## T

#### Interpretation: Debaters must specify how they enforce reduction of IPP in the 1AC.

#### 1] Resolvability – enforcement is the core to aff solvency. Yu 14

Peter K. Yu, 12-2014, "Why Are the TRIPS Enforcement Provisions Ineffective?," Texas A&amp;M Law Scholarship, <https://scholarship.law.tamu.edu/facscholar/1022/> AT

Shortly after the adoption of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), commentators widely praised the Agreement for transforming the international intellectual property system. While some considered the extension of the mandatory dispute settlement process of the World Trade Organization (WTO) to intellectual property disputes a crowning achievement of the Uruguay Round of Multilateral Trade Negotiations (Uruguay Round), others extolled the unprecedented benefits of having a set of multilateral enforcement norms built into the international intellectual property system. With twenty-one provisions on obligations that range from border measures to criminal sanctions, the TRIPS Agreement, for the first time, provides comprehensive international minimum standards on the enforcement of intellectual property rights. Notwithstanding these quick praises, some commentators provided more measured assessments. For example, in a prescient, and still highly relevant, article published shortly after the adoption of the TRIPS Agreement, Jerome Reichman and David Lange described the Agreement’s enforcement provisions as its ‘Achilles’ heel’. As they observed: The enforcement provisions are crafted as broad legal standards, rather than as narrow rules, and their inherent ambiguity will make it harder for mediators or dispute-settlement panels to pin down clear-cut violations of international law … . We predict that the level of enforcement under the TRIPS Agreement will greatly disappoint rightsholders in the developed countries, and that recourse to coercive measures will not appreciably improve the situation in the short and medium terms.

#### That’s a voter since judges need to decide debates and takes out regress since its key to topic debates.

#### 2] Stable advocacy – 1AR clarification delinks neg positions that prove why enforcement in a certain instance is bad by saying it isn't their method of enforcement – wrecks neg ballot access and kills in depth clash – CX doesn't check since it kills 1NC construction pre-round since I don't know advocacy till in round, and judges do not flow cross ex so its not verifiable.

#### 3] Prep skew – I don't know what they will be willing to clarify until CX which means I could go 6 minutes planning to read a disad and then get screwed over in CX when they spec something else.

#### Fairness- consittutive of comp activites, args presume

#### Edu- funded ny schools

#### DTD- dta illogical, time skew

#### No RVI’s- illogical, baiting

#### CI- intervention, race to bottom, collapses, yours vs best

## I Law

#### Intellectual property rights cannot be discriminated on the basis of field, or place of invention

WTO <https://www.wto.org/english/docs_e/legal_e/27-trips_04c_e.htm>, Article 27.1, Section 5 on patents, World trade Organization, WTO, Part II — Standards concerning the availability, scope and use of Intellectual Property Rights

Subject to the provisions of paragraphs 2 and 3, patents shall be available for any inventions, whether products or processes, in all fields of technology, provided that they are new, involve an inventive step and are capable of industrial application. [(5)](https://www.wto.org/english/docs_e/legal_e/27-trips_04c_e.htm#fnt-5) Subject to paragraph 4 of Article 65, paragraph 8 of Article 70 and paragraph 3 of this Article, patents shall be available and patent rights enjoyable without discrimination as to the place of invention, the field of technology and whether products are imported or locally produced.

#### The WTO’s appellate body no longer exists to mediate disputes, without immediate buy in by states, and no mechanism to make disobedient states obey, the system collapses

Horton, 08/3, Lessons from Trump’s assault on the World Trade Organization, https://www.chathamhouse.org/2021/08/lessons-trumps-assault-world-trade-organization, Chatham House – International Affairs Think Tank, Communications Manager; Project Lead, Common Futures Conversations

The WTO is unique amongst international institutions because it has a powerful enforcement mechanism – the dispute settlement system. However, the fundamental vulnerability is that if powerful states like the US and others won’t participate in the system and be bound by its rules, they quickly risk becoming irrelevant. And that’s the situation we’re in right now with the appellate body crisis, where, without a functioning mechanism to ensure that WTO rules are enforced, the entire system of global trade rules risk collapsing. Ironically, the United States has been the leader of the liberal trading order for the past 70 years, but since Trump, it has become its leading saboteur.

#### A major country operating outside WTO consensus wrecks global trade norms

Bacchus 20 [James Bacchus, member of the Herbert A. Stiefel Center for Trade Policy Studies, the Distinguished University Professor of Global Affairs and director of the Center for Global Economic and Environmental Opportunity at the University of Central Florida, 12-16-2020, "An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines," Cato Institute, [https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines]/Kankee](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines%5d/Kankee)

