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#### The standard is maximizing expected foreseen well-being.

#### Pleasure is both unconditionally and intrinsically valuable.

Goldstein 89 [Irwin Goldstein, “Pleasure and Pain: Unconditional, Intrinsic Values”, Philosophy and Phenomenological Research , Dec., 1989, Vol. 50, No. 2 (Dec., 1989), pp. 255-276, International Phenomenological Society, <https://www.jstor.org/stable/2107959?seq=1#metadata_info_tab_contents>, Irvin Goldstein was a philosophy professor at Davidson College for 31 years] //Lex AKu

What is good overall, right, or obligatory varies according to effects. Each is context-dependent and may vary across cultures. Evaluations of what is so universally are hazardous; such high level principles seem inevitably to meet expectations. We need not expect exertion to be good overall univer- sally: its value hinges on effects, which vary. What is right may vary with context and so cross-culturally. Even stealing and killing are sometimes right (Noddings, i984: 93). If he is using 'moral demands' to designate duties (actual, not prima facie) and to exclude intrinsic badness, Gilbert Harman may be correct in saying "there are no basic moral demands that apply to everyone" (I984: 27). Though calling all members in a class good is risky, intrinsic universal evaluations can be less precarious than other universal evaluations. Pleasure's intrinsic worth is not context-dependent and so not subject to con- textual fluctuations. When in pain, I can immediately recognize bad even if I am oblivious to the sensation's context and indifferent to moral considerations; pain's intrinsic badness is not founded in and so potentially undermined by pain's surroundings. Because we direct so many evalua- tions to what is good overall or morally good, much of what we justly call 'good' simpliciter is good only in some circumstances. This helps camouflage the fact that pleasure and other value-conferring ends are good in themselves unconditionally. Pleasure is good as such, because of its pleasurableness, not because of some further good quality which colors pleasure and may or may not be present. The foundation of pleasure's goodness, its pleasurableness, marks every pleasure. How could pleasure fail to be intrinsically good? G. E. Moore's reasoning resembles mine when he writes that a judgment of intrinsic goodness "if true of one instance of the thing in question, is necessarily true of all" (1903: 27). Since at least some pleasure is good intrinsically simply because of its pleasurableness, pleasure should always be good intrinsically, whatever the society, and so be an unconditional value. Pleasure's standing as an intrinsic value is founded in pleasure's nature. Appreciating its value and understanding what pleasure is are not inde- pendent projects. Intrinsic goodness is not merely incidental to pleasure; I suggest it is fundamental to what makes an experience pleasure. As hot and cold are opposites in temperature and north and south in direction, so pleasure and pain, both physical and emotional, are opposites in intrinsic agreeability. Heat is ipso facto, and thus always, linked to high tempera- ture; so, achieved in a virtuous or vicious activity, pleasure in itself is ipso facto and so always agreeable and pain ipso facto and so always disagree- able. I propose that pleasure's goodness - which for me is, in part, its char- acter of affording valid, intrinsic grounds for desire - fixes pleasure's agreeableness, and pain's badness dictates its disagreeableness.' Plea- sure and pain, then, contrast with experiences of warmth or coldness, which are linked to value only incidentally: pleasure and pain are oppo- sites through their opposing intrinsic worth. For every pleasure, intrinsic goodness is fundamental to what marks a psychological occurrence, localized or nonlocalized, as pleasure. Grounding dislike, having dis- value, is a defining feature of the unpleasant and so common to all unpleasantness. This view of pleasure answers pluralists, who detect no property shared by all pleasure which unites the diverse phenomena we label 'pleasure' into a single class.'6 The interrelated properties of pleasure's agreeable- ness, its natural tendency to attract sentient beings and, more fundamen- tally, its intrinsic nonmoral goodness and intrinsic grounding of desire unify the psychological occurrences, localized and nonlocalized, we label 'pleasure'. Pain, physical and emotional, forms a single class opposite to pleasure through its disagreeableness, its tendency to repel, its intrinsic badness and grounding of aversion."

#### 2] Actor specificity:

#### A] Governments must aggregate since every policy benefit some and harms others, which also means side constraints freeze action.

#### B] States lack wills or intentions since policies are collective actions.

#### C] No act omission distinction---choosing to omit is an act itself – people psychologically decide not to act. Actor-specificity comes first since different agents have different ethical standings. Takes out util calc indicts since they’re empirically denied, and link turns them because the alt would be *no* action.

3] Ground – every impact functions under util whereas other ethics can flow to one side exclusively. Util ensures equal playing field since affirmatives have different advantage areas and negs can read different pics, cps and disads. Kills fairness since we both need equal playing field.

#### 4] Extinction is the biggest impact.

Pummer 15 [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015] AT

There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are s’o many possible future people that reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people. Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But that is a huge mistake. Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be ndermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. We should also take into account moral uncertainty. What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, all minimally plausible moral views would converge on the conclusion that we should try to save the world. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.” (From chapter 36 of On What Matters)

#### 5] No intent foresight distinction -- If we foresee a consequence, then it becomes part of our deliberation which makes it intrinsic to our action since we intend it to happen.

**6] Degrees of wrongness looking at the consequences are the only way to tell that breaking a promise to take a dying person to the hospital is much worse than breaking a promise for lunch. Intuitions ow.**

#### 7] New 2ar answers to Nibs, a prioris, paradoxes, permissibility triggers-a) the 7 minute 1nc can read 1000 of these arguments that the 4 minute 1ar cannot cover, b) creates a terrible model of debate in which there is no clash and debaters just win off of dropped arguments.

#### 8] Nothing in the aff triggers Presumption or permissibility but they should affirm a) Negate means to “deny the truth of” so you need to prove that the aff is prohibited and shouldn’t be done, all I need to prove is that it is permissible b) If no actions were permissible we wouldn’t be able to do anything, like drink water c)statements are more often true until proven false i.e. if I tell you my name is Archit you’ll believe that unless proven otherwise d) aff flex 13-7 time skew, neg ability to restart the debate, and uniquely neg positions such as NIBs and T mean that if the round is irresolvable you should assume we’ve won our arguments since they were made under more constraints

#### 9] Skep affirms – moral ought statements are evaluations of actions. Having an obligation means that we have the best reason. Skeptical beliefs mean we don’t have any reason for action which means strength of reason to the aff is sufficient.

#### 10] Reject truth testing role of the ballot, a) Clash-their role of the ballot kills clash-a prioris, skeps, paradoxes are all ways to moot the AC by uplayering, b) resolvability- there is no defined way to weigh between different paradoxes, a prioris, skep etc. O/w because the judge needs to submit a ballot.

#### Plan: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines related to the prevention, containment, and treatment of COVID-19.

#### Enforcement is done through waiving TRIPS protections and modifying relevant domestic law to ensure patent protections are reduced---spec is delineated in the card.

Jones et al. 21, Mike Jones, J.D., cum laude, Brooklyn Law School, 2014. Sean McConnell, University of Pittsburgh School of Law, J.D., 2002. Lauren Giambalvo, University of Georgia School of Law, J.D., magna cum laude, Order of the Coif, 2019; Georgia Law Review. Emily Harmon, Villanova University Charles Widger School of Law, J.D., 2020. Ipwatchdog, August 9, 2021. “What is a ‘Patent Waiver’ Anyway? Zooming Out on the TRIPS COVID IP Waiver Debate” <https://www.ipwatchdog.com/2021/08/09/patent-waiver-anyway-zooming-trips-covid-ipwaiver-debate/id=136381/> brett

Scientists, engineers, and everyday people have developed solutions for testing, preventing, and treating the COVID-19 disease. Ordinarily, we wouldn’t think twice about granting patents on these inventions. But, today, when COVID-19 is spreading all over the world and killing millions of people, some world leaders are questioning whether we should be granting the exclusionary rights of patent protection on inventions that help respond to the pandemic. Included in that group is the Biden-Harris Administration, which, in May, announced their support of an “IP waiver” on COVID 19 vaccines.

