**I affirm resolved: the members of the world Trade Organization ought to reduce intellectual property protections for medicines.**

**Definitions**

·    **Reduce: to diminish in amount, extent, or number - Merriam Webster**

**Framing**

**Prefer the value of negative utilitarianism**

**Any idea of morality is fundamentally utilitarian:**

[Sanchez 11](https://mises.org/library/utilitarian-foundation-morality) **(editor of Mises.org, the world center of the Austrian School of economics and libertarian political and social theory, and director of the Mises** The utility of social cooperation is the foundation of morality. **The notion of right and wrong is … a utilitarian precept designed to make social cooperation possible. As the foundation of morality, the utility of social cooperation is [ultimate] end** of all questions of justice and property. The ultimate yardstick of justice is conduciveness to social cooperation. **Conduct suited to preserve social cooperation is just, conduct detrimental to that is unjust.**

**Walker 74** (https://www.jstor.org/stable/pdf/2252744.pdf?ab\_segments=0%2Fbasic\_search\_gsv2%2Fcontrol&refreqid=fastly-default%3A0e99f438191c00389a43e0bf2309b968)

{**Negative utilitarian} conviction {dictates}** **that the relief of pain takes priority over the promotion of pleasure**; as Acton puts it, **'moral urgency to help those who are suffering is greater than any moral demand to help those who are not suffering to become happier**' ('Negative Utilitarianism', Aristotelian Society Proceedings, supp. vol. I963). Acton's paper, though, examines only the relative moral urgency of the relief of pain for someone who is already suffering and the production of pleasure for someone who is not, and does not remark on the use subject to considerable extent of such asymmetries. Thus, for example, **when the decision lies between producing pleasure in the future for A and avoiding or preventing future pain for B, the latter takes priority**. (I assume here and throughout the paragraph that the pleasure and pain involved are roughly equal in amount and that no other considerations are relevant to the agent's decision, that, for instance, he has no natural or moral ties to either party.) Where the relief of pain can be achieved only at the cost of curtailing pleasure matters are more complicated. It does not seem true without qualification that one ought to relieve A's pain at the cost of curtailing B's pleasure, though sometimes such a course might be justified. (As a rule, to do this would count as interference or as an in- fringement of B's rights.) On the other hand, the best state of affairs would generally be recognised as one where B had been persuaded to abandon his pleasure in order that A's pain should be relieved. Finally among asymmetries of this particular type, if one considers the infliction of pain rather than simply the failure to relieve it, Ross is not guilty of overstatement when he says that 'the infliction of pain on any person is justified ... by the conferment not of an equal but of a substantially greater amount of pleasure on someone else' (Foundations of Ethics, p. 75).

**Policies can only be justified through utilitarian frameworks**

Gary **Woller 97** (BYU Professor). “An Overview by Gary Woller.” A Forum on the Role of Environmental Ethics. June 1997. pp. 10.

**all public policies entail some redistribution of resources, such that gains must come at another group's ex- pense**. **Consequently, public policies in a democracy must be justified to the public**, and especially to those who pay the costs of those policies. Such **justification** **cannot simply be assumed a priori by invoking some higher-order moral principle.** Appeals to a priorimoral principles, such as environmental preservation, also often fail to acknowledge that public policies inevitably entail trade-offs among competing values. Thus since policymakers cannot justify inherent value conflicts to the public in any philosophical sense, and since public policies inherently imply winners and losers, the policymakers' duty [is] to the public interest requires them to demonstrate that the redistributive effects and value trade-offs implied by their polices are somehow to the overall advantage of society. At the same time, **deontologically based ethical systems have severe practical limitations as a basis for public policy. At best, a priori moral principles provide only general guidance to ethical dilemmas** in public affairs **and do not themselves suggest appropriate public policies**, and at worst, they create a regimen of regulatory unreasonableness while failing to adequately address the problem or actually making it worse.

**Thus, the value criterion must be achieving the greatest good for the greatest number.**

**In this view, the greatest number may still be a minority, but that minority is still better off.**

Advocacy

1. Ban patent renewal and extension on existing drugs. 1 20 year patent is sufficient.
2. Remove TRIPs regulations on developing countries to increase generic drug import
3. Remove patent protection on drugs to treat epidemic or pandemic status diseases

**Offense**

**Contention 1 – Patent Abuses**

**Evergreening**

[Feldman 18](https://academic.oup.com/jlb/article/5/3/590/5232981)**- Rather than creating new medicines, pharmaceutical companies are largely recycling old drugs. 78% of the drugs associated with new patents were not new drugs, but existing ones, and extending protection is particularly pronounced among blockbuster drugs. Once companies start down the road of extending protection, they show a tendency to return to the well, with the majority adding more than one extension and 50% become serial offenders.**