In a sign of their increasing frustration with global efforts to ensure that all people everywhere will have access to COVID-19 vaccines, several developing countries have asked other members of the World Trade Organization (WTO) to join them in a sweeping waiver of the intellectual property (IP) rights relating to those vaccines. Their waiver request raises anew the recurring debate within the WTO over the right balance between the protection of IP rights and access in poorer countries to urgently needed medicines. But the last thing the WTO needs is another debate over perceived trade obstacles to public health. Unless WTO members reach a consensus, the multilateral trading system may be further complicated by a delay like that in resolving the two‐​decades‐​old dispute between developed and developing countries over the compulsory licensing and generic distribution of HIV/AIDS drugs. A new and contentious “North‐​South” political struggle definitely would not be in the interest of the developed countries, the developing countries, the pharmaceutical companies, or the WTO. Certainly it would not be in the interest of the victims and potential victims of COVID-19. Background In early October 2020, India and South Africa asked the members of the WTO to waive protections in WTO rules for patents, copyrights, industrial designs, and undisclosed information (trade secrets) in relation to the “prevention, containment or treatment of COVID-19 … until widespread vaccination is in place globally, and the majority of the world’s population has developed immunity.”1 India and South Africa want to give all WTO members freedom to refuse to grant or enforce patents and other IP rights relating to COVID-19 vaccines, drugs, diagnostics, and other technologies for the duration of the pandemic. In requesting the waiver, India and South Africa have argued that “an effective response to the COVID-19 pandemic requires rapid access to affordable medical products including diagnostic kits, medical masks, other personal protective equipment and ventilators, as well as vaccines and medicines for the prevention and treatment of patients in dire need.” They have said that “as new diagnostics, therapeutics and vaccines for COVID-19 are developed, there are significant concerns, how these will be made available promptly, in sufficient quantities and at affordable prices to meet global demand.”2 Later in October, the members of the WTO failed to muster the required consensus to move forward with the proposed waiver. The European Union, the United States, the United Kingdom, and other developed countries opposed the waiver request.3 One WTO delegate, from the United Kingdom, described it as “an extreme measure to address an unproven problem.”4 A spokesperson for the European Union explained, “There is no evidence that intellectual property rights are a genuine barrier for accessibility of COVID‐​19‐​related medicines and technologies.”5 In the absence of a consensus, WTO members have decided to postpone further discussion of the proposed waiver until early 2021. Balancing IP Rights and Access to Medicines Not New to WTO This waiver controversy comes nearly two decades after the end of the long battle in the multilateral trading system over access to HIV/AIDS drugs. At the height of the HIV/AIDS crisis at the turn of the century, numerous countries, including especially those from sub‐​Saharan Africa, could not afford the high‐​priced HIV/AIDS drugs patented by pharmaceutical companies in developed countries. Having spent billions of dollars on developing the drugs, the patent holders resisted lowering their prices. The credibility of the companies, the countries that supported them, and the WTO itself were all damaged by an extended controversy over whether patent rights should take precedence over providing affordable medicines for people afflicted by a lethal disease. Article 8 of the WTO Agreement on the Trade‐​Related Aspects of Intellectual Property Rights (the TRIPS Agreement) provides that WTO members “may, in formulating or amending their laws and regulations, adopt measures necessary to protect public health … provided that such measures are consistent with the provisions of this Agreement.” In similar vein, Article 7 of the TRIPS Agreement provides that the “protection and enforcement of intellectual property rights” shall be “in a manner conducive to social and economic welfare.”6 It can be maintained that these two WTO IP rules are significantly capacious to include any reasonable health measures that a WTO member may take during a health emergency, such as a pandemic. Yet there was doubt among the members during the HIV/AIDS crisis about the precise reach of these provisions. As Jennifer Hillman of the Council on Foreign Relations observed, ordinarily the “inherent tension between the protection of intellectual property and the need to make and distribute affordable medicines” is “resolved through licensing, which allows a patent holder to permit others to make or trade the protected product—usually at a price and with some supervision from the patent holder to ensure control.”7 But, in public health emergencies, it may be impossible to obtain a license. In such cases, “compulsory licenses” can be issued to local manufacturers, authorizing them to make patented products or use patented processes even though they do not have the permission of the patent holders.8

#### Without all states buy in, we risk WW3 but with nukes

Hopewell and Horton 08-03 [Kristen Hopewell Associate Professor and Canada Research Chair in Global Policy at the University of British Columbia, and Ben Horton, Communications Manager; Project Lead, Common Futures Conversations, 08-03-2021, "Lessons from Trump’s assault on the World Trade Organization," Chatham House – International Affairs Think Tank, https://www.chathamhouse.org/2021/08/lessons-trumps-assault-world-trade-organization]/Kankee

What has this episode revealed about the strength of multilateral institutions such as the WTO, in the face of spoiling tactics from major powers? The WTO is unique amongst international institutions because it has a powerful enforcement mechanism – the dispute settlement system. However, the fundamental vulnerability is that if powerful states like the US and others won’t participate in the system and be bound by its rules, they quickly risk becoming irrelevant. And that’s the situation we’re in right now with the appellate body crisis, where, without a functioning mechanism to ensure that WTO rules are enforced, the entire system of global trade rules risk collapsing. Ironically, the United States has been the leader of the liberal trading order for the past 70 years, but since Trump, it has become its leading saboteur. What are the implications of a permanent collapse of the international trading system? The very real danger from such a breakdown is a return to what we saw in the 1930s. In response to the outbreak of the Great Depression, you had countries imposing trade barriers, blocking imports from other state, and a general escalation of tit-for-tat protectionism. This response wound up not only exacerbating the effects of the depression itself but has also been credited by some as paving the way for the outbreak of the second world war. The reason why institutions like the WTO were created in the first place was to prevent a recurrence of the 1930s protectionist trade spiral. The danger now – if those rules become meaningless and unenforceable – is the institutional foundations of postwar economic prosperity could unravel, throwing us back into economic chaos and potentially political disorder. What does the WTO’s future look like under new director-general Dr Okonjo-Iweala?

## BioTech

#### **U.S dominance over biotech now BUT Misguided policy cedes control to China.**

Gupta 6/11 [“As Washington Ties Pharma's Hands, China Is Leaping Ahead.”, Gaurav Gupta, *Opinion | America Risks Ceding Its Biotech Dominance to China | Barron's*, Barrons, 11 June 2021, www.barrons.com/articles/as-washington-ties-pharmas-hands-china-is-leaping-ahead-51623438808., *Gaurav Gupta, a physician, is the founder of the biotechnology investment firm Ascendant BioCapital.]//Lex AKu*

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 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 biotechnology field is advancing rapidly. Promising technologies such as targeted protein degradation and gene editing are perhaps not far from being developed into impactful medicines, and the U.S. risks these technologies being mastered by Chinese companies.

