## Framing

**The value is morality as implied by the word ought in the resolution**

**The value criterion is maximizing expected wellbeing, or utilitarianism**

**1] Util is a lexical pre-requisite to any other framework: Threats to bodily security and life preclude the ability for moral actors to effectively utilize and act upon other moral theories since they are in a constant state of crisis that inhibit the ideal moral conditions which other theories presuppose – so, util comes first.**

**2] Use epistemic modesty for evaluating the framework debate: that means compare the probability of the framework times the magnitude of the impact under a framework. This maximizes the probability of achieving net most moral value**

**3] Default to util if there’s any uncertainty**

Walter **Sinnott-Armstrong 14** [American philosopher. He specializes in ethics, epistemology, and more recently in neuroethics, the philosophy of law, and the philosophy of cognitive science], "Consequentialism", The Stanford Encyclopedia of Philosophy (Spring 2014 Edition), Edward N. Zalta (ed), BE

Even if consequentialists can accommodate or explain away common moral intuitions, that might seem only to answer objections without yet giving any positive reason to accept consequentialism. However, **most people begin with the presumption that we morally ought to make the world better when we can. The question then is only whether any moral constraints or moral options need to be added to the basic consequentialist factor in moral reasoning.** (Kagan 1989, 1998) If no objection reveals any need for anything beyond consequences, then consequences alone seem to determine what is morally right or wrong, just as consequentialists claim.

**4] Extinction comes first under any framework**

**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 so 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 undermined 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)

## Health Diplomacy DA

### 1NC---Health Diplomacy DA

#### TRIPS is essential to modern health diplomacy

Obijiofor Aginam 10, Academic Programme Officer & Director of Studies, Institute for Sustainability and Peace, United Nations University headquarters, Tokyo, Japan; Adjunct Research Professor of Law, Carleton University, Ottawa, Canada, “HEALTH OR TRADE? A CRITIQUE OF CONTEMPORARY APPROACHES TO GLOBAL HEALTH DIPLOMACY,” https://poseidon01.ssrn.com/delivery.php?ID=149097083081123105113085099123123091104014059082060018071001088023116023118119002064117119051059021051011085110010121013091016020070011051015018011008065019104127084042076098081007102099120087031085093119071127122005124010118009001092104124120121094&EXT=pdf&INDEX=TRUE

The third limb of global health diplomacy critique reflects the complex linkages between “health and trade”18 where the modest achievements in global health diplomacy in the past decade are substantially driven not by events in the health sector but by the normative developments in the trade and economic relations of states enforced by the WTO. Although this sounds like “economic globalization triumphalism”, it is nonetheless hard to dispute the fact that it was the patent requirements for pharmaceuticals and other inventions in the WTO TRIPS Agreement that substantially catalyzed the health diplomacy on access to anti-retroviral drugs for HIV/AIDS for millions of poor HIV-positive who live mostly in developing countries. Food safety and security concerns and the hard diplomacy animated by biotechnology advances in food production, although global health issues in their own right, are catalyzed by the developments in the WTO on the SSPS Agreement, and not the subtle “diplomacy” around the WHO/FAO jointly administered Codex Alimentarius Commission standards. The migration of qualified health professionals from most of Africa to the West is now being driven in complex ways by one of the modes of service supply in the GATS Agreement.

#### Health diplomacy’s key to global cooperation that solves multiple existential threats

James 17, Wilmot James, Honorary Professor in the Division of Human Genetics at the University of Cape Town's Medical School and Non-residential Senior Fellow at Bard College’s Hannah Arendt Centre, Ph.D. from University of Wisconsin at Madison, “In an Age of Zika and a Threat of Biochemical Terror, Health Security Must Be Everybody’s Concern”, Daily Maverick, 4-2, <https://www.dailymaverick.co.za/article/2017-04-02-op-ed-in-an-age-of-zika-and-a-threat-of-biochemical-terror-health-security-must-be-everybodys-concern/#.WOY8xTvDHHw> [language modified]

With Zika there too was political failure to act quickly, give honest advice and confront the abortion conundrum head-on, the result being that 3,000 and likely more children with microcephaly will test the emotional resilience and financial resources of their families to breaking point.

