the 7-day rolling average per 1,000,000 people Based on the current rate of vaccine doses administered, we also estimate how much the pace would need to increase in order to reach global vaccine coverage goals1 set by the World Health Organization, World Trade Organization, International Monetary Fund, and World Bank: 40% coverage by the end of 2021 and 60% by mid-2022. We do this at the country-level, and for countries by income group and regional classification. As we find here, **there are wide disparities in access by income and by region** (especially where these overlap), with low-income countries (LICs) in particular lagging far behind, followed closely by lower middle-income countries (LMICs**), and Africa lagging behind all other regions.** If current rates continue, **most low-income countries and most countries in Africa are not on track to meet global vaccination targets.** If current trends continue, **these disparities are likely to grow,** and LICs are unlikely to meet vaccination targets. Based on current vaccination rates (using rates of first doses administered), HICs and UMICs are on track to have 40% or more of their populations having received at least one dose by the end of the year, whereas LMICs would need to increase their daily rate by 1.03 times and LICs would need to increase their daily rate by nearly 19 times in order to meet the same goal. HICs, UMICs, and LMICs are on track to have 60% or more of their populations having received at least one dose by mid-2022, while LICs would need to increase their daily rate by 14 times (see Figure 5). Certain countries, primarily HICs, have already met some of these vaccination targets As with country income, there are large differences in the share of the population that has received at least one vaccine dose among regions, with the highest coverage in Europe and smallest in Africa. As of July 7, the region with the highest coverage is Europe (40%) followed by the Americas (39%) and the Western Pacific (37%); Africa has the lowest coverage (2%) (see Figure 6 and Figure 7). Similar to income level, China, India and the U.S. are driving trends in vaccination coverage in their respective regions. For instance, China accounts for 87% of first doses administered in Western Pacific, the US accounts for 46% in the Americas, and India accounts for 84% in South-East Asia. When removing these countries, the differences between Europe and the Americas, Western Pacific, and South-East Asia are larger (see Figure 8). See Table 3 for a breakdown of top countries in each region by coverage and daily administration rates. The rate of vaccine administration is highest in Europe and the Americas and lowest in Africa. While rates of first doses administered vary by country (see Figure 9), Europe and the Americas currently have the highest rate of daily doses administered. These regions are vaccinating at a rate approximately 1.5 times that of South-East Asia, nearly 3 times that of Eastern Mediterranean, 4 times that of the Western Pacific, and more than 13 times higher that of Africa. See Table 4 for a breakdown of top countries in each region by coverage and daily administration rates. These disparities are likely to grow based on current vaccination trends. Western Pacific, Europe, the Americas, and South-East Asia are all ahead of schedule toward reaching 40% by the end of 2021 while Eastern Mediterranean would need to increase its rate of daily first doses administered by nearly 1.6 times the current rate, and Africa by approximately 11 times the current rate. They are also ahead of schedule to reach 60% by mid-2022, while Eastern Mediterranean would need to increase its rate of daily first doses administered by approximately 1.4 times the current rate, and Africa by approximately 8 times the current rate (see Figure 10). Certain countries, primarily those in Europe, have already met some of these vaccination targets. Implication These findings underscore an ongoing equity gap in access to COVID-19 vaccinations around the world, particularly for those living in the poorest countries and in countries in Africa. Furthermore, they suggest that if current rates continue, some of these disparities may grow and many low-income countries will not meet global targets of vaccinating 40% of each countries’ population by end of 2021 and 60% by mid-2022**. Increasing vaccine supplies** and stepping up the pace of vaccinations in those countries lagging furthest behind **can narrow the equity gap and help all countries achieve COVID-19 vaccination coverage goals.**

With the Corona virus spread and lack of vaccines access causes global civil strife, we need development to reverse the trends.