#### The plan chills American biomed innovation and cedes control to China.

Paulsen 7/9 [ERIK PAULSEN: We can save the world with our vaccines — without surrendering our IP to China," Bakersfield Californian, https://www.bakersfield.com/opinion/erik-paulsen-we-can-save-the-world-with-our-vaccines-without-surrendering-our-ip-to/article\_b0b87692-df61-11eb-9a13-d7fa02eefaee.html]//Lex AKu

The Biden administration gave Beijing a gift when it endorsed a petition before the World Trade Organization to force the American developers of Covid-19 vaccines and therapeutics to relinquish their intellectual property rights to these medicines. The Chinese government seeks to take over in biotech, a sector where U.S. innovators lead. Biotech is included in its “Made in China 2025” plan, which lists 10 sectors that China aims to dominate. The government intends to force anyone doing business in China in those spheres to hand over know-how. Surrendering IP protections on biomedical technology has dire consequences. Foremost, it guts the foundation of biomedical innovation, which takes huge investments spanning many years to bear fruit. IP protections assure innovators that they can recover those investments and make a profit. Losing IP protection would have a chilling effect on investments in the sector. Equally injurious to America, the IP waiver would allow China to become a biotech powerhouse by piggybacking on American innovation. A waiver on IP for Covid-19 vaccines would accelerate the timeline for “Made in China 2025.” The mRNA technology, which undergirds the Pfizer-BioNTech and Moderna vaccines has uses beyond this pandemic. It has the potential to take on cancers and other diseases. With the waiver, China and others will be emboldened to use the once-proprietary mRNA know-how for broader research and applications. Is this in America’s interest? Mark Cohen, an expert on Chinese IP theft, recently told the Washington Post that the waiver would deliver “a competitive advantage to countries that are increasingly viewed as our adversaries, at taxpayer expense.” Beyond the damage that an mRNA giveaway will inflict on US R&D investments, the waiver sends a signal that America could agree to force American innovators to part with trade secrets every time there’s a global crisis. That attitude will arrest biopharmaceutical innovation. Small biotech firms spearhead 70 percent of the R&D pipeline, relying heavily on private investors to fund that work. If investors know that innovators may have to give away their discoveries in a global crisis, they’ll deploy their money elsewhere. That’ll make it even harder to draw the R&D investments needed to address infectious diseases, including drug-resistant infections and viruses. America is benefitting greatly from the early access to COVID-19 treatments and vaccines, saving lives and speeding economic recovery. Preserving U.S. leadership in biomedical innovation includes preserving the incentives that helped make it the world’s leader. A final downside of the waiver is the ability for American firms to find a cure for the next pandemic. Among the greatest threats is bacteria resistant to our current arsenal of antibiotics that becomes a pandemic-inducing superbug. Already, the market for new antimicrobials is broken. Only a handful of biotechs have them in development, and many have gone bankrupt trying to commercialize one. “A lot of people have rightly said we need to start thinking about preparing for the next pandemic now,” noted Craig Garthwaite, a healthcare-business professor at Northwestern University. “Suspending IP for vaccine manufacturers would send exactly the wrong signal for the future.” For the sake of patients everywhere, American IP rights must stay protected. It’s the only way to keep China at bay and American innovators at work.

#### Biotech leadership key to future military primacy.

Moore 21 [(Scott Moore is a political scientist and administrator at the University of Pennsylvania and the author of a forthcoming book, “How China Shapes the Future,” on China’s role in public goods and emerging technologies.) 8-8-2021, "In Biotech, the Industry of the Future, the U.S. Is Way Ahead of China," Lawfare, https://www.lawfareblog.com/biotech-industry-future-us-way-ahead-china]//Lex AKu