We should never cease to invest in the public health and medical science of disease, but it seems to me that our fundamental problem is not the quality of the health sciences but the grim mediocrity of our politics. Party-political bickering for short-term gain paralyses and drains the national effort in South Africa as much as it does in the United States, undermining our ability to see with compelling clarity the solutions the issues of the day deserve.

Health security is humanity’s shared concern. Promoting health and preventing death define us at our most altruistic and advanced. The Hippocratic Ideal, the concept of the physician as the guardian of human health, encapsulates a fundamental human quality common to all the world’s great religions. Medicine is one of the earliest and greatest human achievements because it is a co-operative enterprise involving highly skilled individuals; and it is as a result of cooperation – and our unusual ability for complex language – that cumulative civilisation is possible.

In the age of globalisation, it is health security, a recent Lancet editorial stated, that “is now the most important foreign policy issue of our time”. The rapid emergence and re-emergence of pathogenic infectious disease, of which Zika is the most recent, the slow but steady cumulative acts of nature associated with climate change, high-risk forced migration caused by desperation and war, the creeping reality of biochemical [use] ~~terror~~ and the threat of nuclear war, propel human survival and well-being to the frontline of what today must be everybody’s concern.

The field of health diplomacy provides an unprecedented opportunity to build human solidarity. It is an area of human endeavour that cuts through inherited antagonisms. Governments that offer health improvements as part of aid to nations with whom they wish to develop stronger diplomatic links succeed in cultivating deeper cultural relationships precisely because of their direct benefit to citizens. To advance health diplomacy requires health leaders with an inclusive global vision...

## Innovation DA

### 1NC---Innovation DA

#### Business is booming

Dr. Andrew A. Parsons 17, initially trained as a Pharmacologist and Neuroscientist, Director of Reciprocal Minds Limited & Chairman of Pharmasum Therapeutics AS, an early stage Biotech company, 10/3/17, "From mega-merger to big bang?", Elsevier, Pharma R&D Today, <https://pharma.elsevier.com/pharma-rd/mega-merger-big-bang/>

It was not so long ago that there was a perception that the biopharma industry was consolidating and becoming leaner and more focused in its operations, moving to a regional hotspot model from having central areas of excellence based internally (1). The mega-mergers of the past led to the loss of some famous company names (e.g. Pharmacia, Wyeth, etc.) and a concentration of revenues within the largest of the remaining companies. The nature of the business since 2005 has changed. The market share of the top 10 companies has decreased over time and global revenues are projected to be close to $1 trillion by 2020, with over 60% being held by companies out of the top 10 (1). Meanwhile the nature of innovation is changing as well, with recent history showing increased patent approvals from biotech companies and approvals sourced from Asia (2). Against this backdrop, it is perhaps not so surprising to see that the business model is adapting, too. The source of know-how and drug development skills has evolved, and there has been an explosion of contract research and other organizations over this period. Organizations are managing their infrastructure to reduce costs and increase profits. A consequence of this approach is that organizations are outsourcing many activities that traditionally would have been conducted inside, and their experiences range from being highly successful to those where it did not work so well. In 2012, AstraZeneca entered a long-term strategic relationship with an external provider to deliver a range of preclinical activities, and the relationship has clearly been successful and has developed over the years to provide an integrated process between pharma and contract organizations. The focus on how to operationalize the strategic relationship led to significant process innovations to allow efficient and effective workflows (3). A review of the academic literature identifies five key areas of interest for business collaborations. These include (4): External orientation – openness to share and develop ideas from outside the organization Learning capabilities – to recognize and absorb new opportunities Cluster participation – creating a “footprint” in a technically relevant biocluster where high-quality science attracts an infrastructure for commercial success Qualified business management – access to tacit knowledge of the overall drug discovery and commercialization process Organizational controls – risk management of technical and financial considerations to maximize success This whole biopharma sector appears to be in a “big bang” moment. With increasing numbers of organizations generating revenue from products, the need for technical and risk-management expertise and a geographic shift away from traditional centers of expertise, the total market (including IP generators, commercial specialists and service-based companies) appears to be set for significant and rapid growth. One thing to focus on during this time is how to ensure quality and governance of the system. We can take some learning from the “big bang” identified in the financial markets in 1986, as there are some patterns of boom and bust that we may want to pay attention to. It seems the world might be coming out of a global recession driven by de-regulation of the financial industry and the selling of debt. Perhaps this experience may relate to the biopharma industry? The importance of appropriate regulation and the inclusion of checks and balances into the system might be a good place to start. It is interesting to note that regulators are well aware of the challenges in the system (5). There is a need to adapt to the new types of medicines and business models that are emerging across the industry, and there is a priority for stakeholders to engage in this process sooner than later. One thing we all need to avoid is a rapid implosion of the currently rapidly expanding biopharma universe.