Patent Waiver

The “patent waiver” is a proposal to waive certain provisions of the Trade-Related Aspects of Intellectual Property (TRIPS) Agreement for three years. The TRIPS Agreement requires certain member countries (“Members”), including the United States, to have certain minimum intellectual property protections. While this proposal is often referred to as a “patent waiver,” the proposal would also waive sections associated with copyright, industrial designs, and undisclosed information.

The proposal seeks to waive Part II, Section 5 Patents of the TRIPS Agreement and the associated enforcement sections only with respect to “health products and technologies including diagnostics, therapeutics, vaccines, medical devices, personal protective equipment, their materials or components, and their methods and means of manufacture for the prevention, treatment or containment of COVID-19” for a period of three years. Article 27 of Section 5 requires that certain Members issue patents to inventions that “are new, involve an inventive step and are capable of industrial application.” However, Members have the option to refuse to grant patents to certain categories of inventions, including, “diagnostic, therapeutic and surgical methods for the treatment of humans or animals.” Article 28 explains that an owner of a patent can prevent others from “making, using, offering for sale, selling, or importing” (“infringing”) the patented inventions. Finally, Part III of the TRIPS Agreement explains the potential consequences of infringing a patent. Among other things, the infringer can be liable for money damages and the judicial authority of the Member may order injunctions.

Therefore, as the TRIPS Agreement currently stands, each Member must have patent laws that give patents to inventions that meet certain requirements, and each must provide avenues for patent holders to enforce its patent rights. As applied to the current situation, Members are required to grant patents to qualifying inventions related to “the prevention, containment and treatment of COVID-19” (with exceptions for pharmaceuticals if the Member does not allow pharmaceutical patents). Infringers could be liable for money damages and the judicial authority of the Member may order injunctions.

If provisions in Part II, Section 5 and the associated enforcement sections are waived, Members would no longer be required to issue patents or provide avenues for patent holders to enforce patent rights. The proposal does not, however, require Members to waive their own domestic patent rights. In other words, the proposal to waive certain provisions of the TRIPS Agreement, the “patent waiver,” does not directly waive any patent protections. Rather, the patent waiver grants to Members permission to waive their own domestic patent protections.

Patent laws are geographically limited; they only protect an invention in the country that issued the patent. For example, one cannot make, use, offer to sell, sell, or import an invention protected only by a U.S. patent in the U.S; however, one may do those things in another country where corresponding patent protection does not exist. Therefore, in order to waive patent protections worldwide, each Member subject the TRIPS Agreement’s requirement to have certain minimum intellectual property protection would have to waive its own domestic patent protections.

The United States patent laws are codified in Title 35 to the U.S. Code. It provides that inventors may obtain patents for their new and useful inventions and infringers are liable for making, using, offering to sell, selling, or importing into the U.S. patented inventions without the patent holders consent. Because the power to enact patent laws lies with Congress, Congress would likely have to waive these laws. If Congress chooses not to waive the U.S.’s patent laws, patent holders will continue to be able to enforce their U.S. patent rights in the U.S.

### Adv – Vaccine Inequality

#### Squo vaccination rates will drag out the pandemic – increases likelihood of the development of deadly mutations.

Swan 2/8 [Gallogly-Swan, Katie. “The False Scarcity of Vaccine Trade Tensions.” *Social Europe*, 8 Feb. 2021, socialeurope.eu/the-false-scarcity-of-vaccine-trade-tensions.]//Lex AKu

At the current rate of vaccination, it will take [seven years](https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/?sref=wgSUpWLp) for enough of the world to be vaccinated to prevent further transmission. Seven years is a long time for the virus to mutate and build resistance to currently viable vaccinations—a risk [recently highlighted](https://www.nature.com/articles/d41586-021-00121-z) by the emergence of new strains. With the looming risk of reinfection with a more deadly or contagious version of the virus, it is paramount that every tool at our disposal is oriented to producing enough vaccines to eradicate it swiftly everywhere. Artificial rationing is what is driving vaccine nationalism, yet the EU again blocked the waiver at the Trade Related Intellectual Property Rights Council meeting at the WTO last Thursday, claiming that private patents were needed to encourage innovation. As [others have pointed out](https://socialeurope.eu/designing-vaccines-for-people-not-profits), however, much of the industry’s innovation has been predicated on decades of public support for research and development. Indeed, governments around the world have [invested](https://www.businesswire.com/news/home/20210110005098/en) €88.3 billion in Covid-19 vaccine development so far. For citizens of countries with the fiscal space to support such investments, this amounts to paying for the vaccine three times: when their government supported vaccine development, when it bought stocks and when it funds the [COVAX](https://www.who.int/initiatives/act-accelerator/covax) facility intended to secure vaccines for poorer countries pushed out of the race. While the EU and other wealthy regions have borne the brunt of the public-health challenge, with the vast majority of cases and deaths, a [recent study](https://www.nytimes.com/2021/01/23/business/coronavirus-vaccines-global-economy.html?referringSource=articleShare) has found that failing to vaccinate people in low-income countries will have the worst economic impact on wealthy economies. **Unleash production** A waiver on intellectual property would see a drastic decrease in the cost of vaccination for all governments, with more regional production unleashed across the world. This is not simply a case of high-income countries versus low-income but of [patent monopolies](https://socialeurope.eu/challenging-patents-key-to-make-covid-19-vaccine-work-for-all), propped up by a few WTO members, versus the safety of everyone. The EU and others blocking the waiver have chosen to back these pharmaceutical-company monopolies over their own public health and any hope of a rapid, global vaccination programme. The same companies shunned the voluntary Covid-19 Technology Access Pool launched by the WHO early in the pandemic—the head of Pfizer calling the initiative ‘[nonsense](https://www.ft.com/content/b964cfb2-5f2e-4cb7-b9ad-535481495eaa)’—while making [billions in profit](https://www.ft.com/content/0f1ab138-401d-40ff-824f-f6879704f10e) from Covid-19 vaccines. Keeping the patents of Covid-19 vaccines secret offers no demonstrable public benefit to the global pandemic effort. Instead, it is leading to chauvinistic policy choices which erode co-operation and trust and prolong the pandemic for everyone.

**IP protections are the vital internal link to reduce vaccine inequality. Empirics disprove all pro patent arguments**

**Kumar, PhD, 7-12**-21

(Rajeesh, Associate Fellow Manohar Parrikar Institute for Defence Studies and Analysis, https://www.idsa.in/issuebrief/wto-trips-waiver-covid-vaccine-rkumar-120721)