A continuing refrain from Washington in recent years has been that the United States is falling behind China in the development of critical emerging technologies. In some fields, this may be true. But not in biotechnology. To be sure, China’s biotech sector is growing at a torrid pace, and some of its firms are becoming leaders in certain areas, such as cancer treatment. Yet the U.S. retains a dominant position in research, development and commercialization, accounting for almost half of all biotech patents filed from 1999 to 2013. The triumph of its biotechnology industry during the coronavirus pandemic, producing two highly effective vaccines using an entirely new approach based on messenger RNA, and in record time, shows that the U.S.’s competitive edge in biotechnology remains largely intact. And that has important implications as Washington gears up for a sustained period of geopolitical competition with Beijing. Biotech is such a critical area for technological competition between the U.S. and China because it is transforming fields from medicine to military power. The great advances of the 19th century, like chemical fertilizers, resulted from mastering chemistry. In the 20th century, mastery of physics led to nuclear energy—and, more ominously, nuclear weapons. In the 21st century, biology offers a similar mix of peril and promise. This was illustrated dramatically by the award of the 2020 Nobel Prize for the discovery of an enzyme system known as CRISPR-Cas9, which allows an organism’s genomes to be edited with high precision. It is a transformational breakthrough. But while CRISPR shows great promise in the development of new cures for long-untreatable diseases, it could also lead to a whole new generation of deadly bioweapons. That’s a prospect that increasingly alarms U.S. intelligence officials. In 2016, then-Director of National Intelligence James Clapper warned Congress that “[r]esearch in genome editing conducted by countries with different regulatory or ethical standards than those of western countries probably increases the risk of the creation of potentially harmful biological agents or products.” Although Clapper didn’t name specific countries, it soon became clear that he was referring mainly to China. Four years later, his successor, John Ratcliffe, issued a far more pointed warning that “China has even conducted human testing on members of the People’s Liberation Army in hope of developing soldiers with biologically enhanced capabilities. There are no ethical boundaries to Beijing’s pursuit of power.” Such capabilities are almost certainly only speculative—but they underscore why biotech leadership is so important for national security as well as economic competitiveness. Beijing has long envied the United States’s dominant position in biotechnology and spent heavily to overtake it. Biotech has been a priority sector for state investment since the 1980s, and by one estimate Beijing had poured some $100 billion into the sector by 2018. Nowhere did it lavish more attention or invest more of its propaganda power than in developing a coronavirus vaccine. State media have spent months crowing that “China is working around the clock for breakthroughs in COVID-19 vaccines.” Yet despite this push, China’s vaccine program quickly took on a Potemkin air. In February 2020, barely two months after the onset of the pandemic and after a supposedly crash vaccine effort, a military doctor stood in front of a Chinese flag to receive what was billed as an experimental vaccine dose but was widely suspected to be a staged photo op. Now, having spent months talking up its two primary vaccine candidates to developing countries like Brazil and Indonesia, both of which have entered into purchase agreements with Chinese biotech firms, Chinese officials face severe mistrust among their nation’s overseas partners. For China’s leaders, the disappointing returns on their big bet on biotechnology look likely to cause them more headaches at home as well as abroad—there are already signs that affluent Chinese place more trust in foreign-developed coronavirus vaccines than the homegrown ones produced at such great expense. For U.S. officials, though, China’s relative underperformance in vaccine development presents an opportunity to reassert the United States’s leadership in biotechnology and public health and bolster the nation’s depleted soft power in the process. The Biden administration has already signaled it will reengage in multilateral bodies such as the World Health Organization. Yet the U.S. shouldn’t stop there. Washington should begin thinking now about how to emulate the success of the President’s Emergency Plan for AIDS Relief (PEPFAR)—which, though imperfect, is widely regarded as one of the most successful single public health interventions in history—to address growing disparities in access to coronavirus vaccines between countries. At the moment, vaccine supplies are controlled largely by rich countries, creating the risk of moral and public health failure if the gap persists. While COVID-19, the respiratory disease caused by the novel coronavirus, differs in many respects from AIDS, PEPFAR combined research, prevention, and access to therapeutics. Developing a comparable institutional structure to close the coronavirus vaccine access gap is the right thing to do—but it would also go a long way to restoring America’s battered global reputation. At the same time, the United States can’t afford to rest on its laurels in biotechnology, or any other field. Aside from China, other nations like Singapore and Israel have also invested heavily to develop their biotechnology sectors, with Israel in particular giving rise to a thriving biotech industry. U.S. public investment in basic scientific research and development has meanwhile been on the decline for decades, and there are worrying signs that America’s once world-beating innovation ecosystem is less productive, and less entrepreneurial, than it once was. Despite strengths in translational research, moreover, the frontiers of biology increasingly sit at the intersection with other disciplines like computer science, meaning that funding agencies, universities and other organizations need to break down disciplinary silos. Boosting support for biotechnology research, while reforming how that money is used, will go a long way toward shoring up the United States’s leading position in the global biotech sector. The U.S. biotechnology sector also faces other threats, not least growing espionage and intellectual property theft by foreign actors, especially those linked to China. Several high-profile cases brought by the U.S. Department of Justice’s China Initiative have involved biotechnology researchers, and American biotech firms have been top targets for cyber theft and intrusion. Sustained outreach to researchers and research institutions is critical to preventing such theft. But efforts to clamp down on the threats posed by espionage and intellectual property theft can easily go too far and must preserve the researcher mobility and data-sharing that is essential to doing cutting-edge science. Beyond its shores, the United States should work with its partners and allies to enhance export controls on dual-use biotechnology—used for both peaceful and military gain—especially DNA templates. Many forms of genetic material and synthetic biology products are already subject to U.S. export controls, but gaps remain, and screening for genetic sequence orders relies primarily on voluntary regulation by biotech firms. Better coordinating export controls among major economies and U.S. allies can dramatically reduce the risk of sophisticated bioweapons development in the decades to come.

#### Heg solves arms races, land grabs, rogue states, and great power war.

Brands 18 [Hal, Henry Kissinger Distinguished Professor at Johns Hopkins University's School of Advanced International Studies and a senior fellow at the Center for Strategic and Budgetary Assessments." American Grand Strategy in the Age of Trump." Page 129-133]