#### TRIPS IP rights are key for innovation

James Bacchus 20, adjunct scholar at CATO, “An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines,” December 16th, 2020, <https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#does-novel-virus-present-novel-issues>

Technically, IP rights are exceptions to free trade. A long‐​standing general discussion in the WTO has been about when these exceptions to free trade should be allowed and how far they should be extended. The continuing debate over IP rights in medicines is only the most emotional part of this overall conversation. Because developed countries have, historically, been the principal sources of IP rights, this lengthy WTO dispute has largely been between developed countries trying to uphold IP rights and developing countries trying to limit them. The debate over the discovery and the distribution of vaccines for COVID-19 is but the latest global occasion for this ongoing discussion. The primary justification for granting and protecting IP rights is that they are incentives for innovation, which is the main source for long‐​term economic growth and enhancements in the quality of human life. IP rights spark innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.”18 The knowledge from innovations inspired by IP rights spills over to inspire other innovations. The protection of IP rights promotes the diffusion, domestically and internationally, of innovative technologies and new know‐​how. Historically, the principal factors of production have been land, labor, and capital. In the new pandemic world, perhaps an even more vital factor is the creation of knowledge, which adds enormously to “the wealth of nations.” Digital and other economic growth in the 21st century is increasingly ideas‐​based and knowledge intensive. Without IP rights as incentives, there would be less new knowledge and thus less innovation. In the short term, undermining private IP rights may accelerate distribution of goods and services—where the novel knowledge that went into making them already exists. But in the long term, undermining private IP rights would eliminate the incentives that inspire innovation, thus preventing the discovery and development of knowledge for new goods and services that the world needs. This widespread dismissal of the link between private IP rights and innovation is perhaps best reflected in the fact that although the United Nations Sustainable Development Goals for 2030 aspire to “foster innovation,” they make no mention of IP rights.19

#### Only pharma innovation solves global pandemics that risk extinction

Jeffrey Sachs 14, Professor of Sustainable Development, Health Policy and Management @ Columbia University, Director of the Earth Institute @ Columbia University and Special adviser to the United Nations Secretary-General on the Millennium Development Goals) “Important lessons from Ebola outbreak,” Business World Online, August 17, 2014, http://tinyurl.com/kjgvyro