**Labott 21**, Elise Labott, JULY 22, 2021, 11:33 AM, Foreign Policy, “Get Ready for a Spike in Global Unrest COVID-19 threatens to accelerate longer-term rebellion, violence, and political upheaval.”, 8/24, <https://foreignpolicy.com/2021/07/22/covid-global-unrest-political-upheaval/>, Elise Labott, a columnist at Foreign Policy and an adjunct professor at American University’s School of International Service,

To call 2021 the summer of discontent would be a severe understatement**. From Cuba to South Africa to Colombia to Haiti, often violent protests are sweeping every corner of the globe as angry citizens are taking to the streets.** Each country has different histories and realities on the ground, particularly in Haiti, where years of violence and government corruption culminated two weeks ago in the assassination of President Jovenel Moïse. But they all faced a perfect storm of preexisting social, economic, and political hardships, which fallout from the COVID-19 pandemic only inflamed further. And **they are merely a foreshadowing of the post-coronavirus global tinderbox that’s looming as existing tensions in countries across the world morph into broader civil unrest and uprisings against economic hardships and inequality deepened by the pandemic.** The coronavirus pandemic was a once-in-a-century crisis that not only shocked countries’ existing health systems but also demanded a response that impacted—and was itself shaped by—economic, political, and security considerations. The efforts to contain it may have curbed fatalities in the short term but have inadvertently deepened vulnerabilities that laid the groundwork for longer-term violence, conflict, and political upheaval and should serve as a danger sign to world leaders as countries reopen—including in the United States.History is full of examples of pandemics being incubators of social unrest, from the Black Death to the Spanish flu to the great cholera outbreak in Paris, immortalized in Victor Hugo’s Les Miserables. Underlying it all this time around is a pervasive inequality. **COVID-19 has ripped open economic divides and made life harder for already vulnerable groups, including women and girls and minority communities.** History is full of examples of pandemics being incubators of social unrest **It has also exposed weaknesses in food security and dramatically increased the number of people affected by chronic hunger**. The United Nations estimates around one-tenth of the global population—between 720 million people and 811 million—were undernourished last year. The impacts of climate change and environmental degradation have only compounded the despair. Take the Sahel, where, due to a toxic cocktail of conflict, COVID-19 lockdowns, and climate change, the scale and severity of food insecurity continues to rise. **Countries such as Ethiopia and Sudan are among the world’s worst humanitarian crises, with catastrophic levels of hunger.** Droughts and locusts are coming at a critical time for farmers ready to plant crops and are stopping herders in their tracks from driving their livestock to greener pastures.  **The global vaccine shortage is fueling the instability**. A majority of Africa is lagging far behind the world in vaccinations, meaning COVID-19 will continue to constrain national economies and, in turn, become a source of potential political instability**. The same is true for much of Latin America and Asia, where countries don’t have enough vaccines to protect their populations and simmering sources of protest—such as rising living costs and deepening inequalities**—are more likely to boil over.

The global risk firm Verisk Maplecroft has warned **that as many as 37 countries could face large protest movements for up to three years**. A new study by Mercy Corps examining the intersection of COVID-19 and conflict found concerning trends that warn of potential for new conflict, deepening existing conflict, and worsening insecurity and instability shaped by the pandemic response. The group found a collapse of public confidence in governments and institutions was a key driver of instability. People in fragile states, already suffering from diminished trust in their government, have felt further abandoned as they face disruptions in public services, rising food prices, and massive economic hardships, such as unemployment and reduced wages. Supply chains disrupted during the pandemic have seen food prices skyrocket, while in the global recession humanitarian aid budgets are being slashed, bringing many countries to the brink of **famine. For the first time in 22 years, extreme poverty—people living on less than $1.90 a day—was on the rise last year. Oxfam International estimates that “it could take more than a decade for the world’s poorest to recover from the economic impacts of the pandemic.”** The shocks caused by the pandemic have also eroded social cohesion, further fraying relations between communities and deepening polarization. That is especially true in the United States, where social and political pressures both deepened the health crisis and were themselves worsened by it. All of this should serve as a clarion call to countries that they can’t prepare for, or respond to, future health crises in a vacuum—but must anticipate an economic, political, and social crisis. This is true for any severe shock, which brings the potential for a breakdown in public order. Trends show the social scarring from such shocks don’t show up for years, and the coronavirus pandemic is unlikely to be an exception. Lockdowns and crisis-induced displays of national unity have masked the full effect of the pandemic, which will become more apparent once the economic reopening gets into full swing. The non-health impacts of COVID-19 will far outlast the disease. That’s why aid for conflict prevention and building resilience must be part of the COVID-19 recovery efforts, if not central to them. The United States has a ready-made tool to help: the 2019 Global Fragility Act. The bipartisan legislation establishes an interagency effort around conflict prevention in unstable countries and directs foreign assistance toward preventing violence by investing in and and supporting humanitarian development and peacekeeping programs in tandem to help countries move away from crisis and build resilience and long-term stability. All of this proves a health crisis is more than just a health crisis Now, the United States just needs a Domestic Fragility Act. After all, it may have been the most prepared country in the world to respond to a pandemic. Yet despite its advanced health care system and abundant wealth and resources, the United States found itself among most severely impacted. That is because COVID-19 exposed America’s fault lines: The country lacked the social and political capital necessary to properly respond; got bogged down in political polarization, brinkmanship, and gridlock at every level; and is drowning in a miasma of misinformation. All of this proves a health crisis is more than just a health crisis. **The Fund for Peace’s Fragile States Index, which tracks social, economic, and political trends across 179 countries, found COVID-19 was the “first domino in a chain of events that ignited more longstanding and deep-seated grievances**,” with impacts that will reverberate for years. The results show that fragility—whether in the social, economic, political, or security dimension—can develop anywhere, even in the wealthiest and most powerful countries in the world. In the event of a shock, even rich societies unable to pull together may be as vulnerable as the poorest country in the world. The United States, in fact, saw the largest worsening on the fragility scale, given some of the country’s largest-ever protests against police violence (that were often met by a heavy-handed reaction by law enforcement) and efforts to delegitimize the election process, which escalated violently in early 2021. This shows it is not enough to have a strong military, a strong economy, and excellent hospitals. We need reconciliation. Eventually, there will be another shock. And if the United States doesn’t come to grips with its fraying social cohesion, it will be at least as vulnerable next time—or even more so.