Since World War II, the United States has had a military second to none. Since the Cold War, America has committed to having overwhelming military primacy. The idea, as George W. Bush declared in 2002, that America must possess “strengths beyond challenge” has featured in every major U.S. strategy document for a quarter century; it has also been reflected in concrete terms.6 From the early 1990s, for example, the United States consistently accounted for around 35 to 45 percent of world defense spending and maintained peerless global power-projection capabilities.7 Perhaps more important, U.S. primacy was also unrivaled in key overseas strategic regions—Europe, East Asia, the Middle East. From thrashing Saddam Hussein’s million-man Iraqi military during Operation Desert Storm, to deploying—with impunity—two carrier strike groups off Taiwan during the China-Taiwan crisis of 1995– 96, Washington has been able to project military power superior to anything a regional rival could employ even on its own geopolitical doorstep. This military dominance has constituted the hard-power backbone of an ambitious global strategy. After the Cold War, U.S. policymakers committed to averting a return to the unstable multipolarity of earlier eras, and to perpetuating the more favorable unipolar order. They committed to building on the successes of the postwar era by further advancing liberal political values and an open international economy, and to suppressing international scourges such as rogue states, nuclear proliferation, and catastrophic terrorism. And because they recognized that military force remained the ultima ratio regum, they understood the centrality of military preponderance. Washington would need the military power necessary to underwrite worldwide alliance commitments. It would have to preserve substantial overmatch versus any potential great-power rival. It must be able to answer the sharpest challenges to the international system, such as Saddam’s invasion of Kuwait in 1990 or jihadist extremism after 9/11. Finally, because prevailing global norms generally reflect hard-power realities, America would need the superiority to assure that its own values remained ascendant. It was impolitic to say that U.S. strategy and the international order required “strengths beyond challenge,” but it was not at all inaccurate. American primacy, moreover, was eminently affordable. At the height of the Cold War, the United States spent over 12 percent of GDP on defense. Since the mid-1990s, the number has usually been between 3 and 4 percent.8 In a historically favorable international environment, Washington could enjoy primacy—and its geopolitical fruits—on the cheap. Yet U.S. strategy also heeded, at least until recently, the fact that there was a limit to how cheaply that primacy could be had. The American military did shrink significantly during the 1990s, but U.S. officials understood that if Washington cut back too far, its primacy would erode to a point where it ceased to deliver its geopolitical benefits. Alliances would lose credibility; the stability of key regions would be eroded; rivals would be emboldened; international crises would go unaddressed. American primacy was thus like a reasonably priced insurance policy. It required nontrivial expenditures, but protected against far costlier outcomes.9 Washington paid its insurance premiums for two decades after the Cold War. But more recently American primacy and strategic solvency have been imperiled. THE DARKENING HORIZON For most of the post–Cold War era, the international system was— by historical standards—remarkably benign. Dangers existed, and as the terrorist attacks of September 11, 2001, demonstrated, they could manifest with horrific effect. But for two decades after the Soviet collapse, the world was characterized by remarkably low levels of great-power competition, high levels of security in key theaters such as Europe and East Asia, and the comparative weakness of those “rogue” actors—Iran, Iraq, North Korea, al-Qaeda—who most aggressively challenged American power. During the 1990s, some observers even spoke of a “strategic pause,” the idea being that the end of the Cold War had afforded the United States a respite from normal levels of geopolitical danger and competition. Now, however, the strategic horizon is darkening, due to four factors. First, great-power military competition is back. The world’s two leading authoritarian powers—China and Russia—are seeking regional hegemony, contesting global norms such as nonaggression and freedom of navigation, and developing the military punch to underwrite these ambitions. Notwithstanding severe economic and demographic problems, Russia has conducted a major military modernization emphasizing nuclear weapons, high-end conventional capabilities, and rapid-deployment and special operations forces— and utilized many of these capabilities in conflicts in Ukraine and Syria.10 China, meanwhile, has carried out a buildup of historic proportions, with constant-dollar defense outlays rising from US$26 billion in 1995 to US$226 billion in 2016.11 Ominously, these expenditures have funded development of power-projection and antiaccess/area denial (A2/AD) tools necessary to threaten China’s neighbors and complicate U.S. intervention on their behalf. Washington has grown accustomed to having a generational military lead; Russian and Chinese modernization efforts are now creating a far more competitive environment. Second, the international outlaws are no longer so weak. North Korea’s conventional forces have atrophied, but it has amassed a growing nuclear arsenal and is developing an intercontinental delivery capability that will soon allow it to threaten not just America’s regional allies but also the continental United States.12 Iran remains a nuclear threshold state, one that continues to develop ballistic missiles and A2/AD capabilities while employing sectarian and proxy forces across the Middle East. The Islamic State, for its part, is headed for defeat, but has displayed military capabilities unprecedented for any terrorist group, and shown that counterterrorism will continue to place significant operational demands on U.S. forces whether in this context or in others. Rogue actors have long preoccupied American planners, but the rogues are now more capable than at any time in decades. Third, the democratization of technology has allowed more actors to contest American superiority in dangerous ways. The spread of antisatellite and cyberwarfare capabilities; the proliferation of man-portable air defense systems and ballistic missiles; the increasing availability of key elements of the precision-strike complex— these phenomena have had a military leveling effect by giving weaker actors capabilities which were formerly unique to technologically advanced states. As such technologies “proliferate worldwide,” Air Force Chief of Staff General David Goldfein commented in 2016, “the technology and capability gaps between America and our adversaries are closing dangerously fast.”13 Indeed, as these capabilities spread, fourth-generation systems (such as F-15s and F-16s) may provide decreasing utility against even non-great-power competitors, and far more fifth-generation capabilities may be needed to perpetuate American overmatch. Finally, the number of challenges has multiplied. During the 1990s and early 2000s, Washington faced rogue states and jihadist extremism—but not intense great-power rivalry. America faced conflicts in the Middle East—but East Asia and Europe were comparatively secure. Now, the old threats still exist—but the more permissive conditions have vanished. The United States confronts rogue states, lethal jihadist organizations, and great-power competition; there are severe challenges in all three Eurasian theaters. “I don’t recall a time when we have been confronted with a more diverse array of threats, whether it’s the nation state threats posed by Russia and China and particularly their substantial nuclear capabilities, or non-nation states of the likes of ISIL, Al Qaida, etc.,” Director of National Intelligence James Clapper commented in 2016. Trends in the strategic landscape constituted a veritable “litany of doom.”14 The United States thus faces not just more significant, but also more numerous, challenges to its military dominance than it has for at least a quarter century.

## Innovation

#### Stopping Evergreening kills patent innovation

Christensen 20 [Connor Christensen, "The Evergreen Forests of Insulin Patents", Awakenwfu, The Creative Journal of Contemporary Bioethics, 9-14-2020, https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/, accessed: 9-7-2021.] //CHSTM and Lex VM

A potential solution to prevent patent evergreening would be to modify the “inventiveness” standard required to obtain a new patent on drugs.[[27]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn27) By modifying this standard, the goal would be to stop non-inventive and commonly practiced pharmaceutical techniques from receiving patent protection.[[28]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn28) Moreover, each incremental improvement must be worth the burden on the consumer, especially in a country where the price of insulin has reached unconscionable levels.[[29]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn29) Therefore, to be considered inventive, the newer formula or methodology should be demonstratively safer or clearly more efficacious.[[30]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn30) Increasing the scrutiny would help control drug companies receiving patents on non-inventive, incremental improvements on insulin while still rewarding them for making sizable leaps forward.[31] Further, increasing the “inventiveness” standard would also encourage generic drug companies to enter the market. Previously, generic companies were precluded from producing generic insulins because patents protected the original formulas for such long periods of time that they were obsolete when it became possible to make a generic version.[[32]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn32) These obsolete versions of insulin were not viewed as a worthwhile investment to generic drug companies, so the market has been mostly devoid of generic versions.[[33]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn33) However, generic drug companies have shown some interest in creating generic versions of the next-generation of insulin. Reducing evergreening by raising the inventiveness standard required for new insulin patents could be enough to make manufacturing generics a worthwhile investment.[[34]](https://awakenwfu.com/2020/09/14/the-evergreen-forests-of-insulin-patents/#ftn34) Affording greater scrutiny to the issue of whether an incremental improvement is truly “inventive” is just one piece of the solution to reducing the price of insulin to affordable levels. Evergreens are a symbol of vitality; the irony is tangible that something of the same name can be depriving people of life.

