

# I. Vaccine Apartheid

**A TRIPS waiver for covid vaccines will not pass in the squo. Baschuk  
7/26**

**Bryce Baschuk [Reporter, Bloomberg Economics], 21 - ("WTO Holiday From Vaccine Equity Talks Draws Calls for Action," Bloomberg, 7-26-2021, accessed 8-18-2021, <https://www.bloomberg.com/news/articles/2021-07-26/wto-s-holiday-from-vaccine-equity-talks-draws-calls-for-action>)/ML**

An urgent global effort to rebalance the inequity between rich, vaccinated nations and poor nations sliding further into pandemic misery is colliding with an immovable calendar conflict: the European summer holiday. Next week **World Trade Organization delegates are planning to depart Geneva for their August break** and, in doing so, pause their **fractious debate over a proposal to waive intellectual-property protections for Covid-19 shots** until the second week of September.¶ Before they leave, **members** will adopt a report that acknowledges they've **made scant headway on the proposal aimed at making doses more widely available**, which the world's top health expert says is critical to ending a "moral failure."¶ "With so many lives on the line, profits and patents must come second," World Health Organization Director-General Tedros Adhanom Ghebreyesus **said** during a virtual summit last week.¶ WTO Director-General Ngozi Okonjo-Iweala previously urged ambassadors to shorten their usual six-week summer holiday to focus on pressing issues like the waiver. Nevertheless, **members aren't planning to reconsider the matter until the week of Sept. 6**, according to officials familiar with the planning.¶ "August doesn't matter in Geneva; it doesn't matter if people are dying around the world," said Shailly Gupta, a spokesperson at Médecins Sans Frontières. "We hope members will move at a faster pace."¶ **Disagreement persists on the fundamental question of whether a waiver is the "appropriate and most effective way" to address the shortage of vaccines**, according to a draft status report produced by Dagfinn Sørli, the chairman of WTO council on Trade-Related Aspects of Intellectual Property Rights, or TRIPS.¶ **That split could sink prospects for an ambitious vaccine waiver because WTO decisions must be taken on the basis of consensus -- which means any of the 164 members can veto a final agreement for any reason.**¶ "The WTO's response to Covid is the most critical issue before our organization right now," WTO spokesman Keith Rockwell said a phone interview. "Millions have died and lives are at stake. Finding a pragmatic outcome by December is essential."¶ **Proponents of the waiver** had hoped to conclude their negotiations by the **end of July and are now criticizing the European Union and other developed nations for sandbagging the talks.**¶ EU 'Not Interested'¶ The European Commission, which **opposes a WTO TRIPS waiver**, has proposed a **series of measures** that it argues will create greater legal certainty for nations to leverage existing trade tools in order to expand their production capacities.¶ **"The EU is not interested," Gupta said. "Switzerland, Norway and the United Kingdom are not engaging.** They're saying: 'This or that won't work; the waiver won't work.' There is no intention of engaging."¶ A spokesman for the EU mission in Geneva declined to comment.¶ Critics counter that **the proposal from Brussels is a distraction to redirect focus from India and South Africa's earlier waiver proposal and to prevent members from engaging in more detailed negotiations.**¶ "The EU's actions are incredibly cynical and dangerous," said Lori Wallach, the founder of Public Citizen's Global Trade Watch. "They have submitted a paper that basically conflicts with the text-based negotiations by saying 'We don't want a waiver.'"¶ **The U.S., meanwhile, has taken a back seat in the process** and enthusiasm about Washington's engagement on the issue has begun to wane in the three months since Trade Representative Katherine Tai announced American **support for a waiver.**¶ Though Tai's surprise announcement briefly knocked shares of **Moderna Inc., Pfizer Inc., and BioNTech SE**, the stocks quickly rebounded and all are now trading at or near their highest levels of the year.¶ "People feel that message from **Ambassador Tai is not playing out on the ground or being implemented in a meaningful way**," said Thiru

Balasubramaniam a managing director at **Knowledge Ecology International** in Europe.

**The only way to solve the pandemic is global vaccination, but current production is woefully short.**

**Public Citizen 3/29 - Public Citizen ["Public Citizen is a nonprofit consumer advocacy organization that champions the public interest in the halls of power. We**

defend democracy, resist corporate power and work to ensure that government works for the people – not for big corporations. Founded in 1971, we now have 500,000 members and supporters throughout the country. We don't participate in partisan political activities or endorse any candidates for elected office. We take no government or corporate money, which enables us to remain fiercely independent and call out bad actors – no matter who they are or how much power and money they have.”], “Waiver of the WTO’s Intellectual Property Rules: Facts vs. Common Myths,” *Public Citizen Global Trade Watch Series*. March 29, 2021. Accessed Aug. 10, 2021.