In October 2020, India and South Africa had submitted a proposal to the World Trade Organization (WTO), suggesting a waiver of certain provisions of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement for the “prevention, containment and treatment of COVID-19”. The proposal seeks the waiver of “the implementation, application, and enforcement of sections 1, 4, 5 and 7 of part II of the TRIPS agreement”, which are stipulations referring to copyright, industrial design, patents, and undisclosed information (trade secrets).1 The proponents of the proposal argue that a waiver will **enable timely and equitable access** to affordable health products and technologies, including vaccines. Though many member countries had supported and co-sponsored the proposal, a small but influential group of countries, mainly Australia, Canada, the European Union (EU), Japan, the United Kingdom (UK) and the United States (US), opposed it. They argued that existing exceptions under the TRIPS Agreement are sufficient to address the concerns mentioned in the proposal. This resulted in sidelining of the waiver proposal for months. However, on 5 May 2021, the Joseph Biden administration announced its support for waiving intellectual property protections for COVID-19 vaccines.2 It was a significant step towards breaking the seven-month gridlock, and led to many more countries modifying their position on the waiver proposal. On 25 May 2021, the co-sponsors of the waiver proposal submitted a revised proposal that specified the scope of the waiver as applying to “health products and technologies” and also added a section on the proposed duration of the waiver, i.e., three years.3 At present, more than 100 countries, including the US and China support this proposal. The principal opponent of the waiver is the EU and in June 2021, it submitted an alternative proposal to the TRIPS Council, which requested to keep TRIPS’ provisions intact and focused on compulsory licensing and removing vaccine export restrictions to address the concerns raised by India and South Africa.4 The EU proposal also stated that the TRIPS Agreement does not prevent countries from taking measures to protect public health.5 At the meeting of the TRIPS Council on 8–9 June 2021, the member states agreed to text-based negotiations focusing on two proposals tabled by members. The members also decided to hold a series of meetings till the end of July 2021 to take stock of the text-based negotiations. However, the latest developments show that the waiver discussions hit a hurdle due to a split between the developed and developing countries over the negotiation text. This brief discusses how TRIPS becomes a barrier to the equitable access of COVID-19 vaccines. It also examines how a waiver will help India in its fight against COVID-19 at home and abroad. TRIPS and its Exceptions TRIPS, a comprehensive multilateral agreement on Intellectual Property (IP), was an outcome of the Uruguay Round (1986–94) of negotiations of the General Agreement on Tariffs and Trade (GATT). The Agreement came into force on 1 January 1995 and offers a minimum standard of protection for Intellectual Property Rights (IPR).6 In WTO, IPR are divided into two main categories. First, copyright and related rights (Articles 9 to 14, Part II of the TRIPS Agreement). Second, industrial property that includes trademarks, geographical indications, industrial designs, patents, integrated circuit layout designs, and undisclosed information (Articles 15 to 38, Part II of the TRIPS Agreement).7 Article IX.3 and IX.4 of the Marrakesh Agreement Establishing the WTO deals with TRIPS waivers. Article IX.3 says that in “exceptional circumstances” the Ministerial Conference may waive off an obligation imposed on WTO member countries.8 Such a decision requires the support of three-fourths of the WTO membership. According to Article IX.4, any waiver granted for more than one year will be reviewed by the Ministerial Conference. Based on the annual review, the Conference may extend, modify, or terminate the waiver. The TRIPS Agreement provides some flexibility primarily in the form of compulsory licensing and research exceptions through Articles 30 and 31. While Article 30 permits WTO members to make limited exceptions to patent rights, Article 31 provides a detailed exception, provided certain conditions are met. Compulsory licensing is the process of granting a license by a government to use a patent without the patent holder's consent. Article 31 permits granting compulsory license under circumstances such as “national emergencies”, “other circumstances of extreme urgency”, “public noncommercial use”, or against “anti-competitive” practices.9 In addition to these original waivers, the Declaration on the TRIPS Agreement and Public Health, adopted at the 2001 Doha Ministerial Meeting, also recognises some exceptions, for instance, in situations of a public health emergency, member countries have the freedom to determine the grounds upon which compulsory licenses are granted. Similarly, under Article 66.1, the least developed countries (LDCs) are given waivers for implementing TRIPS on pharmaceuticals till 1 January 2033. COVID-19 and TRIPS Waiver Two significant factors rekindled the debate on TRIPS waiver for essential medical products—first, vaccine inequity, and second, the insufficiency of existing waiver provisions in fighting the COVID-19 pandemic. COVID-19 is an **exceptional circumstance**, and **equitable global access** to the vaccine is necessary to **bring the pandemic under control**. However, the world is witnessing quite the reverse, i.e., **vaccine nationalism**. Vaccine nationalism is “my nation first” approach to securing and stockpiling vaccines before making them available in other countries. A TRIPS waiver would be instrumental in addressing the **growing inequality in the production**, distribution, and pricing of the COVID-19 vaccines. Vaccine Inequity According to Duke Global Health Innovation Center, which monitors COVID-19 vaccine purchases, rich nations representing just 14 per cent of the world population have bought up to 53 per cent of the most promising vaccines so far. As of 4 July 2021, the high-income countries (HICs) purchased more than half (6.16 billion) vaccine doses sold globally. At the same time, the low-income countries (LICs) received only 0.3 per cent of the vaccines produced. The low and middle-income countries (LMICs), which account for 81 per cent of the global adult population, purchased 33 per cent, and COVAX (COVID-19 Vaccines Global Access) has received 13 per cent.10 Many HICs bought enough doses to vaccinate their populations several times over. For instance, Canada procured 10.45 doses per person, while the UK, EU and the US procured 8.18, 6.89, and 4.60 doses per inhabitant, respectively.11 Source:“Tracking COVID-19 Vaccine Purchases Across the Globe”, Duke Global Health Innovation Center, Updated 9 July 2021. Consequently, there is a significant disparity between HICs and LICs in vaccine administration as well. As of 8 July 2021, 3.32 billion vaccine doses had been administered globally.12 Nonetheless, **only one per cent** of people in LICs have been given at least one dose. While in HICs almost one in four people have received the vaccine, in LICs, it is one in more than 500. The World Health Organization (WHO) notes that about 90 per cent of African countries will miss the September target to vaccinate at least 10 per cent of their populations as a third wave looms on the continent.13 South Africa, the most affected African country, for instance, has vaccinated less than two per cent of its population of about 59 million. This is in contrast with the US where almost 47.5 per cent of the population of more than 330 million has been fully vaccinated. In Sub-Saharan Africa, vaccine rollout remains the slowest in the world. According to the International Monetary Fund (IMF), at current rates, by the end of 2021, a massive global inequity will continue to exist, with Africa still experiencing meagre vaccination rates while other parts of the world move much closer to complete vaccination.14 This vaccine inequity is not only morally indefensible but also **clinically counter-productive**. If this situation prevails, LICs could be waiting until 2025 for vaccinating half of their people. Allowing most of the world’s population to go unvaccinated will also **spawn new virus mutations, more contagious viruses** leading to a steep rise in COVID-19 cases. Such a scenario could cause **twice as many deaths** as against distributing them globally, on a priority basis. Preventing this humanitarian catastrophe requires **removing all barriers** to the production and distribution of vaccines. TRIPS is one such barrier that prevents vaccine production in LMICs and hence its equitable distribution. TRIPS: Barrier to Equitable Health Care Access The opponents of the waiver proposal argue that IPR are not a significant barrier to equitable access to health care, and existing TRIPS flexibilities are sufficient to address the COVID-19 pandemic. **However, history suggests the contrary.** For instance, when South Africa passed the Medicines and Related Substances Act of 1997 to address the HIV/AIDS public health crisis, nearly 40 of world’s largest and influential pharma companies took the South African government to court over the violation of TRIPS. The Act, which invoked the compulsory licensing provision, allowed South Africa to produce affordable generic drugs.15 The Big Pharma also lobbied developed countries, particularly the US, to put bilateral trade sanctions against South Africa.16 Similarly, when Indian company Cipla decided to provide generic antiretrovirals (ARVs) to the African market at a lower cost, Big Pharma retaliated through patent litigations in Indian and international trade courts and branded Indian drug companies as thieves.17 Another instance was when Swiss company Roche initiated patent infringement proceedings against Cipla’s decision to launch a generic version of cancer drug, “erlotinib”. Though the Delhi High Court initially dismissed Roche's appeal by citing “public interest” and “affordability of medicines,” the continued to pressure the generic pharma companies over IPR. 18 Likewise, Pfizer’s aggressive patenting strategy prevented South Korea in developing pneumonia vaccines for children.19 A recent document by Médecins Sans Frontières (MSF), or Doctors Without Borders, highlights various instances of how **IP hinders manufacturing and supply of diagnostics,** medical equipment, treatments and vaccines during the COVID-19 pandemic. For instance, during the peak of the COVID-19 first wave in Europe, Roche rejected a request from the Netherlands to release the recipe of key chemical reagents needed to increase the production of diagnostic kits. Another example was patent holders threatening producers of 3D printing ventilators with patent infringement lawsuits in Italy.20 The MSF also found that patents pose a severe threat to access to affordable versions of newer vaccines.21 Source:“COVID-19 Vaccine R&D Investments”, Global Health Centre, Graduate Institute, Geneva, Updated 9 July 2021. The opponents of the TRIPS waiver also argue that **IP is the incentive for innovation** and if it is undermined, future innovation will suffer. However, most of the COVID-19 medical innovations, particularly vaccines, are developed with **public financing assistance**. Governments spent billions of dollars for COVID-19 vaccine research. Notably, out of $6.1 billion in investment tracked up to July 2021**, 98.12** per cent was public funding.22 The US and Germany are the largest investors in vaccine R&D with $2.2 billion and $1.5 billion funding. Source:“COVID-19 Vaccine R&D Investments”, Global Health Centre, Graduate Institute, Geneva, Updated 9 July 2021. Private companies received 94.6 per cent of this funding; Moderna received the highest $956.3 million and Janssen $910.6 million. Moreover, governments also invested $50.9 billion for advance purchase agreements (APAs) as an incentive for vaccine development. A recent IMF working paper also notes that **public research institutions** were a key driver of the COVID-19 R&D effort—accounting for 70 per cent of all COVID-19 clinical trials globally.23 The argument is that vaccines are developed with the support of substantial public financing, hence there is a public right to the scientific achievements. Moreover, private companies reaped billions in profits from COVID-19 vaccines. Source: Katharina Buchholz, “COVID-19 Vaccines Lift Pharma Company Profits”, Statista, 17 May 2021. One could argue that since the US, Germany and other HICs are spending money, their citizens are entitled to get vaccines first, hence vaccine nationalism is morally defensible. Nonetheless**, it is not the case**. The TRIPS Agreement includes several provisions which mandates promotion of technology transfer from developed countries to LDCs. For instance, Article 7 states that "the protection and enforcement of IP rights should contribute to the promotion of technological innovation and the transfer and dissemination of technology, to the mutual advantage of producers and users of technical knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations."24 Similarly, Article 66.2 also mandates the developed countries to transfer technologies to LDCs to enable them to create a sound and viable technological base. The LMICs opened their markets and amended domestic patent laws favouring developing countries’ products against this promise of technology transfer. Another argument against the proposed TRIPS waiver is that a waiver would not increase the manufacturing of COVID-19 vaccines. Indeed, one of the significant factors contributing to vaccine inequity is the lack of manufacturing capacity in the global south. Further, a TRIPS waiver will not automatically translate into improved manufacturing capacity. **However, a waiver would be the first but essential step to increase manufacturing capacity worldwid**e. For instance, to export COVID-19 vaccine-related products, countries need to ensure that there are no IP restrictions at both ends – exporting and importing. The market for vaccine materials includes consumables, single-use reactors bags, filters, culture media, and vaccine ingredients. Export blockages on raw materials, equipment and finished products harm the overall output of the vaccine supply chain. If there is no TRIPS restriction, more governments and companies will invest in repurposing their facilities. Similarly, the arguments such as that no other manufacturers can carry out the complex manufacturing process of COVID-19 vaccines and generic manufacturing as that **would jeopardise quality**, have also been **proven wrong in the past**. For instance, in the early 1990s, when Indian company Shantha Biotechnics approached a Western firm for a technology transfer of Hepatitis B vaccine, the firm responded that “India cannot afford such high technology vaccines… And even if you can afford to buy the technology, your scientists cannot understand recombinant technology in the least.”25 Later, Shantha Biotechnics developed its own vaccine at $1 per dose, and the UNICEF (United Nations Children’s Emergency Fund) mass inoculation programme uses this vaccine against Hepatitis B. In 2009, Shantha sold over 120 million doses of vaccines globally. India also produces high-quality generic drugs for HIV/AIDS and cancer treatment and markets them across the globe. Now, a couple of Indian companies are in the last stage of producing mRNA (Messenger RNA) vaccines.26 Similarly, Bangladesh and Indonesia claimed that they could manufacture millions of COVID-19 vaccine doses a year if pharmaceutical companies share the know-how.27 Recently, Vietnam also said that the country could satisfy COVID-19 vaccine production requirements once it obtains vaccine patents.28 Countries like the United Arab Emirates (UAE), Turkey, Cuba, Brazil, Argentina and South Korea have the capacity to produce high-quality vaccines but lack technologies and know-how. However, Africa, Egypt, Morocco, Senegal, South Africa and Tunisia have limited manufacturing capacities, which could also produce COVID-19 vaccines after repurposing. Moreover, COVID-19 vaccine IPR runs across the entire value chain – vaccine development, production, use, etc. A mere patent waiver may not be enough to address the issues related to its production and distribution. What is more important here is to share the technical know-how and information such as trade secrets. Therefore, the existing TRIPS flexibilities, such as compulsory and voluntary licensing, are insufficient to address this crisis. Further, compulsory licensing and the domestic legal procedures it requires is cumbersome and not expedient in a public health crisis like the COVID-19 pandemic.