#### Medical innovations key to future

Remes et al 20 (<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/ten-innovations-that-can-improve-global-health>, [McKinsey Global Institute](https://www.mckinsey.com/mgi/overview) Ten innovations that can improve global health July 15, 2020 | Article, [Jaana Remes](https://www.mckinsey.com/our-people/jaana-remes) is a partner of the McKinsey Global Institute, where [Jonathan Woetzel](https://www.mckinsey.com/our-people/jonathan-woetzel) is a director and [Sven Smit](https://www.mckinsey.com/our-people/sven-smit) is co-chair and a director. [Katherine Linzer](https://www.mckinsey.com/our-people/katherine-linzer) is a partner in McKinsey’s Chicago office. [Shubham Singhal](https://www.mckinsey.com/our-people/shubham-singhal) is a senior partner in the Detroit office. [Martin Dewhurst](https://www.mckinsey.com/our-people/martin-dewhurst) and [Penelope Dash](https://www.mckinsey.com/our-people/penny-dash) are senior partners in the London office, where [Kristin-Anne Rutter](https://www.mckinsey.com/our-people/kristin-anne-rutter) is a partner. [Matthias Evers](https://www.mckinsey.com/our-people/matthias-evers) is a senior partner in the Hamburg office. Matt Wilson is a senior partner in the New York office. Aditi Ramdorai is a consultant in the Berlin office.//lex AL)

By 2040, new technologies could reduce the total burden of disease by 6 to 10 percent. Today’s interventions are the innovations of the past. Without them, healthy lifespans would not be as long as they are. Innovation continues to be critical to tackle diseases without known cures and to help increase uptake and adherence to interventions that work. As part of the report [Prioritizing health: A prescription for prosperity](https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescription-for-prosperity), the McKinsey Global Institute identified ten promising innovations, now in progress, that could have a material impact on health by 2040. Focusing on technologies that address the greatest unmet needs, we determined the impact of these innovations by interviewing experts and evaluating the current biological understanding of each disease, as well as the effort and excitement surrounding the new techniques as measured by funding. Identifying and sizing the potential scope of innovations now in the pipeline is inherently difficult, but we estimate that these technologies could reduce the burden of disease by a further 6 to 10 percent, assuming aspirational yet realistic adoption rates by 2040—on top of the 40 percent from known interventions. Some of these innovations could not only fully cure a number of diseases but also significantly extend healthy lifespans by tackling the underlying biology of aging and therefore postponing the onset of several age-related conditions. These possibilities make a sharp contrast with the innovations of the past 30 years, many of which reduced the symptoms or delayed the progression of diseases but rarely prevented or cured them. In addition, the innovations we have identified here are more digitally enabled than those of the past; for example, [artificial intelligence](https://www.mckinsey.com/featured-insights/artificial-intelligence/applying-artificial-intelligence-for-social-good) (AI) systems make advances in omics and molecular technologies, such as gene editing, faster and more accurate. How can we improve health globally over the next two decades? Omics and molecular technologies These technologies—key components of the [Bio Revolution](https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/the-bio-revolution-innovations-transforming-economies-societies-and-our-lives)—are therapeutics or diagnostics that harness the various types of molecules within cells (such as DNA, RNA, and proteins). Some omics and molecular technologies (for instance, genome editing) engineer these intracellular components or analyze them (such as proteomics and transcriptomics). Example: CRISPR and curbing malaria The current treatment includes antimalarial prophylactics and nonpharmaceutical measures (such as indoor residual spraying and insecticide-treated bed netting) and antimalarial medications. Genetically modifying malaria-carrying mosquitos by using gene-editing technologies, such as [CRISPR](https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/programming-life-an-interview-with-jennifer-doudna), may significantly reduce disease levels by propagating the modified genes across the mosquito population. Next-generation pharmaceuticals Newer iterations of traditional chemical compounds (small molecules) and

## Resistance DA

#### Low prices independently cause AMR.

Babu and Suma 6 Babu, Varsha, and C. Suma. "Antibiotic pricing: when cheaper may not be better." Clinical infectious diseases 43.8 (2006): 1085-1086. (Government Primary Health Center)//Elmer

To The Editor—Antibiotics in India have always been cheaper in absolute terms thanks to weak patent laws that have been in effect until recently. Because a direct translation of drug prices from US dollars to Indian rupees (INR) would have rendered most new antibiotics inaccessible to the vast majority of Indians, such patent violations were subtly encouraged. Even despite this, we were caught unaware when pharmaceutical representatives approached our primary care center in rural India, claiming that a 5-day course of levofloxacin would henceforth cost the patient ∼INR 20 (<$0.50). Reluctant to accept such a statement at face value, we consulted the CIMS Updated Prescriber's Handbook [1], a popular index of pharmaceutical drugs available in India. Here, we discovered that a 5-day course of oral levofloxacin (500 mg once daily) cost anywhere from INR 19.5 to INR 475 ($0.50–$10.50), with most companies pricing their brand at <$1 for a full course. The same course in the United States would cost >$100. Intrigued, we did some more research and came up with the following results. The cheapest 5-day courses of first-line antibiotics, such as oral amoxicillin (500 mg thrice daily) or oral erythromycin (500 mg 4 times daily), cost INR 45 ($1) and INR 90 ($2), respectively. On the other hand, the cost of a 3-day course of oral azithromycin (500 mg daily) was one-half that of a course of erythromycin. Despite the obvious price advantage to the patients, we find this trend troubling. **Lower prices** often **lead to wider prescription of a given drug**, especially in resource-limited settings. **If** second-line **antibiotics**—such as levofloxacin and azithromycin—**are made available at lower prices** than first-line antibiotics, **there is a high probability of their overuse and subsequent development of resistance**. In the face of **very low costs of medication**, patients are unlikely to complain of escalating medical expenses. The issue assumes more gravity when one considers the fact that levofloxacin is an important second-line drug for the treatment of tuberculosis [2]. Its widespread use in the community **is likely to lead to emergence of resistance** **among** **mycobacteria** **and** delayed diagnosis of **tuberculosis** [3]—an occurrence that India, with its large population of tuberculosis-affected patients, cannot afford. We believe we have encountered a situation where **low prices of antibiotics are likely to cause more harm than good**. In the post World Trade Organization treaty scenario, governments in resource-limited countries should use their privileges of essential drug control to ensure that the costs of first-line antibiotics remain lower than those of second-line drugs. Such a government-instituted ladder in antibiotic pricing is essential to prevent the misuse of antibiotics in the community and to ensure that antibiotic resistance is kept at low levels.