**Repatenting old drugs  kills competition and births monopolies**

Gurgula 20 **[Olga Gurgula, lecturer of intellectual property law at Brunel University London, 10-28- 2020, "Strategic Patenting by Pharmaceutical Companies – Should Competition Law Intervene?," IIC - International Review of Intellectual Property and Competition Law,** [**https://link.springer.com/article/10.1007/s40319-020-00985-0**](https://link.springer.com/article/10.1007/s40319-020-00985-0) **]/Kankee**

**With extensive patenting, the incentive to innovate diminishes as the inventor enjoys monopoly due to secondary patents that shield from generic competition. Monopolists want to keep their monopolies by resorting to any measures that can keep new entrants out.In its absence the dominant undertaking will lack adequate incentives to continue to create and pass on efficiency gains.” Evidence from the pharmaceutical industry confirms that strategic patenting reduce incentives to engage in genuine innovation.Secondary secondary patents are of marginal quality and are typically the result of routine research activities. Their main aim is to increase uncertainty for generics as to the possibility of their market entryA slow transition from new medicines from the protected status of a proprietary medicine to the status of generics manufactured and distributed in open competition does not simply mean a loss of static efficiency, namely  [means] a loss of consumer well-being [as] to a slowdown in the reduction of process. Rather, such a slowdown also involves the risk of a loss of dynamic efficiency in that it extends the duration of a monopoly rent situation, thus reducing the pressure to innovate more quickly. Following the rationale of the General Court’s statement in AstraZeneca, the practice of the originator that extending monopoly [via] patents “potentially reduces the incentive to engage in innovation**, since it enables the company to maintain its exclusivity**”.** Such practices act “contrary to the public interest”**.Therefore, the practice of strategic patenting that protects originators’ monopolies from competitive pressures and significantly reduces their incentives to engage in genuine innovation is contrary to the rationale of the patent system, has a significant negative effect on competition and should raise competition law concerns. Strategic Patenting Impairs Follow-on Innovation of Generic Companies Strategic patenting also has a chilling effect on follow-on innovation by generic competitors in the form of developing alternative versions of an off patent compound. As was discussed earlier, the expiry of a basic patent that protects an active compound facilitates generic competition. This is because even if the product is still protected by process, specific form or formulation patents, generic companies may develop alternative ways of producing or formulating the product and start competing with the originator. In the absence of strategically accumulated patents by the originator, generic companies are typically open to innovating to launch alternative generic products as soon as the basic patent expires. However, by pursuing** strategic patenting discourages generics from innovating because of the uncertainty about the patent protection and a fear of infringing on numerous patents. Consequently, the fact that **competitors of originators [not developing] generic products results in weakening competition and strengthening monopolies. As Maggiolino put it- … [all while lowering] consumer welfare by charging over-competitive prices”**

**Impacts include reduced development of lifesaving medical treatments and a lack of novel-to-generic transfer that keeps costs high for patients. This is clearly prioritizing pleasure of a few over preventing harm to the masses, violating negative utilitarianism.**

**Approving drugs from name brand to generic can take only 6 months**

FDA 21 [https://www.fda.gov/drugs/news-events-human-drugs/generic-drug-approval-process]

It depends on the complexity of the drug product and the completeness of the application. Some **generic versions of priority drugs** – drugs that CDER has determined to potentially provide a significant advance in medical **care -- have been approved in six months or less.** Other times it may take years before FDA’s scientific and medical team is 100 percent confident in an approval decision. It often takes several rounds of communication between FDA and **the generic drug** company before the **product is shown to be safe, effective, high quality**, and substitutable for the brand name counterpart. Some generic drugs are never approved, because the company is unable to meet FDA’s rigorous standards for approval.

**Contention 2 – Poverty**

**Subpoint A- Poor countries**

**The TRIPS  agreement uniquely harms developing countries:**[Management Sciences for Health 12](https://www.msh.org/sites/msh.org/files/mds3-ch03-intellectual-property-mar2012.pdf)

**TRIPS makes prices higher for new medicines in countries with no previous patent protection. Generic competition will be delayed in countries with the previous patent term less than 20 years. local pharmaceutical industries are weakened and dependence on developed countries increases. Standards required by TRIPS resulted in developing countries losing capacity to regulate patents and cost of Medicine;  however the agreement left some flexibility for them to take measures to protect public health. Because of Provisions relating to patents and pharmaceutical regulation or confusing and contentious Regulators must acquire relevant technical expertise To use these flexibilities within trips to improve access to Medicine.**

**More IPR equals less medicine access in poor countries**

[Jung 15](https://sci-hub.se/https:/doi.org/10.1177/0020731415584560)