#### Vaccine inequality threatens the whole world.

**Fink 7-30**-21

(Jenni, <https://www.newsweek.com/who-warns-world-blind-understanding-covid-spread-hurting-ability-end-pandemic-1614722>)

A lack of testing for COVID-19 in parts of the world is preventing countries from having a clear picture of how the virus is spreading and therefore hurting the world's chances at **fighting the virus and ending the pandemic**, according to the World Health Organization. **Health inequities** throughout the world have plagued the global response to COVID-19 from the outset and WHO has pushed higher income countries to help lower income countries in the interest of ending the pandemic. Along with restricted access to vaccines, lower income countries have struggled to have sufficient testing, meaning the virus is likely going undetected in certain areas, further enabling its ability to spread. Low testing rates is "leaving the world blind to understanding where the disease is and how it's changing," Dr. Tedros Adhanom Ghebreyesus, director general of the WHO said on Friday during a press briefing. Without improving global testing rates, Ghebreyesus said the world can't "fight the disease" or mitigate the risk it poses to people around the globe. who blind covid spread cases On Friday, the World Health Organization warned the world is "blind" to how COVID-19 is spreading because of a lack of testing in certain places. WHO Director-General Tedros Adhanom Ghebreyesus attends a daily press briefing on the new coronavirus dubbed COVID-19, at the WHO headquaters on March 2, 2020, in Geneva. FABRICE COFFRINI//AFP/GETTY IMAGES NEWSWEEK NEWSLETTER SIGN-UP > One of Ghebreyesus' biggest frustrations with the pandemic response is the failure to **evenly distribute the vaccine** around the world. In some countries, like the United States and other higher-income nations, significant portions of the population have been vaccinated. While those large vaccinated populations help reduce the spread of the virus in some areas, other countries, especially those in Africa, haven't been able to vaccinate even 10 percent of their population. This puts the entire world at risk because when the virus is able to spread throughout communities it **has the ability to mutate**, thereby increasing the possibility that a mutation could **evade the vaccines**. It's a scenario public health officials have been warning about for months and Ghebreyesus said on Friday that "hard won **gains are in jeopardy**" or have already been lost because the virus has been able to spread. Nearly 30 countries have high or rising oxygen needs and the shortage of life-saving oxygen could lead to increased deaths. More than 196 million cases of COVID-19 have been reported around the world, according to a Johns Hopkins University tracker, and more than 4.2 million people have died. Ghebreyesus suspected the number of cases would top 200 million within the next two weeks and warned that health systems in many countries **are being overwhelmed.** Preventing hospitals from exceeding capacity was a massive concern when the pandemic first broke out and a year later, parts of the U.S. are having their health systems strained as the more transmissible Delta variant spreads. On Thursday, Arkansas Governor Asa Hutchinson declared a public health emergency that allows the state to bring in health care workers from outside Arkansas and makes it easier for retired health care workers and medical students to become licensed. The goal is to help alleviate stress on health care systems and Hutchinson said they've had people waiting in ambulances because there wasn't an open spot in a hospital. That strain will only become more exacerbated if a mutation occurs that evades the vaccine, as inoculations have proven effective at helping to keep people out of the hospital. Ghebreyesus warned that more variants will emerge if global access to vaccines and testing doesn't improve. "The pandemic will end when the world chooses to end it. It is in our hands. We have all the tools we need. We can prevent this disease. We can test for it and we can treat it," Ghebreyesus said.

#### Boosting manufacturing capacity is critical to a timely response to COVID AND ensures preparedness for future pandemics.