<<https://www.citizen.org/article/waiver-of-the-wtos-intellectual-property-rules-myths-vs-facts/>> AT

The **COVID-19** public health disaster and resulting economic crises **won't end** anywhere **unless people everywhere are vaccinated**. Despite this obvious truth, rich countries with only 14% of the global population have secured preferential access to over 50% of projected global vaccine supplies. **Ongoing outbreaks** anywhere **allow the virus to mutate, threatening the whole world with vaccine-resistant variants** or more deadly or easily spread variants. Governments invested billions to create the vaccines. But, there is a dire shortage, with no end in sight. As we enter the second quarter, **about one billion doses have been produced in 2021. We need 10 to 12 billion to reach global herd immunity**. **And** we will need far **more if**, like flu vaccines, **they** must be repeated or **require booster shots**. In every region, there are existing firms that could gear up production and governments willing to invest in expanding supply. But WTO rules require countries to guarantee pharmaceutical corporations monopoly control. More than 100 countries support a temporary, emergency suspension of these WTO rules, so more vaccines, treatments and diagnostic tests can be manufactured in as many places as possible. The United States and a handful of other WTO members are blocking the waiver: They won't even agree to negotiate about waiver language to address whatever concerns that they may have with the current text. Donald Trump started this self-defeating blockade. President Joe Biden must reverse it to speed the end of the COVID-19 pandemic.

**Changing IP laws is key to combatting structural violence and vaccine apartheid. Rich countries hoard vaccine supply, which means donor models never solve and reinforce colonialism.**

**Harman et al 6/21**

Sophie Harman [professor of Politics and International Relations, Queen Mary University of London], Parsa Erfani [Fogarty Global Health Fellow at the University of Global Health Equity and a medical student at Harvard Medical School], Tinashe Goronga [Community Organiser Equal Health Global Campaign Against Racism at EqualHealth], Jason Hickel, Michelle Morse, Eugene T Richardson 6/21 - ("Global vaccine equity demands reparative justice — not charity," *BMJ Global Health*, 6/21/2021,

<https://gh.bmj.com/content/6/6/e006504//ML>

By late April, more than **80% of** the world's **COVID-19 vaccines had gone to people in wealthy countries, with just 0.3% to** people in **low-income countries**.<sup>1</sup> This reprehensible imbalance is no accident. **High-income countries** have **used neocolonial negotiating power**, global policy leverage and capital **to procure enough doses to cover 245% of their citizens while leaving few doses for poorer countries**.<sup>2</sup> As a result, lower-income countries may not be able to vaccinate their populations until 2023.<sup>3</sup> Such inequity is yet another example of how the interests of racial capitalism run roughshod over the golden rule of global solidarity—attend to the highest risk first.<sup>4</sup> Currently, older and medically vulnerable individuals are dying from COVID-19 disproportionately in poor countries, while young, healthy individuals are getting vaccinated in wealthy ones.<sup>5</sup> Vaccine apartheid is a not novel phenomenon. The notion that only certain corners of the world get to benefit from life-saving treatments is an everyday reality of a global health system driven by a capitalist, philanthropic model.<sup>6 7</sup> But in times of crises—and as new variants threaten the vaccination plans of wealthy countries—these inequities and their solutions come to the forefront of global debate.<sup>8</sup> Policy-makers in rich nations are aware of these issues. But the solutions they have proposed so far do nothing to address the underlying structural problems. They offer charitable donations and partial, temporary fixes that are designed to deflect the substantive demands for reform that global South countries are fighting for, including challenges to unethical intellectual property (IP) regimes.<sup>9</sup> This approach will not work, because it is not designed to 'work.' If we want to end vaccine apartheid, we need to target the root causes of global health inequities. We need reparative justice.<sup>¶</sup> Three limited 'solutions' to vaccine inequity<sup>¶</sup> There are currently three approaches to reduce inequity in COVID-19 vaccine distribution: bilateral charity, multilateral charity and temporary waivers or suspensions of IP.<sup>¶</sup> The first is the most straightforward. States that stockpile COVID-19 vaccines

have committed to sharing their leftovers with low-income and middle-income countries. Norway was one of the first nations to accede to donating doses to poorer countries in parallel with its vaccine programme.<sup>10</sup> This is the weakest form of equity as it is unclear if this will be done for free, at a lower cost, tied to diplomacy or conditionality, or crucially, when these vaccines will be made available, where they will go, or how many will be delivered. The bilateral charity approach has little to do with equity and more to do with geopolitics, wealth and aid dependency.<sup>11 12</sup> The second is multilateral charity, best exemplified by COVAX. In 2020, COVAX emerged as an international collaboration by the World Health Organisation (WHO), United Nations Children's Fund, Gavi and the Coalition for Epidemic Preparedness Innovations to ensure equitable global access to COVID-19 vaccines.<sup>13</sup> Rich countries can access doses for 10%–50% of their populations, depending on how much they have paid in, and poor countries can access doses for 20% through the scheme. It is the 20% for poor countries that has come to be COVAX's unique selling point: here is a mechanism that ensures every country in the world can get the vaccine regardless of ability to pay. This is the first time such an initiative has been trialled.<sup>¶</sup> The shortcomings of COVAX are numerous. If vaccines are delivered as planned, COVAX may reach 27% of the population in lower-income countries by the end of 2021—a depressing goal compared with the estimated 70% coverage needed for herd immunity and the open vaccine access currently granted to Americans.<sup>14 15</sup> Furthermore, COVAX is still significantly underfunded and there are concerns regarding supply chains. While capital and resource transfer from wealthy countries to poorer ones is surely needed in the current pandemic response, any system that solely relies on aid will ultimately fail to achieve equity. In the setting of vaccine scarcity, in which suppliers are unable to deliver doses as scheduled and countries are banning exports to keep vaccines at home, there is a risk that COVAX aid-recipient states will fall further down the priority list, awaiting the leftover vaccines from the