Ebola is the latest of many recent epidemics, also including AIDS, SARS, H1N1 flu, H7N9 flu, and others. AIDS is the deadliest of these killers, claiming nearly 36 million lives since 1981. Of course, even larger and more sudden epidemics are possible, such as the 1918 influenza during World War I, which claimed 50-100 million lives (far more than the war itself). And, though the 2003 SARS outbreak was contained, causing fewer than 1,000 deaths, the disease was on the verge of deeply disrupting several East Asian economies including China’s. There are four crucial facts to understand about Ebola and the other epidemics. First, most emerging infectious diseases are zoonoses, meaning that they start in animal populations, sometimes with a genetic mutation that enables the jump to humans. Ebola may have been transmitted from bats; HIV/AIDS emerged from chimpanzees; SARS most likely came from civets traded in animal markets in southern China; and influenza strains such as H1N1 and H7N9 arose from genetic re-combinations of viruses among wild and farm animals. New zoonotic diseases are inevitable as humanity pushes into new ecosystems (such as formerly remote forest regions); the food industry creates more conditions for genetic recombination; and climate change scrambles natural habitats and species interactions. Second, once a new infectious disease appears, its spread through airlines, ships, megacities, and trade in animal products is likely to be extremely rapid. These epidemic diseases are new markers of globalization, revealing through their chain of death how vulnerable the world has become from the pervasive movement of people and goods. Third, the poor are the first to suffer and the worst affected. The rural poor live closest to the infected animals that first transmit the disease. They often hunt and eat bushmeat, leaving them vulnerable to infection. Poor, often illiterate, individuals are generally unaware of how infectious diseases -- especially unfamiliar diseases -- are transmitted, making them much more likely to become infected and to infect others. Moreover, given poor nutrition and lack of access to basic health services, their weakened immune systems are easily overcome by infections that better nourished and treated individuals can survive. And “de-medicalized” conditions -- with few if any professional health workers to ensure an appropriate public-health response to an epidemic (such as isolation of infected individuals, tracing of contacts, surveillance, and so forth) -- make initial outbreaks more severe. Finally, the required medical responses, including diagnostic tools and effective medications and vaccines, inevitably lag behind the emerging diseases. In any event, such tools must be continually replenished. This requires cutting-edge biotechnology, immunology, and ultimately bioengineering to create large-scale industrial responses (such as millions of doses of vaccines or medicines in the case of large epidemics). The AIDS crisis, for example, called forth tens of billions of dollars for research and development -- and similarly substantial commitments by the pharmaceutical industry -- to produce lifesaving antiretroviral drugs at global scale. Yet each breakthrough inevitably leads to the pathogen’s mutation, rendering previous treatments less effective. There is no ultimate victory, only a constant arms race between humanity and disease-causing agents.

#### Voluntary Licensing allows for innovation and can be successful; waiver kills innovation

**Glassman 21**, Amanda Glassman, May 6, 2021, Barron’s, “Big Pharma Is Not the Tobacco Industry”,<https://www.barrons.com/articles/big-pharma-is-not-the-tobacco-industry-51620315693> Livingston RB