#### Aggressive patenting key to preventing generics.

**Gupta et al., 10** **(Himanshu Gupta, Suresh Kumar, Saroj Kumar Roy, and R.S. Gaud, \*Faculty of Pharmacy at Jamia Hamdard, \*\*Faculty of Pharmacy at Jamia Hamdard , \*\*\*School of Pharmacy and Technology Management at SVKM's NMIMS University, \*\*\*\*School of Pharmacy and Technology Management at SVKM's NMIMS University, 2010, accessed on 9-4-2021, *Journal of Pharmacy & BioAllied Sciences*, "Patent protection strategies", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146086/) \*brackets in original //D.Ying**

A patent is a legal device that grants an inventor market exclusivity over a new invention or medication. Market exclusivity can mean tremendous economic rewards for the patent holder because it provides the inventor with a monopoly over the invention for the 20-year patent term. Obtaining a patent and retaining market exclusivity can be a treacherous process, especially in the arena of pharmaceutical patents. Pharmaceutical companies today are facing increased costs for drug discovery and development and aggressive competition from generic drug companies [Table 1]. As research costs skyrocket, generic drug companies sit poised and are ready to compete as soon as a patent expires [Table 2]. Maximizing patent term for successful products is an effective strategy for fending off generic competition and extending product lifecycle. Patents grant the creators of new inventions exclusive control and possession over these inventions. This allows the inventor to prevent others from commercially using ideas or inventions without the creator's permission during the life of the patent.[1] Scientific, legal, and practical considerations must be carefully weighed to best protect an inventor's rights. Creating and protecting or attacking pharmaceutical patents requires close interaction between pharmaceutical scientists and lawyers. It also requires a good understanding of key concepts of each other's discipline. Therefore, there should be collaboration between scientists and attorneys.[2,3]

#### Generic antibiotics don't treat infections and create superbugs.

**Eban, 19** **(Katherine Eban, investigative journalist, 5-17-2019, accessed on 9-4-2021, *Time*, "How Some Generic Drugs Could Do More Harm Than Good", https://time.com/5590602/generic-drugs-quality-risk/) //D.Ying**

Most people assume that a drug is a drug — that Lipitor, for example, or a generic version, is the same anywhere in the world, so long as it’s made by a reputable drug company that has been inspected and approved by regulators. That, at least, is the logic that has driven the global generic-drug revolution: that drug companies in countries like India and China can make low-cost, high-quality drugs for markets around the world. These companies have been hailed as public-health heroes and global equalizers, by making the same cures available to the wealthy and impoverished. But many of the generic drug companies that Americans and Africans alike depend on, which I spent a decade investigating, hold a dark secret: they routinely adjust their manufacturing standards depending on the country buying their drugs, a practice that could endanger not just those who take the lower-quality medicine but the population at large. These companies send their highest-quality drugs to markets with the most vigilant regulators, such as the U.S. and the European Union. They send their worst drugs — made with lower-quality ingredients and less scrupulous testing — to countries with the weakest review. The U.S. drug supply is not immune to quality crises — over the last ten months, dozens of versions of the generic blood pressure drugs valsartan, losartan and irbesartan have been subject to sweeping recalls. The active ingredients in some, manufactured in China, contained a probable carcinogen once used in the production of liquid rocket fuel. But the patients who suffer most are those in so-called “R.O.W. markets” — the generic-drug industry’s shorthand for “Rest of World.” In swaths of Africa, Southeast Asia and other areas with developing markets, some generic drug companies have made a cold calculation: they can sell their cheapest drugs where they will be least likely to get caught. In Africa, for instance, pharmaceuticals used to come from more developed countries, through donations and small purchases. So when Indian drug reps offering cheap generics started arriving, the initial feeling was positive. But Africa soon became an avenue “to send anything at all,” said Kwabena Ofori-Kwakye, associate professor in the pharmaceutics department at the Kwame Nkrumah University of Science and Technology in Kumasi, Ghana. The poor quality has affected every type of medication, and the adverse impact on health has been “astronomical,” he told me. Multiple doctors I spoke to throughout the continent said they have adjusted their medical treatment in response, sometimes tripling recommended doses to produce a therapeutic effect. Dr. Gordon Donnir, former head of the psychiatry department at the Komfo Anokye teaching hospital in Kumasi, treats middle-class Ghanaians in his private practice and says that almost all the drugs his patients take are substandard, leading him to increase his patients’ doses significantly. While his European colleagues typically prescribe 2.5 milligrams of haloperidol (a generic form of Haldol) several times a day to treat psychosis, he’ll prescribe 10 milligrams, also several times a day, because he knows the 2.5 milligrams “won’t do anything.” Donnir once gave ten times the typical dose of generic Diazepam, an anti-anxiety drug, to a 15-year-old boy, an amount that should have knocked him out. The patient was “still smiling,” Donnir said. Many hospitals also keep a stash of what they call “fancy” drugs — either brand-name drugs or higher-quality generics — to treat patients who should have recovered after a round of treatment but didn’t. Confronted with the ailing boy at the Mulago hospital, Westerberg’s colleagues swapped in the more expensive version of ceftriaxone and added more drugs to the treatment plan. But it was too late. In the second week of his treatment, the boy was declared brain dead. Westerberg’s Ugandan colleagues were not surprised. Their patients frequently died when treated with drugs that should have saved them. And there were not enough “fancy” drugs to go around, making every day an exercise in pharmaceutical triage. It was also hard to keep track of which generics were safe and which were not to be trusted, said one doctor in Western Uganda: “It’s anesthesia today, ceftriaxone tomorrow, amoxicillin the next day.” Westerberg, shaken by his newfound knowledge, flew back to Canada and teamed up with a Canadian respiratory therapist, Jason Nickerson, who’d had similar experiences with bad medicine in Ghana. They decided to test the chemical properties of the generic ceftriaxone that had been implicated in the Ugandan boy’s death. Another of Westerberg’s colleagues brought him a vial from the Mulago hospital pharmacy. The drug had been made by a manufacturer in northern China, which also exported to the U.S. and other developed markets. But when they tested the ceftriaxone at Nickerson’s lab, it contained less than half the active drug ingredient stated on the label. At such low concentration, the drug was basically useless, Nickerson said. He and Westerberg published a case report in the CDC’s Morbidity and Mortality Weekly Report. Although they couldn’t say with certainty that the boy had died due to substandard ceftriaxone, their report offered compelling evidence that he had. Some companies claim that, while their drugs are all high-quality, there may be some variance in how they are produced because regulations differ from market to market. But Patrick H. Lukulay, former vice president of global health impact programs for USP (formerly U.S. Pharmacopeia), one of the world’s top pharmaceutical standard-setting organizations, calls that argument “totally garbage.” For any given drug, he says, “There’s only one standard, and that standard was set by the originator,” meaning the brand-name company that developed the product. It’s not just those in developing markets who should be alarmed. Often, substandard drugs do not contain enough active ingredient to effectively cure sick patients. But they do contain enough to kill off the weakest microbes while leaving the strongest intact. These surviving microbes go on to reproduce, creating a new generation of pathogens capable of resisting even fully potent, properly made medicine. In 2011, during an outbreak of drug-resistant malaria on the Thailand-Cambodia border, USP’s chief of party in Indonesia Christopher Raymond strongly suspected substandard drugs as a culprit. Treating patients with drugs that contain a little bit of active ingredient, as he put it, is like “putting out fire with gasoline.” USP is so concerned about this issue that in 2017 it launched a center called the Quality Institute, which funds research into the link between drug quality and resistance. In late 2018, Boston University biomedical engineering professor Muhammad Zaman studied a commonly used antibiotic called rifampicin that, if not manufactured properly, yields a chemical substance called rifampicin quinone when it degrades. When Zaman subjected bacteria to this substance, it developed mutations that helped it resist rifampicin and other similar drugs. Zaman concluded from his work that substandard drugs are an “independent pillar” in the global menace of drug resistance. The low cost of generic drugs makes them essential to global public health. But if those bargain drugs are of low quality, they do more harm than good. For years, politicians, regulators and aid workers have focused on ensuring access to these drugs. Going forward, they must place equal value on quality, through an exacting program of unannounced inspections, routine testing of drugs already on the market and strict legal enforcement against companies manufacturing subpar medicine. One model is the airline industry, which through international laws and treaties, has established clear global standards for aviation safety. Without something similar for safe and effective drugs, the twin forces of subpar medicine and growing drug resistance will be so destructive that developed countries won’t be able to ignore them. As Elizabeth Pisani, an epidemiologist who has studied drug quality in Indonesia, put it, “The fact is, pathogens know no borders.”