rich country stockpiles.<sup>16–18</sup> **What may be most pernicious about the COVAX scheme, however, is that rich countries and their pharmaceutical companies have repeatedly used it as a shield to deflect demands for IP waivers.** This is an enduring problem with **aid: it papers over and distracts our attention away from the underlying structural violence. And in so doing, it maintains and perpetuates inequalities.** Over 50 years ago, Kwame Nkrumah observed how aid is a 'revolving credit' which returns to countries of the global North in the form of increased profits.<sup>19</sup> To the extent that COVAX is being leveraged to protect corporate patents and profits, Nkrumah's words continue to be germane.<sup>¶</sup> **The third approach is**

focused on pooling, temporary waivers, or **suspension of IP.** In May 2020, the WHO created the COVID-19 Technology Access Pool for companies to share IP and transfer technologies in a coordinated manner. But to date, not a single company has utilised the transfer process—likely because such forms of global IP sharing would quell profits, even if royalties are included.<sup>20</sup> Pharmaceutical companies and universities prefer one-off transfer deals because it enables them to set their own terms with non-disclosure agreements. Given that they are accountable to shareholders and boards—not patients—financial incentives will drive transfer decisions, not public health demand.<sup>¶</sup> Following the blockages at the WHO around IP, attention shifted towards the World Trade Organisation (WTO). In October 2020, India and South Africa proposed a temporary waiver of IP rights to COVID-19 technologies for the duration of the pandemic, so that all manufacturers with sufficient capacity and shared know-how could start production.<sup>21</sup> Although backed by over 100 countries within the WTO and a global campaign for the 'People's Vaccine,' the proposal has been repeatedly blocked at every committee meeting since then by select wealthy countries with large pharmaceutical industries, including the UK, Japan and EU states.<sup>22 23</sup> Those who oppose the IP waiver argue that it will not do anything to solve the problem: even if you were to liberate the recipe for

the vaccines, low-income and middle-income countries do not have the capacity to produce it.<sup>24</sup> But this argument is specious. For one, **several middle-income countries—including India, Brazil, Senegal and South Africa—do have the ability to ramp up production by repurposing existing manufacturing capacity.**<sup>25</sup> In addition, an IP waiver can and should be supplemented with technology transfers, logistical support and financial investment to facilitate this repurposing process. And the most important point is that such **a waiver could drastically reduce costs across the board, making vaccine imports more affordable for poor countries.**<sup>¶</sup> **Opponents of the waiver also claim that IP-related obstacles can be addressed through existing arrangements for 'compulsory licensing'** under the WTO's Agreement on

Trade-Related Aspects of Intellectual Property Rights (TRIPS).<sup>26</sup> But **the past evidence suggests that this process is slow, cumbersome and subject to various shaming practices by the**

**international community.**<sup>27 28</sup> Some point instead to the possibility of voluntary licensing. But voluntary licenses are often executed secretly and are limited to companies or governments that can afford them. The University of Pennsylvania, which owns IP rights relating to the mRNA vaccines, is helping Chulalongkorn University in Bangkok develop a vaccine production facility. This partnership was possible because Thailand—unlike other middle-income countries—was able to put up the money.<sup>29</sup> Poorer countries are left out. Sharing of IP and technology transfers can and will accelerate global vaccine production. The question is on whose terms. **Organisations such as the WHO and**

**African Union are currently mobilising support and resources to accelerate production in low-income and middle-income countries.**<sup>30 31</sup> But these efforts will **be to waste unless IP for COVID-19 technologies is shared broadly and quickly.**<sup>¶</sup>

Vaccine coloniality<sup>¶</sup> **Donor-based approaches to vaccine equity are grounded in** old, even **colonial ideas of aid and dependency, which have failed to** serve the health needs of the Majority World or **deliver on health equity. This failed model** has not promoted health equity in the past and **is clearly inadequate** in the present, **on account of dependency on donor** whims (the bilateral, **'leftovers'** approach), **persistent funding gaps and shortfalls (COVAX),** and time-consuming diplomacy and filibustering over what is or is not within current trade rules (WTO).<sup>¶</sup> Once again in the political economy of global health, **the charitable model of COVAX becomes the smokescreen for inequitable systems. When states are**

asked about their stockpiling, they point to COVAX. When pharmaceutical companies are asked about IP, they point to COVAX or their low-cost commitment.