But here is the crux of the problem: **The pharmaceutical industry** is not the tobacco industry. They are not merchants of death. The companies are amoral and exist to make money, but their business is not fundamentally immoral. Big Pharma (mostly) **develops and sells products that people need to survive and thrive**. Their products improve health and welfare. Fights over access to medicines are possible because medicines exist in the first place—medicines that were usually developed by Big Pharma. And yes, the pharmaceutical industry benefits from public subsidy and publicly financed foundational research. But the **companies** also **put their** own **capital at risk to develop** new **products**, some of **which offer** enormous **public benefits**. In fact, several of them did just that in the pandemic: invested their own money to develop patented manufacturing technologies in record time. **Those technologies are** literally **saving the world right now**. Public funding supported research and development, but companies also brought their own proprietary ingenuity and private investments to bear toward solving the world’s singular, collective challenge. Their reward should be astronomical given the insane scale of the health and economic benefits these highly efficacious vaccines produce every day. **Market incentives sent a clear signal that further needed innovation**—greater efficacy, single doses, more-rapid manufacturing, updated formulations, fast boosters, and others—**would be richly rewarded**. Market incentives could also have been used to lubricate supply lines and buy vaccines on behalf of the entire world; with enough money, incredible things can happen. But activist lobbying **to waive patents**—a move the Biden administration [endorsed yesterday](https://www.barrons.com/articles/u-s-to-back-waivers-for-covid-19-vaccine-patents-51620300821?mod=article_inline)—**sends exactly the opposite signal. It says that the most important, valuable innovations will be penalized, not rewarded. It tells innovators, don’t bother attacking the most important global problems; instead, throw your investment dollars at** the next **treatment for erectile disfunction, which will** surely **earn you a steady return with far less agita.** It is worth going back to first principles. What problem are we trying to solve? We have highly efficacious vaccines that we would like to get out to the entire world as quickly as possible to minimize preventable disease and deaths, address atrocious inequities, and enable the reopening of society, trade, and commerce. Hundreds of millions of people have been plunged into poverty over the past year; in the developing world, the pandemic is just getting started. What is the quickest way to get this done? Vaccine manufacturing [is not just a recipe](https://blogs.sciencemag.org/pipeline/archives/2021/02/02/myths-of-vaccine-manufacturing); if you attack and undermine the companies that have the know-how, do you really expect they’ll be eager to help you set up manufacturing elsewhere? Is the plan to march into [Pfizer](https://www.barrons.com/quote/PFE) and force its staff to redeploy to Costa Rica to build a new factory? Do the U.S. administration or activists care that this decision could take years to negotiate at the World Trade Organization, and will likely be litigated for years thereafter? Does it make sense to eliminate the incentive for private companies to invest in vaccine R&D or in the response to the next health emergency? And if the patent waiver is only temporary and building a factory takes months or years, will anyone bother to do so, even if they could? No, none of it makes sense. Worse still, we could solve the policy problem more easily by harnessing market incentives for the global good by ponying up cash to vaccinate the entire world. No confiscation necessary. **The big problem is that countries have not bought enough vaccine to inoculate most of their populations.** [Covax](https://www.barrons.com/articles/seth-berkley-vaccine-manufacturers-need-to-step-up-on-affordability-51606502785?mod=article_inline), buying on behalf of 91 lower-income countries, is only collecting enough funding to cover 20% of their population. **In many parts of the world**, such as the Middle East, sub-Saharan Africa and some countries in Latin America, **we see** [**very low levels**](https://openknowledge.worldbank.org/bitstream/handle/10986/35454/How-to-End-the-COVID-19-Pandemic-by-March-2022.pdf?sequence=1&isAllowed=y) **of vaccine prepurchasing.** We have seen this week that the government of India had not ordered enough vaccine to cover its own population, for example, resulting in export bans on its domestic vaccine manufacturers; nor has it approved the [Pfizer vaccine](https://www.reuters.com/world/india/pfizer-says-it-told-india-there-no-safety-concern-with-its-covid-19-vaccine-2021-05-03/). Our collective focus instead must be to make the market: to set up advance purchase agreements to establish demand via country cooperation, Covax, and the multilateral development banks. **Voluntary licensing was** also **working.** [**AstraZeneca**](https://www.barrons.com/quote/AZN) **has done extensive tech transfer**, and its vaccine is now being made in South Korea, Belgium, the Netherlands, Argentina, India, and Brazil. With a clear long-term demand trajectory from governments all over the world, coordinated and led by Covax or the U.S. government, **incentives for voluntary licensing and technology transfer could have worked.** The value of the Pfizer patent is—was?—in the hundreds of billions. The [value of Pfizer and Moderna](https://www.barrons.com/articles/moderna-pfizer-covid-19-vaccine-stock-51620312826?mod=article_inline) as companies in the United States is far more than that. But the cost to just buy vaccine with public monies would come to maybe $50-75 billion, no big deal given the [$16 trillion](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7604733/#:~:text=The%20estimated%20cumulative%20financial%20costs,loss%20would%20be%20nearly%20%24200%2C000.) we’ve lost in economic damage to date. So why use scarce political capital on a contentious and mostly symbolic measure with major short- and long-term downsides? It is feel-good posturing over substance; “principle” over practicality. To even write this essay, I feel the need to defend my bona fides and independence. I have long advocated that payers negotiate medicine and vaccine prices based on value and affordability; I have called out extortionate “rare disease” pricing that uses human lives as hostages. I abhor the opioid peddlers and U.S. lobbying that blocks use of cost-effectiveness as a criterion for government purchase. My organization also declines funding from the pharmaceutical industry because we work on these issues. I am a Democrat. I sincerely, deeply hope I am wrong. And, even so, I am convinced that this policy is a grave error that will permanently erode innovation to tackle the world’s most important problems, and, worse, excuse U.S. inaction and lack of leadership on Covid-19 around the world.