**, , strengthening IPR led to lower access to medicines in developing countries, and particularly lower access for the poorest of the poor. medicine prices increased and [citizens] suffer from a deficiency of pharmaceutical supply and limited access to medicines, since they {could not} produce them** There is growing evidence that stronger protection of IPR for pharmaceuticals may adversely impact medicine prices. Duggan and Goyal4 found a significant increase in the market share of patented drugs and an increase in average prices after the introduction of stronger product patents by exploring the effects of introducing product patents for central nervous system drugs. **patents increased drug prices,[as seen in price data concerning] (HIV)/ (AIDS) drug costs in 34 developing countries between 95 and 2000. [the impact of] patent protection for pharmaceuticals in poor countries is delaying the import of generic medicines. As a result**

**The solution to disease and high mortality is generic medicine**

**Baker 04** Brook K. Baker; Professor at Northeastern School of Law, member of the Health Global Access Project; 01‑03‑2004; ”View of Arthritic Flexibilities for Accessing Medicines: Analysis of WTO Action Regarding Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health”; https://journals.iupui.edu/index.php/iiclr/article/view/ 17822/17992, Indiana International and Comparative Law Review; Vol. 14 No. 3, accessed 7‑22‑2021

**While**, **developed countries continue to pursue** **intellectual property protections and** trade rules designed to guarantee incentives for innovation by and **profits** for the proprietary pharmaceutical industry, **there is a critical lack of access to medicines essential to counteract disease and to lower the [death rate] of poor people in** Africa, Asia, South America, and other **developing regions.** Developed countries often promote enhanced intellectual property rights, including those of pharmaceutical producers, as important to development, where the rising tide of import‑export economies will re‑ habilitate failed public health sectors and intellectual property protection will promote local research and development of medicines for diseases primarily found in Africa, South America, and Asia. **A**n alternative **solution**, pursued by developing countries and treatment activists internationally, **is the promotion of efficient generic production** by a sufficient number of manufacturers at meaningful economies of scale **so that medicines can be accessed at lowest cost**. To enable trade in generic medicines, developing coun‑ tries and pro‑public health activists have launched a broad‑based attack on intellectual property rights that hamstring developing countries’ ability to respond proportionately to their urgent crises and more prosaic public health needs by making treatment costs prohibitive.

**By creating harms and difficulties in poor countries’ medical systems, the squo undermines negative utilitarianism and cannot be considered positive.**

**B: Poor / minority communities**

ACRE 20 **[Action Center on Race and the Economy, August 2020, “Poi$on: How Big Pharma’s Racist Price Gouging Kills Black and Brown Folks,” Action Center on Race and the Economy,** [**https://acrecampaigns.org/wpcontent/uploads/2020/08/new-poison-final.pdf]/**](https://acrecampaigns.org/wpcontent/uploads/2020/08/new-poison-final.pdf%5d/)

**Under the U.S. model of monopoly drug patents, Black and Brown people are exposed to more price gouging by pharmaceutical companies. Across insurance status, age, and disease type, Black and Latinx patients report higher rates of medication rationing—delaying filling a prescription, and reducing doses due to cost. Even before the current pandemic,. Price gouging excludes Black and Brown communities from access to medications for the chronic diseases that put patients at higher risk of death; medication rationing due to high cost leads to unconscionable levels of preventable disease and death in POC Majority communities.**

#### Patent monopolies price Black and Latinx patients out of treatments

[**Weeks 20**](https://www.colorlines.com/articles/racial-health-disparities-are-fueled-big-pharmas-patent-monopolies-op-ed)

To dismantle racism in our healthcare system, we must address outrageous drug pricing by pharmaceutical companies, which is extracting health and wealth from Black and Brown folks. We must hold Wall Street and elected leaders accountable, and work to undo the systems that allow them to exploit our communities.  Time after time, Black and Brown people pay the price—either with our lives or through pain and suffering—because of systemic racial discrimination and the continued extraction of dollars from us. Nothing illustrates this truth more than COVID-19, which has been killing Black, Latinx and Indigenous people disproportionately because of  lack of access to healthcare, safe housing and overrepresentation in what is now recognized as “essential work.”Before it even hits the market, Gilead Science set a heinous price for proposed COVID-19 treatment Remdesivir—over $3,000 per patient. This is just one example of the myriad of life-saving medication which Black and Brown people are denied via pricing.The high cost of medication is not a coincidence. It’s the result of pharmaceutical companies having total control over their pricing**.** Of course, in the capitalist hellscape we live in, they always choose to put profits over people without oversight from our government.  “Poi$on” also finds that there are some clearly identifiable bad actors here. Eli Lilly hiked the price of its insulin, Humalog, 30 times in just 20 years, including a 585 percent increase between 2001 and 2005.After buying the patent rights to two blood pressure drugs, Nitropress and Isuprel, Valeant Pharmaceutical immediately raised their prices by 212 percent and 525 percent, respectively.A Valeant spokesperson referred to its duty to “maximize the value” for shareholders as justification for this egregious and arbitrary leap in price.  If it seems bananas that they’re able to do this, it is. The reason why? Thesepharmaceutical corporations have the authority to monopolize patents, and then do everything they can to abuse them. With no oversight on drug pricing, greedy pharma executives can gouge prices on a whim, willfully killing countless Black and Brown people in the name of profit.