The focus on a donor-based model of aid in achieving vaccine equity has distracted leaders from the ideologies, economic systems and trade regulations that leave access to medicine to the forces of the marketplace rather than global health priorities.<sup>32</sup> **Achieving global**

**vaccine justice requires a rapid shift in trade regulations and contract transparency that streamlines IP sharing and technology transfers. The resultant collaborations across economies will not only accelerate vaccine production but will also increase competition and push vaccine prices down.**

¶ Finally, old models of vaccine equity have not kept pace with changes in discourse and thinking around global health governance, equity and justice. 2021 is not the early 2000s, where new public-private partnerships or funding models were de rigueur. Donor countries are increasingly wary of aid dependency as they pay the cost of continuing high profile health programmes with diminishing strategic returns. Aid-recipient countries are similarly exasperated by funding gaps that lead to delays and material shortfalls, the NGO-industrial complex and attendant consultants that rationalise them, and fundamentally, by the notion that their populations only seem to matter when another state can capitalise on them.¶ Conclusion¶ Vaccine apartheid is only one symptom of broader global health inequalities that have their roots in colonialism and persist today because of neocolonial forms of power. As Grosfoguel writes, 'The heterogeneous and multiple global structures put in place over a period of 450 years did not evaporate with the juridical-political decolonisation of the periphery over the past 50 years. We continue to live under the same 'colonial power matrix.' With juridical-political decolonisation we moved from a

period of 'global colonialism' to the current period of 'global coloniality.'<sup>33</sup> **Vaccine justice starts with moving**

**beyond aid models of vaccine donation.** in which poorer countries are gifted vaccine leftovers. **It demands**

rapidly achieving global consensus for the IP waiver, **democratising vaccine IP and** know-how and **supporting**

**low-income and middle-income countries to build manufacturing capacity** for this

pandemic and the next. **These steps** can mark the start of a reparative justice movement in global health that demands we confront and

**overturn colonial legacies that continue to devastate the health of low- and**

**middle-income countries.**<sup>34</sup> **A commitment to funding vaccine justice in the face**

**of the COVID-19 pandemic can be a first step in this direction.**

**Compulsory licensing is not sufficient – drug company resistance, IP thickets, and devolved decision-making.**

**Stiglitz & Wallach 4/26 - Joseph E. Stiglitz and Lori Wallach [Joseph E. Stiglitz,**

**co-recipient of the 2001 Nobel Memorial Prize in Economics Sciences, teaches at**

**Columbia University. Lori Wallach is the director of Public Citizen's Global Trade Watch.],**

**"Opinion: Preserving intellectual property barriers to covid-19 vaccines is morally wrong and foolish,"** *Washington Post* (Web). April 26, 2021. Accessed Aug. 10, 2021.

**<<https://www.washingtonpost.com/opinions/2021/04/26/preserving-intellectual-property-barriers-covid-19-vaccines-is-morally-wrong-foolish/>> AT**

Unfortunately, the **drug companies** have consistently done whatever they can to **preserve** their **monopoly control.**

Even today, **as they** battle the waiver and **argue** that existing **compulsory licensing** rights **are sufficient,**

**they lobby the U.S. government to sanction countries that use that tool.**¶ These

corporations have also undermined this option by building **"thickets" of intellectual property barriers.** They **fortify** their

**monopolies by registering** exclusive rights to **industrial designs and undisclosed data,** such as

trade secrets **and** test data, in addition to **numerous patents and copyrights for each medicine.** Each

element would require a license, and the WTO's flexibilities might not even encompass all of them.¶ Making matters more difficult,

**"product-by-product" and "country-by-country" compulsory licensing is** **impossible**

**to coordinate** across countries **for** medicines with **complex global supply chains,** such as covid-19 vaccines.

**Vaccine shortfall causes widespread death and poverty.**

**Public Citizen 3/1 - Public Citizen ["Public Citizen is a nonprofit consumer**

**advocacy organization that champions the public interest in the halls of power. We**

**defend democracy, resist corporate power and work to ensure that government works for the people – not for big corporations. Founded in 1971, we now have 500,000 members**

and supporters throughout the country. We don't participate in partisan political activities or endorse any candidates for elected office. We take no government or corporate money, which enables us to remain fiercely independent and call out bad actors – no matter who they are or how much power and money they have.”],

“Backgrounder: WTO-Required Monopolies for Pharmaceutical Corporations Obstruct Global Production of COVID-19 Vaccines & Treatment,” *Public Citizen Global Trade Watch Series*. March 1, 2021. Accessed Aug. 12, 2021.