Intellectual property protections are largely preventing the distribution of vaccination to low-income countries.

**Turner and Rourke 21**, Mark Eccleston-Turner and Michelle Rourke, May 27, 2021, American Society of International Law, “The TRIPS Waiver is Necessary, but it Alone is not Enough to Solve Equitable Access to COVID-19 Vaccines”, 8/24, <https://www.asil.org/insights/volume/25/issue/9>, Mark Eccleston-Turner, Lecturer of Global Health Law, Keele University, Michelle Rourke, CSIRO Synthetic Biology Future Science Fellow, Griffith University, Australia,

**High-income countries have dominated the** limited **supply of COVID**-19 **vaccines**, **leaving low and middle-income countries** (LMICs) **with limited**, if any, **supplies of** these life-saving **countermeasures**.[[1]](https://www.asil.org/insights/volume/25/issue/9#_edn1) The cause of this is two-fold: 1) insufficient doses of vaccine to meet the global demand, and 2) procurement of those limited doses which do exist has been dominated by a small number of high-income countries. **The result is a deep and growing inequality in access to vaccines for COVID-19**. A potential solution is to empower manufacturers, particularly those based in LMICs, to begin making COVID-19 vaccines, to expand global supply. However, **intellectual property rights create a clear barrier** to this solution. **A dense web of intellectual property exists over the vaccines and the manufacturing platforms used to make them**.[[2]](https://www.asil.org/insights/volume/25/issue/9#_edn2) This web is both formal and informal; the manufacturing platform used to manufacture a vaccine is protected by numerous patents, while manufacturing methods and techniques (know-how) are protected informally as trade secrets.

The reduction of intellectual property protections is essential to end the pandemic.

**Silverman 2020**, Ed Silverman, Oct. 3, 2020, STAT, “South Africa and India urge WTO to waive IP rights, widen access to Covid-19 drugs and vaccines”, 8/25, <https://www.statnews.com/pharmalot/2020/10/03/wto-covid19-coronavirus-patents-india-southafrica/>, Ed Silverman is a senior writer and Pharmalot columnist at STAT, and has covered the pharmaceutical industry for more than 25 years. Prior to joining STAT at its founding in 2015, he worked at The Wall Street Journal, The Star-Ledger of New Jersey, and New York Newsday, among other publications. He won the Gerald Loeb Award for business journalism commentary in 2018 for his Pharmalot View columns. Along with several former Wall Street Journal colleagues, Ed was a Pulitzer Prize finalist in explanatory journalism in 2016 for a series of stories on prescription drug pricing. He earned an accounting degree from Binghamton University and a master’s in journalism from New York University,

The move comes as several **wealthy nations** — notably, the U.S., the U.K., Germany, and France — **have signed deals with** various **drug makers for hundreds of millions of doses of vaccines** that are still being tested. But **poorer countries lack the means to place such orders and** global health **officials fear that inequitable access will cause** further **immeasurable suffering and** the coronavirus **will not be contained**.