Jecker & Atuire 21, Dr Nancy S Jecker, Department of Bioethics & Humanities, University of Washington School of Medicine. Department of Philosophy, University of Johannesburg, Auckland Park, Gauteng, South Africa. Caesar A Atuire, Department of Philosophy and Classics, University of Ghana, Accra, Accra, Ghana. All Souls College, University of Oxford, Oxford, Oxfordshire, UK. Journal of Medical Ethics 2021;47:595-598. “What’s yours is ours: waiving intellectual property protections for COVID-19 vaccines.” <https://jme.bmj.com/content/47/9/595> brett

Since consequentialist justifications treat the value of IP as purely instrumental, they are also vulnerable to counterarguments showing that a sought-after goal is not the sole or most important end. During the COVID-19 pandemic, we submit that the vaccinating the world is an overriding goal. With existing IP protections intact, the world has fallen well short of this goal. Current forecasts show that at the current pace, there will not be enough vaccines to cover the world’s population until 2023 or 2024.15 IP protections further frustrate the goal of universal access to vaccines by limiting who can manufacturer them. The WHO reports that 80% of global sales for COVID-19 vaccines come from five large multinational corporations.16 Increasing the number of manufacturers globally would not only increase supply, but reduce prices, making vaccines more affordable to LMICs. It would stabilise supply, minimising disruptions of the kind that occurred when India halted vaccine exports amidst a surge of COVID-19 cases.

It might be objected that waiving IP protections will not increase supply, because it takes years to establish manufacturing capacity. However, since the pandemic began, we have learnt it takes less time. Repurposing facilities and vetting them for safety and quality can often happen in 6 or 7 months, about half the time previously thought.17 Since COVID-19 will not be the last pandemic humanity faces, expanding manufacturing capacity is also necessary preparation for future pandemics. Nkengasong, Director of the African Centres for Disease Control and Prevention, put the point bluntly, ‘Can a continent of 1.2 billion people—projected to be 2.4 billion in 30 years, where one in four people in the world will be African—continue to import 99% of its vaccine?’18

#### Mutations and future pandemics escalates security threats that cause extinction – cooperation thesis is wrong.

* Miscalc Incapacitated commanders
* Social political order collapse
* First strike to take advantage of weaker nations

Recna 21 [Research Center for Nuclear Weapon Abolition; Nagasaki, Japan; “Pandemic Futures and Nuclear Weapon Risks: The Nagasaki 75th Anniversary pandemic-nuclear nexus scenarios final report,” Journal for Peace and Nuclear Disarmament; 5/28/21; <https://www.tandfonline.com/doi/full/10.1080/25751654.2021.1890867>] Justin

The Challenge: Multiple Existential Threats The relationship between pandemics and war is as long as human history. Past pandemics have set the scene for wars by weakening societies, undermining resilience, and exacerbating civil and inter-state conflict. Other disease outbreaks have erupted during wars, in part due to the appalling public health and battlefield conditions resulting from war, in turn sowing the seeds for new conflicts. In the post-Cold War era, pandemics have spread with unprecedented speed due to increased mobility created by globalization, especially between urbanized areas. Although there are positive signs that scientific advances and rapid innovation can help us manage pandemics, it is likely that deadly infectious viruses will be a challenge for years to come. The COVID-19 is the most demonic pandemic threat in modern history. It has erupted at a juncture of other existential global threats, most importantly, accelerating climate change and resurgent nuclear threat-making. The most important issue, therefore, is how the coronavirus (and future pandemics) will increase or decrease the risks associated with these twin threats, climate change effects, and the next use of nuclear weapons in war.5 Today, the nine nuclear weapons arsenals not only can annihilate hundreds of cities, but also cause nuclear winter and mass starvation of a billion or more people, if not the entire human species. Concurrently, climate change is enveloping the planet with more frequent and intense storms, accelerating sea level rise, and advancing rapid ecological change, expressed in unprecedented forest fires across the world. Already stretched to a breaking point in many countries, the current pandemic may overcome resilience to the point of near or actual collapse of social, economic, and political order. In this extraordinary moment, it is timely to reflect on the existence and possible uses of weapons of mass destruction under pandemic conditions – most importantly, nuclear weapons, but also chemical and biological weapons. Moments of extreme crisis and vulnerability can prompt aggressive and counterintuitive actions that in turn may destabilize already precariously balanced threat systems, underpinned by conventional and nuclear weapons, as well as the threat of weaponized chemical and biological technologies. Consequently, the risk of the use of weapons of mass destruction (WMD), especially nuclear weapons, increases at such times, possibly sharply. The COVID-19 pandemic is clearly driving massive, rapid, and unpredictable changes that will redefine every aspect of the human condition, including WMD – just as the world wars of the first half of the 20th century led to a revolution in international affairs and entirely new ways of organizing societies, economies, and international relations, in part based on nuclear weapons and their threatened use. In a world reshaped by pandemics, nuclear weapons – as well as correlated non-nuclear WMD, nuclear alliances, “deterrence” doctrines, operational and declaratory policies, nuclear extended deterrence, organizational practices, and the **existential risks** posed by retaining these capabilities – are all up for redefinition. A pandemic has potential to destabilize a nuclear-prone conflict by incapacitating the supreme nuclear commander or commanders who have to issue nuclear strike orders, creating uncertainty as to who is in charge, how to handle nuclear mistakes (such as errors, accidents, technological failures, and entanglement with conventional operations gone awry), and opening a brief opportunity for a first strike at a time when the COVID-infected state may not be able to retaliate efficiently – or at all – due to leadership confusion. In some nuclear-laden conflicts, a state might use a pandemic as a cover for political or military provocations in the belief that the adversary is distracted and partly disabled by the pandemic, increasing the risk of war in a nuclear-prone conflict. At the same time, a pandemic may lead nuclear armed states to increase the isolation and sanctions against a nuclear adversary, making it even harder to stop the spread of the disease, in turn creating a pandemic reservoir and transmission risk back to the nuclear armed state or its allies. In principle, the common threat of the pandemic might induce nuclear-armed states to reduce the tension in a nuclear-prone conflict and thereby the risk of nuclear war. It may cause nuclear adversaries or their umbrella states to seek to resolve conflicts in a cooperative and collaborative manner by creating habits of communication, engagement, and mutual learning that come into play in the nuclear-military sphere. For example, militaries may cooperate to control pandemic transmission, including by working together against criminal-terrorist non-state actors that are trafficking people or by joining forces to ensure that a new pathogen is not developed as a bioweapon. To date, however, the COVID-19 pandemic has increased the isolation of some nuclear-armed states and provided a textbook case of the failure of states to cooperate to overcome the pandemic. Borders have slammed shut, trade shut down, and budgets blown out, creating enormous pressure to focus on immediate domestic priorities. Foreign policies have become markedly more nationalistic. Dependence on nuclear weapons may increase as states seek to buttress a global re-spatialization6 of all dimensions of human interaction at all levels to manage pandemics. The effect of nuclear threats on leaders may make it less likely – or even impossible – to achieve the kind of concert at a global level needed to respond to and administer an effective vaccine, making it harder and even impossible to revert to pre-pandemic international relations. The result is that some states may proliferate their own nuclear weapons, further reinforcing the spiral of conflicts contained by nuclear threat, with cascading effects on the risk of nuclear war.

#### Extinction – nuke war fallout creates Ice Age and mass starvation

Steven Starr 15. “Nuclear War: An Unrecognized Mass Extinction Event Waiting To Happen.” Ratical. March 2015. <https://ratical.org/radiation/NuclearExtinction/StevenStarr022815.html> TG

A war fought with 21st century strategic nuclear weapons would be more than just a great catastrophe in human history. If we allow it to happen, such a war would be a mass extinction event that [ends human history](https://ratical.org/radiation/NuclearExtinction/StarrNuclearWinterOct09.pdf). There is a profound difference between extinction and “an unprecedented disaster,” or even “the end of civilization,” because even after such an immense catastrophe, human life would go on.

But extinction, by definition, is an event of utter finality, and a nuclear war that could cause human extinction should really be considered as the ultimate criminal act. It certainly would be the crime to end all crimes.