<<https://www.citizen.org/article/wto-required-monopolies-for-pharmaceutical-corporations-obstruct-global-production-of-covid-19-vaccines-and-treatments/>> AT

It is obvious that current production capacity cannot supply enough vaccines for the entire world. Many **people in low- and middle-income countries** around the globe **will not get vaccinated until at least 2022** unless the world manufactures many more doses, according to the British Medical Journal. **The world's poorest** countries **may wait until 2024 for mass immunization**, if it happens at all, reports the Economist Intelligence Unit.

The **global vaccine apartheid** unfolding right now **could cost millions of lives and push tens of millions** more **into poverty**. The devastation will be felt for a generation. A new International Chamber of Commerce report concluded that the world could face economic losses of more than \$9 trillion under the scenario of wealthy nations being fully vaccinated by mid-2021, but poor countries largely shut out. Wealthy countries like the United States would bear nearly half of that hit. Vaccinating just half of low- and middle-income countries' populations could reduce global losses by \$5.5 trillion.

**Poverty and disease are mutually reinforcing, causing staggering suffering and injustice.**

**Hollis & Pogge '08 - Aidan Hollis [Associate Professor of Economics, the University of Calgary] and Thomas Pogge [Leitner Professor of Philosophy and International Affairs, Yale University], “The Health Impact Fund Making New Medicines Accessible for All,” *Incentives for Global Health* (2008) AT**

In 2004, some 970 million people, around 15 percent of the world's population, were living below the extreme poverty line of \$1 a day (more strictly defined, \$392.88 annually) in 1993 Purchasing Power Parity (PPP) terms (Chen and Ravallion 2007, 16579).<sup>3</sup> Furthermore, those living below this very low poverty line fell on average around 28 percent below it. Their average annual purchasing power therefore corresponded to approximately \$420 in the US in 2008 dollars.<sup>4</sup> These are the poorest of the poor. The World Bank also uses a somewhat less miserly poverty line, namely \$2 dollar a day, or an annual amount of \$785.76 PPP 1993. The Bank's data show that around 40 percent of the world's population, or over 2.5 billion people, lived in income poverty so defined in 2004,<sup>5</sup> with this population falling on average 41 percent below this higher line.<sup>6</sup> Individuals in this much larger group could buy, on average, about as much in 2004 as could be bought in the US in 2008 for \$690.<sup>7</sup> The Effects of Global Income Poverty on Health<sup>8</sup> The effects of

such extreme income poverty are foreseeable and extensively documented. It is estimated that around 13 percent of all human beings **830 million** are **chronically undernourished**, 17 percent (**1.1 billion**) **lack** access to **safe water**, and 41 percent (**2.6 billion**) **lack** access to **basic sanitation** (UNDP 2006, 174, 33). About 31 percent (**2 billion**) **lack access to crucial drugs and** 25 percent (**1.6 billion**) **lack electricity** (Fogarty n.d., IEA 2002). Some **780 million adults are illiterate** (UNESCO 2006), and 14 percent of children aged between five and 17 (**218 million**) **are child laborers, more than half in hazardous work** (ILO 2006, 6).<sup>9</sup> Worldwide, **diseases related to poverty**, including communicable, maternal, perinatal, and nutrition-related diseases, **comprise over 50 percent of the burden of disease in low-income countries**, nearly **ten times their** relative **burden in developed countries** (WHO 2006b, 3). If the developed world had its proportional share of poverty-related deaths (one-third of all deaths), severe poverty would kill some 16,000 Americans and 26,000 citizens of the European Union each week.<sup>10</sup> **The cycle of mutually reinforcing poverty and disease besetting low income countries**, and particularly the poorer communities in these countries, could be broken by significantly reducing severe poverty. But it is also possible to make substantial progress against the global burden of disease more directly by improving health care in developing countries.<sup>11</sup> **Poverty does not merely render poor people more vulnerable to disease, but also makes it less likely that they can obtain medical treatment** for the diseases they contract. This is **because** in poor countries medical care is rarely available for free, and **poor people are** typically **unable to buy** either **the care needed by**



themselves or **their families** or the insurance policies that would guarantee them such care. The price of health care in poor countries therefore also plays a crucial role in explaining the catastrophic health situation among the global poor.