#### Creating suffering, even if it's for minorities, goes against my Criterion of creating good for the maximum number of people, violating utilitarianism.

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**Contention 3 – Public Health Emergencies**

[Lindsey 21](https://www.brookings.edu/blog/up-front/2021/06/03/why-intellectual-property-and-pandemics-dont-mix/)

**intellectual property protections [oppose] 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 patents [stimulate] technology is not suited to public health crises. Securing a TRIPS waiver for COVID-19 vaccines and treatments would establish precedent that, in emergencies, governments should employ more direct means to incentivize the development of new drugs. For public health emergencies, giving drug companies the power to block competitors and raise prices is the completely wrong direction.**

[Garrett 21](https://foreignpolicy.com/2021/05/07/stopping-drug-patents-pandemics-coronavirus-hiv-aids/)

Consider what happened in the years **after 1996**, when a [consortium of **pharmaceutical companies**](https://www.niaid.nih.gov/diseases-conditions/antiretroviral-drug-development) took the unprecedented step of **shared their HIV/AIDS treatment data and manufacturing**, resulting in a collaboration that was the turning point for what had been a catastrophically grim pandemic. By working together, the companies *demonstrating that any one anti-HIV/AIDS drug, taken as monotherapy, would fail, possibly even hasten the pace of the disease process. But when taken in combinations of three or four drugs, made by usually rival companies, the antiviral assault were so powerful that people bounced back from the edge of death like the Biblical Lazarus who was resurrected by Jesus.*

As millions of HIV positive people living in wealthy countries switched overnight from planning their funerals to building up retirement accounts, the miracle of combination antiviral therapy was denied to millions more living with AIDS in sub-Saharan Africa and other poorer regions. A battle unfolded, pitting a reluctant—even obstinate—pharmaceutical industry against AIDS activists, physicians, and political leaders from developing countries*. In 2002*, former *U.S. President* [*Bill Clinton*](https://www.who.int/workforcealliance/members_partners/member_list/clinton/en/) *intervened*, using his bully pulpit in consultation with a team of academic experts convened by his philanthropic foundation to contrive *with a tech-transfer scheme that had Western pharmaceutical companies provide their patented drug formulas to Indian generic manufacturing companies, ultimately bringing down annual* [*treatment costs*](https://frontlineaids.org/how-patents-affect-access-to-hiv-treatment/) *from nearly $10,000 to less than $100.*

Far from bringing chaos to the pharmaceutical industry and stifling innovation, the Clinton Foundation’s *maneuver around* the strict enforcement *of intellectual property laws* [*ushered*](https://www.uspharmacist.com/article/newly-approved-hiv-medications) *in a dramatic era of HIV* [*drug invention*](https://www.aidsmap.com/about-hiv/a-z-antiretroviral-medications) *that improved the antiviral power of treatment, lowered drug side effects*, developed new drug forms that are now taken to prevent infection, *and increased options for pediatric care*, and greatly improved the methods for which HIV positive individuals could take their life-sparing treatments. *Despite the loss of guaranteed patent protection* protection and pressure to transfer technology to, primarily, Indian pharmaceutical companies, *wealthy nations’ drug* [*companies have profited*](https://www.statista.com/statistics/273434/revenue-of-the-worlds-most-important-aids-drugs/#:~:text=Globally%2C%20the%20top%20drug%20for,billion%20U.S.%20dollars%20in%20revenue.) *and* [*continue to innovate*](https://www.aidsmap.com/sites/default/files/2019-07/ARV_drugchart_2019_final_web.pdf) *on the* [*HIV/AIDS*](https://www.fda.gov/news-events/press-announcements/fda-approves-new-hiv-treatment-patients-limited-treatment-options#:~:text=Today%2C%20the%20U.S.%20Food%20and,resistance%2C%20intolerance%20or%20safety%20considerations.) *front.*

**I have proven that by reducing intellectual property restrictions decrease treatment costs and increase treatment access around the world. Affirm to improve access to medicine for all.**