“It is crucial that other member governments of the WTO support this as **we need to ensure that vaccines, drugs, and other medical tools** needed for tackling COVID-19 **can be scaled up by countries and their manufacturers without facing** protracted **negotiations for licenses that** in most cases **exclude** many **high burden countries**,” said Leena Menghaney, who heads the Doctors Without Borders access campaign in South Asia, in a statement.

Specifically, India and South Africa proposed waiving rules that govern patents, industrial designs, copyrights, and protection of undisclosed information, a reference to trade secrets. They proposed the waiver “should continue until widespread vaccination is in place globally, and the majority of the world’s population has developed immunity to Covid-19,” they wrote in their submission to the WTO.

Intellectual properties lead to a collapse with the effectiveness of current vaccines at preventing death.

**Barry 21**, John M. Barry, July 26, 2021 at 9:00 a.m. EDT, The Washington Post, “Opinion: What history tells us about the delta variant — and the variants that will follow”, 8/25, <https://www.washingtonpost.com/opinions/2021/07/26/what-history-tells-us-about-delta-variant-variants-that-will-follow/>, John M. Barry is the author of “The Great Influenza: The Story of the Deadliest Pandemic in History” and Distinguished Scholar at Tulane University’s School of Public Health and Tropical Medicine,

As is obvious to everyone, the delta variant is surging. Given its infectiousness, this is hardly surprising**; as covid-19 adapted to humans, variants became successively better at infecting people,** and delta is more than three times as contagious as it was spreading last year. And delta is not the last variant we will see. This raises many questions, and the three most important are: Will it become more virulent — causing more serious disease and death? Will the virus escape the protection natural immunity and vaccines now afford? And, if the answer to either of the first two questions is yes, how can we respond? Right now, the best we can do is make educated guesses. There’s no solid information yet on delta’s virulence, although it seems more dangerous. It wreaked havoc in India, but it’s difficult to know how much of the death toll can be attributed to increased virulence and how much to an overwhelmed health-care system. Anecdotal accounts here also speak to increased virulence, including in younger adults. We also know that delta produces about 1,200 times the viral load of the original virus — and viral load correlates with severity and death. That fact is not comforting. Neither is history. All five influenza pandemics we have details about developed more virulent variants before settling down. The pandemic beginning in 1889 was more than twice as deadly in Britain in the second year as in the first, and in many countries the third year was deadlier still. Full coverage of the coronavirus pandemic In 1918′s epidemic, the first wave was both mild — the British Grand Fleet suffered 10,313 first wave cases but only four deaths — and not very transmissible. A variant caused an explosive second wave. The 1957 influenza pandemic led to a significant increase in deaths, but in 1960, after both a vaccine was developed and many people supposedly had immunity from prior infection, a variant caused peak mortality to exceed pandemic levels. In 1968, the United States saw the most deaths in the first year, but in Europe — again after a vaccine and naturally acquired immunity were in play — the second year was deadlier. During the 2009 influenza pandemic, variants emerged that caused breakthrough infections and increased viral loads and deaths in the United States, and studies found “greater burden of severe illness in the year after the pandemic” outside the United States as well As a general rule, viruses do eventually become less dangerous as they adapt to new hosts and as immune systems respond better. That should happen here eventually. But whether or not delta has increased in virulence, another still more dangerous variant may surface. That makes the next question even more important: **Will covid-19, in some form, escape immune protection? The answer is: probably.** **Unless its opportunity to mutate is cut off by stopping its spread — an impossibility with billions worldwide unprotected by vaccine — eventually a variant will likely emerge that evades current vaccines and natural infection**. Studies of coronaviruses that cause the common cold demonstrate that mutations over time cause the ability of antibodies to neutralize those viruses to decline.

The Agreement on Trade-Related Aspects of Intellectual Property Rights wavier or “TRIPS” s is essential to ensure vaccines reach all counties and end the pandemic.