## **II. Solvency**

**Plan text: The member nations of the World Trade Organization ought to waive intellectual property protections for Covid-19 related medicines.**

**Public Citizen 6/22 - Public Citizen et. al, "Please Speedily Secure Implementation of a COVID-19 Emergency Waiver of WTO TRIPS Rules for Vaccines, Tests and Treatments,"**  
***Open Letter to President Joe Biden. June 22, 2021.***

**<[https://www.citizenstrade.org/ctc/wp-content/uploads/2021/06/COVIDTRIPSWaiver\\_SignOnLtr2\\_062221.pdf#new\\_tab](https://www.citizenstrade.org/ctc/wp-content/uploads/2021/06/COVIDTRIPSWaiver_SignOnLtr2_062221.pdf#new_tab)> AT**

We the undersigned organizations respectfully urge you to speedily secure a waiver that is:¶ • Comprehensive: The U.S. government must **secure** swift adoption of **a temporary waiver of the patent, copyright, industrial design and undisclosed data rules** of the WTO's TRIPS Agreement **with respect to COVID-19-related medical products.** The scope of the waiver must extend beyond vaccines to also cover the diagnostic tests needed to detect outbreaks and variants; the treatments, ventilators and other medical devices necessary to shorten lockdowns and save the lives of the millions who will contract COVID-19 before sufficient vaccine doses can be made and the materials, components, means and methods of manufacturing such goods.¶ • Swift: The WTO Director General's December 2021 deadline for a final waiver text is far too late to meet the urgency of the pandemic, which requires agreement on a waiver in a matter of weeks, not months.¶ • Long-lasting: **A waiver must be of sufficient duration to incentivize and sustain increases in manufacturing capacity for and output of medical goods to prevent, contain or treat COVID19,** taking into consideration that the pandemic may yet escape current vaccines. We support the waiver sponsors' proposal that the initial waiver last three years and be regularly reviewed thereafter, particularly given uncertainties around variants, the need for boosters, and what levels of immunization may be needed.¶ Current global production capacity of COVID-19 vaccines, medicines, and diagnostic tests cannot come close to meeting global needs to detect, treat, prevent, or contain COVID-19. Absent significant increases in vaccine production, many in developing nations will not have access to vaccines until 2024. This lag would mean more deaths and the greater chances for development of new variants that can undermine vaccines' achievements to date.¶ **Every country should have the right to develop and make their own vaccines free from the worry that they and their suppliers would be sued by IP holders.** To date, vaccine intellectual property rightsholders have refused to issue open licenses under transparent and accountable terms and conditions, and transfer technology fully to and negotiate payment terms with qualified manufacturers in Africa, Asia, and Latin America, creating supply shortages and production bottlenecks and prohibiting urgently needed production of doses worldwide. The worst global health crisis in a century has resulted in at least 3.5 million deaths worldwide and is conservatively estimated to cost the U.S. alone \$16 trillion in economic losses, accompanied by yet greater global losses that have impoverished hundreds of millions of people worldwide. We are in a race against time to save lives and prevent new variants. Absent a major increase in vaccines, treatments, diagnostic tests, ventilators, and other COVID-19-related medical supplies, the pandemic will rage largely unmitigated among a significant share of the world's population. COVID-19 infections will increase, resulting in increased deaths and long-term damage to the health of millions of people, a dragging blow to the global economy and a risk that vaccine-resistant variants will put the world back on lockdown and evade immunity for those previously infected and/or vaccinated. The long-term impact on people's health and the world's health system would be unprecedented.

**A waiver would increase leverage over pharma and provide legal certainty needed to spur critical production.**

**Stiglitz & Wallach 4/26 - Joseph E. Stiglitz and Lori Wallach [Joseph E. Stiglitz, co-recipient of the 2001 Nobel Memorial Prize in Economics Sciences, teaches at Columbia University. Lori Wallach is the director of Public Citizen's Global Trade Watch.], "Opinion: Preserving intellectual property barriers to covid-19 vaccines is morally wrong and foolish,"** *Washington Post* (Web). April 26, 2021. Accessed Aug. 10, 2021.

**<<https://www.washingtonpost.com/opinions/2021/04/26/preserving-intellectual-property-barriers-covid-19-vaccines-is-morally-wrong-foolish/>> AT**

A **waiver would** immediately **increase** government **leverage over vaccine makers that refuse to license** the technology. **Firms** could **choose to** either **expand production by negotiating** with

governments, **alternative suppliers and global initiatives, or risk governments** circumventing them and **forcing** the **transfer of technology**. A **waiver would** also **provide legal certainty for governments and investors that are inclined to repurpose** existing pharmaceutical **manufacturing or build new facilities** but are fearful of intellectual property liability. And **it could boost** production of covid-19 treatments unavailable in much of the world, as well as diagnostic tests and **vaccine supply chain** products.