The world’s leading climatologists now tell us that nuclear war threatens our continued existence as a species. Their studies predict that a large nuclear war, especially one fought with strategic nuclear weapons, would create a post-war environment in which for many years it would be too cold and dark to even grow food. Their findings make it clear that not only humans, but most large animals and many other forms of complex life would likely vanish forever in a nuclear darkness of our own making.

The environmental consequences of nuclear war would attack the ecological support systems of life at every level. Radioactive fallout produced not only by nuclear bombs, but also by the destruction of nuclear power plants and their spent fuel pools, would poison the biosphere. Millions of tons of smoke would act to [destroy Earth’s protective ozone layer](https://www2.ucar.edu/atmosnews/just-published/3995/nuclear-war-and-ultraviolet-radiation) and block most sunlight from reaching Earth’s surface, creating Ice Age weather conditions that would last for decades.

Yet the political and military leaders who control nuclear weapons strictly avoid any direct public discussion of the consequences of nuclear war. They do so by arguing that nuclear weapons are not intended to be used, but only to deter.

Remarkably, the leaders of the Nuclear Weapon States have chosen to ignore the authoritative, long-standing scientific research done by the climatologists, research that predicts virtually any nuclear war, fought with even a fraction of the operational and deployed nuclear arsenals, will leave the Earth essentially uninhabitable.

### Adv – India

#### India is in crisis – their infrastructure cannot solve for covid without increased vaccination rates. Modi has been inffective, killing credibility and increasing covid

New York Times, 9/17, What to Know About India’s Coronavirus Crisis, https://www.nytimes.com/article/india-coronavirus-cases-deaths.html,

A deadly second wave of [coronavirus](https://www.nytimes.com/2021/08/17/world/asia/india-covid-19.html) infections is devastating [India](https://www.nytimes.com/2021/08/17/world/asia/india-covid-19.html), leaving millions of people infected and putting stress on the country’s already overtaxed health care system. Officially, by late May, about 27 million infections had been confirmed and more than 300,000 people were dead, but experts said the [actual figures were most likely much higher](https://www.nytimes.com/interactive/2021/05/25/world/asia/india-covid-death-estimates.html). At one point, India had been responsible for more than half of the world’s daily [Covid-19](https://www.nytimes.com/2021/08/31/business/economy/india-economy-covid.html) cases and set a record-breaking pace of about 400,000 a day.The official numbers show signs of easing. The major cities of Delhi and Mumbai, hit hard at the beginning of the second wave, have reported sharp drops in new infections and deaths. [On May 31, Delhi lifted restrictions on manufacturing and construction](https://www.nytimes.com/2021/05/31/world/asia/india-covid.html), critical drivers of an economy that has been battered by the pandemic. But life in the capital city is not expected to return to normal immediately. Schools and most businesses are still closed.Still, the virus is likely spreading through [the rest of the country](https://www.nytimes.com/2021/05/11/world/asia/covid-india-ganges-oxygen.html), and only a tiny portion of the population [has been fully vaccinated](https://www.nytimes.com/2021/05/06/world/asia/india-covid-vaccines.html). For the most up-to-date figures, The New York Times [is tracking the latest case counts here.](https://www.nytimes.com/interactive/2020/world/asia/india-coronavirus-cases.html) Some in India blame a new variant.Months ago, India appeared to be weathering the pandemic. After a harsh initial lockdown, the country did not see an explosion in new cases and deaths comparable to those in other countries.But after the early restrictions were lifted, many Indians stopped taking precautions. Large gatherings, [including political rallies and religious festivals](https://www.nytimes.com/2021/04/09/world/asia/india-covid-vaccine-variant.html?action=click&module=RelatedLinks&pgtype=Article), resumed and drew millions of people. Beginning this spring, the country recorded an exponential jump in cases and deaths.By April, some vaccinated individuals, including 37 doctors at one New Delhi hospital, were found to have contracted the virus, leaving many to wonder if a more contagious variant was behind the second wave.Many in India already assume that the [variant, B.1.617](https://www.nytimes.com/2021/05/14/world/uk-covid-india.html), is responsible for the severity of the second wave. The variant is sometimes called “the double mutant,” though the name is a misnomer because it has many more mutations than two. It garnered the name because one version contains two genetic mutations found in other difficult-to-control variants.Researchers outside of India say the limited data so far suggests instead that the variant called B.1.1.7, which [has affected Britain and the United States](https://www.nytimes.com/2021/04/07/us/politics/coronavirus-variants-cdc.html), is more likely to blame.The World Health Organization has called B.1.617.2 [“a variant of concern”](https://www.nytimes.com/2021/05/10/world/asia/india-covid-virus-variant.html) and said preliminary studies suggested an increased rate of transmission. That research, however, is limited and has not yet been peer reviewed, and scientists caution that other factors could explain the viciousness of the outbreak.Whatever the outcome, the variant is [now spreading in Britain](https://www.nytimes.com/2021/05/24/world/europe/india-uk-variant-vaccine-coronavirus.html), Nepal and other places. Scientists say that the vaccines currently available appear to be effective against it.Critics cite the Modi government’s policies for worsening the crisis.At the center of the India’s crisis is Prime Minister Narendra Modi, who early this year declared victory over the virus.Mr. Modi’s Covid-19 task force did not meet for months. His health minister assured the public in March that India had reached [the pandemic’s “endgame.”](https://pib.gov.in/PressReleasePage.aspx?PRID=1703017) As infections rose, Mr. Modi allowed large gatherings to help his governing Bharatiya Janata Party and burnish its Hindu nationalist credentials. His government approved a Hindu festival with millions of worshipers. He campaigned in state elections without a mask at rallies of thousands of maskless supporters. Critics say his administration was determined to cast an image of India as back on track and open for business despite lingering risks. At one point, officials dismissed warnings by scientists that India’s population remained vulnerable and had not achieved “herd immunity” as some in his administration were suggesting.In an editorial, The Lancet, a medical journal, [wrote](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01052-7/fulltext) that Mr. Modi “seemed more intent on [removing criticism” on social media](https://www.nytimes.com/2021/04/25/business/india-covid19-twitter-facebook.html) than “trying to control the pandemic.” The Indian Medical Association has called for a “complete, well-planned, pre-announced” lockdown.The growing distress across the country has tarnished Mr. Modi’s aura of political invulnerability, which he won by steamrolling the opposition and by leveraging his personal charisma to become India’s most powerful politician in decades. Opposition leaders are on the attack, and his central hold on power has increasingly made him the target of scathing criticism online. In early May, in the first local elections since the start of the second wave, Mr. Modi’s B.J.P. was unable to secure a much-sought-after victory[in West Bengal](https://www.nytimes.com/2021/05/02/world/asia/india-west-bengal-elections-modi.html?searchResultPosition=1), one of India’s most populous states. The B.J.P. won more seats in the local legislature than it did in the last election, but was unable to seize control from the opposition All India Trinamool Congress, an indication of displeasure at Mr. Modi’s handling of the Covid crisis. Government Responsibility[Prime Minister Modi’s](https://www.nytimes.com/2021/05/01/world/asia/india-covid19-modi.html?action=click&module=RelatedLinks&pgtype=Article) critics say that overconfidence and missteps have tarnished his image of invincibility. A shortage of oxygen and hospital beds leaves patients scrambling.Overwhelmed by new cases, Indian hospitals cannot cope with the demand, and patients in many cities have been abandoned to die. Clinics across the country have reported an acute shortage of hospital beds, medicines, protective equipment and oxygen. The Indian government [says that it has enough liquid oxygen](https://indianexpress.com/article/india/coronavirus-second-wave-oxygen-crisis-more-than-supply-lack-of-tankers-and-plant-location-key-challenges-7291716/) to meet medical needs and that it is rapidly expanding its supply. But production facilities are concentrated in eastern India, far from the worst outbreaks in Delhi and in the western state of Maharashtra, and it can take several days for supplies to reach there by road.Families of the sick are filling social media with pleas for oxygen as supplies run low at hospitals or because they are trying to administer care at home. Fraudsters and black marketeers [have emerged](https://www.nytimes.com/2021/05/16/world/asia/india-covid19-black-market.html). Oxygen and beds have become increasingly available in Delhi as new infections have dropped. Still, dire needs remain in other parts of the country.India makes vaccines for the world, but few Indians have been inoculated. India is one of the world’s leading vaccine manufacturers, but it has struggled to inoculate its citizens. New inoculations have fallen as supplies have tightened, leading to temporary closures of vaccination centers in Delhi and some other places. Only about 3 percent of the population has been fully vaccinated. Now, the country’s pain may be felt around the world, especially in poorer countries. India had planned to ship out millions of doses. But given its stark vaccination shortfall, [exports have essentially been shut down](https://www.nytimes.com/2021/03/25/world/asia/india-covid-vaccine-astrazeneca.html), leaving other nations with far fewer doses than they had expected.