# Case

#### donations solve—pharma companies donate a lot of drugs every year to fight NTDs

USAID (<https://www.neglecteddiseases.gov/about/drug-donation-partnerships/>) Ngong

The vast reach of USAID’s NTD Program and the NTD treatments delivered have been made possible due to generous commitments from the pharmaceutical sector. Six of the drugs needed to eliminate and control NTDs are donated by the pharmaceutical companies Eisai, GlaxoSmithKline, Merck & Co., Merck KGaA, Johnson & Johnson and Pfizer. The USAID NTD Program works with countries to forecast and efficiently distribute these donated drugs to target audiences.

Since USAID’s NTD Program began distributing donated drugs in 2007, the drug donation programs have expanded significantly. The NTD drugs donated to the USAID-supported countries have been valued at over $27.6 billion, representing the largest public-private partnership in the Agency, with a leverage of $26 in donated drugs for every tax dollar spent by USAID.

#### COVID accelerated biopharma R&D

Neil Lesser and Sonal Shah 20, Shah is senior manager with the Deloitte Center for Health Solutions within Deloitte Services LP and leads the center’s life sciences research, “Seeds of change,” https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/measuring-return-from-pharmaceutical-innovation.html

The COVID-19 pandemic has had a significant disruptive effect on clinical trial operations, with biopharma companies, clinical research organizations (CROs), and other research organizations being forced to shut down trials, suspend enrollment, or delay planned study startups or completions (an estimated 1,210 trials have been negatively affected across the industry). However, the pandemic has also accelerated the adoption of new approaches to R&D with the development of a number of novel COVID-19 vaccines and therapies in record time through extraordinary collaboration and partnerships, as well as a wider use of transformative approaches such as master protocols and adaptive trial design and the use of real-world data (RWD). The positive learnings arising from the COVID-19 pandemic have sown the seeds of change for a more productive future for biopharma R&D. Moreover, the accelerated development of COVID-19 therapies and vaccines is expected to have a positive impact on the internal rate of return (IRR) over the coming years.

### A2 Influenza

#### 1] No link, their ev just says people are looking for a solution to flu not that its hindered by ever greening

#### 2] Not extinction – their card says rivals 50’s projections of nuke war not current projections

#### 3] Covid checks – people know how to prevent the virus from causing extinction, if covid didn’t do it the flu wont

### A2 HIV

#### 1] Your IL is about preventing aids from killing people but the impact is about the spread of aids

#### 2] The security challenges this card talks about from 11 years ago are no longer relevant today

### Bio terror

#### 1] Your impact ev says this will happen regardless, non uq

#### 2] so called ‘war’ against bio terror has been apparently waging for 20 years without anyone commiting violence

### India

#### 1] indias soft power has plummeted during no covid and the impact hasn’t happened

#### 2] Their pharma key ev is from before covid, their cred has taken a huge hit with their inability to solve for covid in their own country

#### 3] Extinction ev also does not say extinction