## Legal certainty unlocks global production.

**Public Citizen 3/29** - Public Citizen [“Public Citizen is a nonprofit consumer advocacy organization that champions the public interest in the halls of power. We defend democracy, resist corporate power and work to ensure that government works for the people – not for big corporations. Founded in 1971, we now have 500,000 members and supporters throughout the country. We don’t participate in partisan political activities or endorse any candidates for elected office. We take no government or corporate money, which enables us to remain fiercely independent and call out bad actors – no matter who they are or how much power and money they have.”], “Waiver of the WTO’s Intellectual Property Rules: Facts vs. Common Myths,” *Public Citizen Global Trade Watch Series*. March 29, 2021. Accessed Aug. 10, 2021.  
<<https://www.citizen.org/article/waiver-of-the-wtos-intellectual-property-rules-myths-vs-facts/>> AT

Most critically, there simply is not enough supply to go around now or for every year in the future during which the whole world will need regular COVID vaccination to keep the virus under control. Thankfully, **scores of countries are ready to invest in building new or repurposing existing production capacity**. That is why more than 100 countries support a waiver of the WTO’s Agreement on Trade-Related Aspects of Intellectual Property (TRIPS). **These countries seek certainty that if they adjust their domestic laws and practices** to support that investment by **providing access to the necessary technology, they will not get dragged into** expansive WTO **litigation or face retaliatory sanctions** from countries claiming WTO violations. **The waiver will** also **serve as a worldwide buffer against the political pressure and legal harassment to which Big Pharma subjects countries** that seek to promote affordable access to medicines. In many countries, the **regulatory authorities that had to approve domestic use of** various **vaccines** and other COVID-related medical products **have significant information from the firms that they could share with skilled teams from local universities, government agencies and pharmaceutical manufacturers** — if they were not obliged by WTO rules to guarantee monopoly control of it. And world-class pharmaceutical firms already are making generic versions of new cutting-edge HIV-AIDS medicines and pumping out vaccines based on the platform that, for instance, the Johnson & Johnson vaccine uses.

## Manufacturing capacity is widespread around the world.

**Public Citizen 3/29** - Public Citizen [“Public Citizen is a nonprofit consumer advocacy organization that champions the public interest in the halls of power. We defend democracy, resist corporate power and work to ensure that government works for the people – not for big corporations. Founded in 1971, we now have 500,000 members and supporters throughout the country. We don’t participate in partisan political activities or endorse any candidates for elected office. We take no government or corporate money, which enables us to remain fiercely independent and call out bad actors – no matter who they are or how much power and money they have.”], “Waiver of the WTO’s Intellectual Property Rules: Facts vs. Common Myths,” *Public Citizen Global Trade Watch Series*. March 29, 2021. Accessed Aug. 10, 2021.

<<https://www.citizen.org/article/waiver-of-the-wtos-intellectual-property-rules-myths-vs-facts/>> AT

In the press and on Capitol Hill, Big Pharma is pushing a Big Lie. The claim is that a lack of manufacturing capacity, not pharmaceutical corporation's monopoly intellectual property (IP) protections, are thwarting greater production of COVID-19 vaccines. A related argument, with decidedly racist overtones, is that COVID-19 vaccines are too complicated for producers in developing countries to make successfully. The reality is that **in every region of the world, there are multiple producers that could be greatly increasing global vaccine supplies** if the technology and know-how were shared.¶ Just in Africa, “Biovac and Aspen in **South Africa**, Institute Pasteur in **Senegal**, and Vacsera in **Egypt** could rapidly retool factories to make mRNA vaccines,” notes a group of medicine-production experts in a recent Foreign Policy article. Indeed, a former Moderna director of chemistry revealed that with enough technology transfer and know-how-sharing, a modern factory should be able to get mRNA vaccine production online in, at most, three to four months. The Serum Institute in **India** already is slated to produce the AstraZeneca and Novavax vaccines, while Moderna declined to partner with a qualified **Bangladesh** vaccine maker, claiming its engineers were too busy to focus beyond U.S. and EU production. In Latin America, existing facilities in **Brazil, Argentina** and **Mexico** under contract to monopoly holders are already pumping out vials, and in countries like **Chile and Colombia**, the pharmaceutical industry has **expressed willingness to kickstart vaccine production.**¶ **Existing and planned contract manufacturing arrangements prove facilities in developing countries** certainly **can produce COVID-19 vaccines.** But unless technology and know-how are shared more openly, the monopoly holders maintain absolute control over how much can be produced, what the price is and where it will be sold. So, 91% of the Johnson & Johnson vaccine that South African firm Aspen will manufacture must be shipped for sale outside South Africa, according to South Africa's WTO Counselor. And the Serum Institute is barred from supplying upper- middle-income and high-income countries with the AstraZeneca vaccines it makes, meaning AstraZeneca can artificially segment the global market and ensure that it is the only supplier of the Oxford vaccine in the most profitable national markets, according to Doctors Without Borders.¶ Most critically, there simply is not enough supply to go around now or for every year in the future during which the whole world will need regular COVID vaccination to keep the virus under control. Thankfully, scores of countries are ready to invest in building new or repurposing existing production capacity. That is why more than 100 countries support a waiver of the WTO's Agreement on Trade-Related Aspects of Intellectual Property (TRIPS). These countries seek certainty that if they adjust their domestic laws and practices to support that investment by providing access to the necessary technology, they will not get dragged into expansive WTO litigation or face retaliatory sanctions from countries claiming WTO violations. The waiver will also serve as a worldwide buffer against the political pressure and legal harassment to which Big Pharma subjects countries that seek to promote affordable access to medicines.¶ In many countries, the regulatory authorities that had to approve domestic use of various vaccines and other COVID-related medical products have significant information from the firms that they could share with skilled teams from local universities, government agencies and pharmaceutical manufacturers — if they were not obliged by WTO rules to guarantee monopoly control of it. And world-class pharmaceutical firms already are making generic versions of new cutting-edge HIV-AIDS medicines and pumping out vaccines based on the platform that, for instance, the Johnson & Johnson vaccine uses.