#### That causes Indo-Pak conflict escalation.

Somos 20 [Christy Somos is a CTVNews.ca Writer) “COVID-19 has escalated armed conflict in India, Pakistan, Iraq, Libya and the Philippines, study finds,” CTV News, December 17, 2020. <https://www.ctvnews.ca/world/covid-19-has-escalated-armed-conflict-in-india-pakistan-iraq-libya-and-the-philippines-study-finds-1.5236738>] TDI

INDIA India saw a rise in armed conflict during the study period, with violent clashes in the Kashmir region between Kashmiri separatists facing off against the Indian military, as well as **conflicts between Pakistan and India.** “So what mostly drove the increase in conflict intensity…were basically due to two factors,” Ide said. “The first being that there is some evidence that Pakistan sponsors or supports these insurgents in Kashmir, to encourage them to increase their attacks [on Indian forces] because they **perceived them to be weak and struggling with the pandemic**.” The second factor, Ide explained, was that while Indian government enacted a “pretty comprehensive lockdown in Kashmir, and sealing it way from international media attention…**launched more intense counter-insurgency efforts** and…crack[ed] down on any pro-Pakistani sympathy expressions.” IRAQ Iraq had an increase in armed conflict, but Ide noted that the overall intensity did not change that much – a “very slight upward trend” in scale that was not linear. What did increase were attacks by ISIS in April, May, and June. “The Iraqi government was really in trouble,” he said. “They had enormous economic loss, they had to go head-to-head and use troops and funds to combat the pandemic – the international coalition supporting the government partially withdrew troops or stopped their activities.” “The Iraqi government was really in a position of weakness.” Ide said the Islamic State exploited the pandemic and the thin resources at hand to the government to expand territorial control, conquer new areas and to stage more attacks. LIBYA The civil war in Libya between the Government of National Accord’s (GNA) forces and the Libyan National Army escalated during the study period, after a ceasefire brokered in January was broken, Ide said. “As soon as international attention shifted to the pandemic…they really escalated the conflict, tried to make gains while hoping the other side is weakened because of the pandemic, hoping to score an easy military victory” Ide said. “It didn’t happen.” The UN Security Council noted in a May report that the pandemic was bolstering the 15-month conflict, citing the history of more than 850 broken ceasefire agreements and “a tide of civilian deaths” on top of a worsening outbreak. PAKISTAN The ongoing conflict with **India saw a rise in armed conflict in Pakistan** during the study period – which were unrelated to the pandemic, but also a rise in Taliban-affiliated groups and anti-government sentiments due to pandemic restrictions, Ide said. “There were a lot of anti-government grievances,” Ide said. “There were restrictions on religious gatherings, which religious groups did not like, and there were some negative **economic impacts which affected the local people**.” Ide said those two factors could have been exploited by the Taliban in a quest to recruit more followers. Later in the study period, a swath Pakistani government officials were struck with COVID-19, **leaving the country with a leadership crisis**, which saw an increase of attacks by Taliban groups in May.

#### Goes nuclear!

Toon et al. 19 — Owen B. Toon, Laboratory for Atmospheric and Space Physics, Department of Atmospheric and Oceanic Sciences, University of Colorado, Boulder; Charles G. Bardeen, Atmospheric Chemistry Observations and Modeling Laboratory, National Center for Atmospheric Research; Alan Robock, Department of Environmental Sciences, Rutgers University; Lili Xia, Department of Environmental Sciences, Rutgers University; Hans Kristensen, Federation of American Scientists; Matthew McKinzie, Natural Resources Defense Council; R. J. Peterson, Department of Physics, University of Colorado, Boulder; Cheryl S. Harrison, School of Earth, Environmental, and Marine Sciences, University of Texas Rio Grande Valley, Institute of Arctic and Alpine Research, University of Colorado, Boulder; Nicole S. Lovenduski, Department of Atmospheric and Oceanic Sciences, Institute of Arctic and Alpine Research, University of Colorado, Boulder; and Richard P. Turco, Department of Atmospheric and Oceanic Sciences, University of California, Los Angeles; October 2nd ("Rapidly expanding nuclear arsenals in Pakistan and India portend regional and global catastrophe", Science Advances, volume 5, number 10, https://advances.sciencemag.org/content/5/10/eaay5478, accessed 12-1-2019) TDI