**Gupta and Namboodiri 21**, Vineeta Gupta Sreenath Namboodiri, JULY 13, 2021, Health Affairs, “America And The TRIPS Waiver: You Can Talk The Talk, But Will You Walk The Walk?”, 8/26, <https://www.healthaffairs.org/do/10.1377/hblog20210712.248782/full/>, Vineeta Gupta, MD, JD, LLM, is a maternal and child health physician, human rights advocate, and a passionate activist for health equity. As director, she leads the ACTION Global Health Advocacy Partnership as well as a volunteer-based policy advocacy organization that unites the Indian diaspora to mount a prompt, global response to the COVID-19 crisis in India. Dr. Gupta has more than 20 years of tri-sector experience in leading and supporting projects in more than 25 countries. In addition to conducting organization development, diversity, inclusion, equity, and global health equity workshops, Gupta has designed and facilitated partnership projects to achieve agreements and results on complex issues. She has been invited to speak in more than 60 universities in the US and Europe, Sreenath Namboodiri, LLM, LLB, is assistant professor at the School of Ethics, Governance, Culture and Social Systems at Chinmaya Vishwavidyapeeth and a post-graduate on law of intellectual property rights (IPR) from Inter University Centre for IPR Studies, CUSAT, Kochi. His areas of interest are in intellectual property rights vis-à-vis health systems, sustainable development and innovation, pharmaceutical patents, knowledge governance, and technology and law. He is an honorary fellow of the Centre for Economy, Development, and Law since 2013. Namboodiri is part of the editorial team of Elenchus Law Review, a biannual peer-reviewed journal from the Centre (CED&L). He has also worked as a guest lecturer in Inter University Centre for IPR Studies, CUSAT, Kochi, where he provided courses on access to medicine and IP, and patents and biotechnology,

**The TRIPS waiver is critical to combating** the **COVID**-19 pandemic around the world. **Demand for the vaccine has already surpassed supply, with high-income countries taking a large share of reserved doses**. Given that no single vaccine manufacturer could produce enough vaccines to meet the demand of the entire globe, supporters of the waiver ponder the ethics of multinational manufacturers holding exclusive rights to information and technology, preventing other companies from entering the markets that are not being served—primarily in low- and middle-income countries. **Sharing vaccine-related information will not only help get the pandemic in check now, but it could also encourage firms to develop the next round of vaccines that will be necessary to address new variants**.

The **TRIPS** waiver **is critical to ensuring** an **equitable distribution of vaccines** around the globe. High-income countries already have widespread vaccination campaigns well underway, while many low-income countries have yet to administer a single dose. **Without** a **TRIPS** waiver, **the gap between vaccination rates in high-income and low- and middle-income countries** (LMIC) **will** only **widen**.

For the first time in 22 years, extreme poverty was on the rise last year. Oxfam International estimates that “it could take more than a decade for the world’s population to recover from just the economic impacts of the pandemic.” Also, the Fund for Peace’s Fragile States Index, which tracks social, economic, and political trends across over 180 countries, found that Covid-19 was the “first domino in a chain of events that ignited more longstanding and deep-seated grievances.” There is an urgent call for global solidarity, and the unhindered global sharing of technology and know-how is in an order for rapid responses for the handling of Covid-19 can be put in place on a real time basis. Not only will the reduction on intellectual properties help with Covid, but it will also help with access to other live saving medicines and help with innovation and other prospects. The beneficiaries are endless. And that is why we must side with the affirmative because the only way to do this is to reduce intellectual property protections to save lives. Thank you.

**Definitions -**

**Reduce –** according to Merriam Webester reduce is defined as: to make (something) smaller in size, amount, number, etc. : decrease

Merriam Webster

[Reduce | Definition of Reduce by Merriam-Webster](https://www.merriam-webster.com/dictionary/reduce)

**World Trade Organizations –** according to the World Trade Organizations website: The World Trade Organization (WTO) is the only global international organization dealing with the rules of trade between nations. At its heart are the WTO agreements, negotiated and signed by the bulk of the world’s trading nations and ratified in their parliaments. The goal is to ensure that trade flows as smoothly, predictably and freely as possible.

World Trade Organization

[WTO | About the organization](https://www.wto.org/english/thewto_e/thewto_e.htm)

**Intellectual Property –** according to the Oxford dictionary, an intellectual property is defined as: an idea, a design, etc. that somebody has created and that the law prevents other people from copying.

Oxfords Learner’s Dictionaries

[intellectual-property noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.com](https://www.oxfordlearnersdictionaries.com/us/definition/english/intellectual-property?q=intellectual+property)

**TRIPS -** The Agreement on Trade-Related Aspects of Intellectual Property Rights is an international legal agreement between all the member nations of the World Trade Organization. The reason this is an affirmative argument is because it establishes minimum standards for the regulation by national governments of different forms of intellectual property. According to the resolution, it defines reduce as: to make something smaller in size, amount, number, etc. Since the TRIPS agreement establishes regulation on intellectual properties, then it is an affirmative argument.