### III. Framing

The logic of “any risk” util collapses on itself

**Santos 3** 2003, Boaventura de Souza Santos is a Professor of Sociology at the University of Coimbra, “Collective Suicide?”, Bad Subjects, Issue # 63 ,  
<http://www.ces.fe.uc.pt/opinioao/bss/072en.php>

According to Franz Hinkelammert, **the West has repeatedly been under the illusion that it should try to save humanity by destroying part of it. This is a salvific and sacrificial destruction, committed in the name of the need to radically materialize all the possibilities opened up by a given social and political reality over which it is supposed to have total power. This is how it was in colonialism, with the genocide of indigenous peoples, and the African slaves. This is how it was in the period of imperialist struggles, which caused millions of deaths in two world wars and many other colonial wars. This is how it was in Stalinism, with the Gulag and in Nazism, with the holocaust.** And now today, **this is how it is in neoliberalism, with the collective sacrifice of the periphery and even the semiperiphery of the world system.** With the war against Iraq, it is fitting to ask whether what is in progress is a new genocidal and sacrificial illusion, and what its scope might be. **It is above all appropriate to ask**



if the new illusion will not herald the radicalization and the ultimate perversion of the western illusion: **destroying all of humanity in the illusion of saving it.** Sacrificial genocide arises from a totalitarian illusion that is manifested in the belief that there are no alternatives to the present-day reality and that the problems and **difficulties confronting it arise from failing to take its logic of development to its ultimate consequences.** If there is unemployment, hunger and death in the Third World, this is not the result of market failures; instead, it is the outcome of the market laws not having been fully applied. If there is terrorism, this is not due to the violence of the conditions that generate it; it is due, rather, to the fact that total violence has not been employed to physically eradicate all terrorists and potential terrorists. **This political logic is based on the supposition of total power and knowledge, and on the radical rejection of alternatives; it is ultra-conservative in that it aims to infinitely reproduce the status quo.** Inherent to it is the notion of the end of history. During the last hundred years, **the West has experienced three versions of this logic**, and, therefore, seen three versions of the end of history: **Stalinism**, with its logic of insuperable efficiency of the plan; **Nazism**, with its logic of racial superiority; **and neoliberalism**, with its logic of insuperable efficiency of the market. The first two periods involved the destruction of democracy. The last one trivializes democracy, disarming it in the face of social actors sufficiently powerful to be able to privatize the State and international institutions in their favour. I have described this situation as a combination of political democracy and social fascism. One current manifestation of this combination resides in the fact that intensely strong public opinion, worldwide, against the war is found to be incapable of halting the war machine set in motion by supposedly democratic rulers. **At all these moments, a death drive, a catastrophic heroism, predominates, the idea of a looming collective suicide, only preventable by the massive destruction of the other.** Paradoxically, **the broader the definition of the other and the efficacy of its destruction, the more likely collective suicide becomes.** In its sacrificial genocide version, neoliberalism is a mixture of market radicalization, neoconservatism and Christian fundamentalism. **Its death drive takes a number of forms, from the idea of "discardable populations"** referring to citizens of the Third World not capable of being exploited as workers and consumers, to **the concept of "collateral damage"**, to refer to the deaths, as a result of war, of thousands of innocent civilians. The last, catastrophic heroism, is quite clear on two facts: according to reliable calculations by the Non-Governmental Organization MEDACT, in London, between 48 and 260 thousand civilians will die during the war and in the three months after (this is without there being civil war or a nuclear attack); the war will cost 100 billion dollars, enough to pay the health costs of the world's poorest countries for four years. **Is it possible to fight this death drive?** We must bear in mind that, historically, **sacrificial destruction has always been linked to the economic pillage of natural resources and the labor force, to the imperial design of radically changing the terms of economic, social, political and cultural exchanges in the face of falling efficiency rates postulated by the maximalist logic of the totalitarian illusion in operation.** It is as though hegemonic powers, both when they are on the rise and when they are in decline, repeatedly go through times of primitive accumulation, legitimizing the most shameful violence in the name of futures where, by definition, **there is no room for what must be destroyed.** In today's version, the **period of primitive accumulation consists of combining neoliberal economic globalization with the globalization of war. The machine of democracy and liberty turns into a machine of horror and destruction.**

1AR

## **A2 Must Spec Enforcement Mechanism**

Counterinterp: The aff need not present a delineated enforcement mechanism for the plan