To help evaluate the consequences of a nuclear conflict between India and Pakistan, table S1 provides a specific scenario for a war assumed to take place in 2025. Although this scenario has Pakistan first launching nuclear weapons, we do not mean to imply that they are more likely to do this than India. Because large numbers of weapons are assumed to be used by both sides, we would expect our results to be similar no matter how the war started. Moreover, we would expect the global outcomes projected here to apply equally well—with relevant recalibration for weapon sizes and targets and related smoke emissions—to any nuclear conflict between nuclear-armed states that involves a corresponding total yield detonated essentially in urban areas. Many scenarios of an India-Pakistan conflict in 2025 are possible, ranging from no nuclear weapons deployed to as many as 500 nuclear weapons—many with yields above 100 kt—detonated. We chose the scenario outlined in table S1 as plausible following advice from a number of military and policy experts. In addition, the information presented in this paper and the Supplementary Materials can be used as a basis to compute the results for other scenarios. The main determinants of casualties and climate effects are the number of weapons used, the yield of the weapons, and the targets for the weapons, each of which is unknown in advance. The discussion in the following paragraphs exemplifies scenario factors that have been widely considered in the literature concerning conflicts between India and Pakistan, which might be varied in alternative scenarios including the role of the number of potential targets in choosing the sizes of arsenals; the characteristics, such as failure rates, of available weapons and delivery systems; the events that might lead to an escalating nuclear conflict; resolution of the Kashmir problem that might lessen the likelihood of a dangerous confrontation; the importance of urban targets in contributing to fatalities and climate effects owing to high population densities and fuel loadings; the difficulty of preventing a conflict from going nuclear because of the destabilizing effects of tactical nuclear weapons on both sides; the importance of Indian concerns about China in making it difficult for Pakistan and India to reduce their nuclear stockpiles; and the possible role of the disproportionate sizes of the countries, militaries, and populations of India and Pakistan in motivating the initial use of nuclear weapons. In the scenario outlined in table S1, we assumed that each country would have 250 nuclear weapons in 2025 (5, 9). We also adopted a highly simplified scenario in which only urban targets are considered, and these are attacked using airbursts. Many military or strategic targets in rural areas are likely to be attacked as well, but these would involve smaller populations and lower fuel loading, which would not add significantly to the near-term fatalities or smoke emissions. Therefore, we do not specifically track them in our scenario. Likewise, some targets, such as buried military facilities, might attract ground bursts, which would produce significant radioactive fallout and many additional fatalities—effects that are not explicitly considered in this work. India has one of the largest conventional militaries in the world, with about 1.4 million active duty personnel. India has not deployed tactical nuclear weapons. Indian nuclear strategy requires that a significant number of high-yield bombs be held back in case China joins a war on the side of Pakistan (10). Because Pakistan is a small country with only about 60 cities with more than 100,000 people, India would not need all of its 250 weapons to destroy Pakistan’s cities. We assume that India will keep 100 nuclear weapons in its arsenal to deter China from entering the war. Chinese involvement would greatly amplify the destruction discussed below. As China expands its presence in Pakistan as part of the China-Pakistan Economic Corridor, which is an element of China’s broader “Belt and Road Initiative,” the odds of a Pakistani-Indian war spreading to China would appear to be increasing. Of India’s 150 weapons that can be used against Pakistan, we assume that about 15% will fail. In this case, failure is primarily due to the weapons not being delivered or failing to explode. Most urban targets in Pakistan are so large that precise targeting is not needed to hit them. Therefore, our scenario suggests 125 weapons actually exploding. We further assume that there are 25 targets in Pakistan that are isolated military bases or industrial facilities located in regions with low populations and little combustible material. We do not include these in computing fatalities or environmental damage. Therefore, we assume that India has 100 strategic nuclear weapons to use on urban countervalue targets or military counterforce targets that are located within urban areas, such as military bases, industrial facilities, oil refineries, nuclear weapons facilities, and airports. Pakistan also has one of the largest militaries in the world, with about half as many active duty personnel as India has. We assume that, in 2025, Pakistan will have 50 tactical weapons with yields of 5 kt to be used against an invading Indian army. We assume that 20% of these will fail or be overrun by the Indian Army. Many of these tactical weapons might be used in sparsely populated areas with little flammable material. Accordingly, we only consider the remaining 200 strategic weapons when computing fatalities or smoke created from fires. Of these 200 strategic weapons, we assume that 15% will fail to be delivered to the target but that the remaining 170 will be detonated over their targets. We further assume that 20 of these explosions will be over isolated military, nuclear, or industrial areas. The balance, 150 weapons, will thus be used against India’s urban countervalue targets and military counterforce targets located within urban areas. The yields of modern Indian and Pakistani weapons are unknown and not easily constrained. India detonated a ~40-kt yield weapon in 1998, which, they claimed, was a two-stage bomb. Kanwal (10) suggests that this design could produce 200-kt yields. Pakistan claimed that its weapons tested in 1998 used boosted fission. Possibly, these could also produce yields of 200 kt. Given the lack of reliable information about yield, we will explore the consequences of using strategic weapons with yields of 15, 50, and 100 kt. Our scenario, as outlined in table S1, begins with a terrorist attack on the Indian government, similar to the one that occurred on 13 December 2001, but with massive fatalities among members of India’s government. As happened in January 2002, we assume that India and Pakistan mobilize their troops within a few weeks of the terrorist attack. Indian troops would likely be dispersed along the border and in Kashmir. Skirmishes would break out, resulting in deaths on both sides. Similar skirmishes happened in 2002 and now occur with regularity, most recently with a conflict in the Kashmir region beginning with a terrorist event on 14 February 2019. In the 2002 confrontation, the United States, Russia, and other countries intervened, eventually convincing India and Pakistan to end the confrontation, which had continued into the summer of 2002 until Pakistan agreed to control terrorist groups within its borders. A crisis simulation exercise in Sri Lanka during 2013 organized by the U.S. Naval Postgraduate School and involving retired senior military and civilian analysts from India and Pakistan found that “a limited war in South Asia will escalate rapidly into a full war with a high potential for nuclear exchange” (12). In our scenario, with the Indian government having been severely damaged, the Indian Army brings a number of tanks to the border and crosses into Pakistan and also crosses the Line of Control in Kashmir. On day 1 of the nuclear conflict, Pakistan uses 10 tactical atomic bombs with 5-kt yield inside its own borders with low air bursts against the Indian tanks (table S1). The conflict continues on day 2 when Pakistan uses another 15 tactical weapons with 5-kt yield on the battlefield, whereas India detonates two air bursts against the Pakistani garrison in Bahawalpur and deploys 18 other weapons to attack Pakistani airfields and nuclear weapons depots, partially degrading Pakistani retaliatory capabilities. Nevertheless, on day 3, Pakistan responds with a barrage of nuclear ballistic and cruise missiles on garrisons, weapon depots, naval bases, and airfields in 30 locations in Indian cities (30 air bursts with 15- to 100-kt yield each) plus another 15 tactical bursts with 5-kt yield. India also uses 10 strategic weapons against Pakistani military bases on day 3. Because of panic, anger, miscommunication, and protocols, escalation cannot be stopped now. On days 4 to 7, cities in India are hit with 120 strategic weapons, and those in Pakistan are struck with 70 air bursts with 15- to 100-kt yield. In total, Pakistan’s urban areas are hit with 100 nuclear weapons using airbursts, and India’s urban areas are hit with 150 nuclear weapons using airbursts. In addition, Pakistan has used 40 tactical nuclear weapons successfully and 20 strategic weapons successfully on targets not in urban areas, whereas India has used 25 strategic weapons successfully on targets not in urban areas. In previous simulations (13, 14), all of the smoke produced during the nuclear exchange (as described below) was initially distributed uniformly over a broad area of India and Pakistan in January 1. Here, the smoke is injected above individual targeted urban regions (at the grid scale of the climate model) on the day of the detonations. Hence, the smoke injection varies in location and time in accordance with the evolution of the specific war scenario (e.g., as illustrated in fig. S1 for the scenario with 50-kt weapons). Further, in the present climate simulations, the smoke injection is assumed to start on 15 May and extend over the duration of the exchange (e.g., 6 days for the case in fig. S1). We did not evaluate the sensitivity of the results to the time of year the war begins. In (14), it was found that a war initiated on 1 January or 15 May made little difference to the ultimate climatic effects. On the other hand, a war occurring in Northern Hemisphere summer might lead to enhanced impacts initially, as implied by earlier nuclear winter studies.

#### Infrastructure exists and the plan creates an incentive for its development.

Swan et al 3/13 [“Vaccinating the World Waiving Intellectual Property Rules on COVID-19 Products”, 03/13/2021, KATIE GALLOGLY-SWAN , RACHEL THRASHER, ÖZLEM ÖMER, Boston University, Global Development Policy Center, Global Economic Governance Initiative, Katie Gallogly-Swan is the Policy Coordinator for the joint project between the Global Development Policy Center and the United Nations Conference on Trade and Development on supporting a global green and just transition. She formerly worked at Oxfam and ActionAid and sits on the board of the Scottish Women’s Budget Group. She holds a BA in Social Anthropology from Harvard University and a Master’s in Development Studies from the SOAS University of London.]//Lex AKu

Countries blocking the waiver have also made the case that the Waiver itself would not in fact address the production bottlenecks which are holding back a wider rollout. They argue that available facilities are already in use, and that upgrading facilities with the advanced technologies necessary to make the vaccines would take too long for them to be viable. While it is difficult to assess exactly how many more vaccines would be produced with the TRIPS waiver versus current conditions, we know there are already multiple firms in different continents who have offered to make hundreds of millions of doses but cannot without protected blueprints and know-how (Cheng and Hinnant 2021). The UNICEF COVID Vaccine Market Dashboard further reveals that there is a lot of unused manufacturing capacity for vaccines still in development (UNICEF 2021). The “third way” suggested by Dr. Okonjo-Iweala to increase licensing agreements between manufacturers could increase production between existing facilities (WTO 2021). However, this proposal would not address the severe global asymmetry where global pharmaceutical production is concentrated in the North; a reality that must be addressed for short and long-term regional resilience to public health challenges. Though some argue that building or upgrading manufacturing facilities could take many years, timelines have been much shorter for many of the vaccine manufacturers who have entered into contract manufacturing agreements with dozens of producers in a matter of months. One such example is the increase in domestic vaccine production that has been enabled in the UK through public investment. At the beginning of the pandemic, they had just two plants which made seasonal flu jabs and a Japanese encephalitis vaccine. This has now expanded to four plants, all of which are making COVID-19 vaccines, as well as two additional rapid response centers that can produce vaccines and will be ready by the end of 2021 (Cookson 2021). With the help of a TRIPS Waiver and additional financing, the same increase in productive capacity could happen many times over in different countries and regions around the world. Sticking instead to keeping licenses within the current infrastructure of plants not only creates a ceiling on global production, but prevents resilient, regional public health infrastructure from being developed to guard against the next pandemic.