### LogCon

#### I value logic, as debate method at large is logic. Additionally – ought is “used to express logical consequence” as defined by Merriam-Webster – prefer my value, it is derived from the resolution whereas theirs is NOT, meaning we are better for this debate

#### Thus, the burden of the negative is to prove that the aff will not logically happen in the status quo, making the aff burden to prove that it will. This is functionally our standards, as this provides a win condition for each debater and functions as an offense filter – 4 reasons

#### 1] – Debate Method is Logic – everything stems from logical reasoning, including our arguments – logical syllogisms like the story the affirmative tries to tell prove that

#### 2] Semantics

#### 2A] Text – Oxford Dictionary defines ought as “used to indicate something that is probable.”

(<https://en.oxforddictionaries.com/definition/ought>)

#### 2B] Ought is “used to express logical consequence” as defined by Merriam-Webster, as we mentioned above

(<http://www.merriam-webster.com/dictionary/ought>)

#### 2C] Outweighs on common usage,

Richard Robinson 2, “Ought and Ought Not,” Philosophy, Vol. 46, No. 177 (Jul., 1971), pp. 193-202.)

**"That ought to be easy to find." "He ought to be here soon." "**I have oiled the bearing and loosened the nut; that ought to do it." **"He ought to have reached London by now." Many ought-sentences express neither a prescription nor a valuation, but an estimate of probability. "He ought to be here soon" can be meant in the same sense as "He will probably be here soon."** Thus there are at least four uses

#### 2D] And, Neg definition choice – the aff should have defined ought in the 1ac because it was in the rez so it’s predictable contestation, by not doing so they have forfeited their right to read a new definition – kills 1NC strategy since I premised my engagement on a lack of your definition.

#### 3] Access - My model of debate ask debaters to think and is not controlled by research that is inherent unfair via coaching and money. Whereas questions of truth and logic are accessible to all

#### Next is my offense

#### 1] Inherency (explain what this is) – either a) the aff is non-inherent and you vote neg on presumption or b) it is and the aff wouldn’t logically happen in the status quo

#### 2] Paradox of tolerance- to be completely open to the aff we must exclude perspectives that wouldn’t be open to the aff which means it’s impossible to have complete tolerance for an idea since that tolerance relies on excluding a perspective. Tolerance is thus destroy and you must negate against the claim of obligation because it is an self-defeating paradox

### CP: US Production

#### The United States federal government working with allies should:

#### - substantially increase production and global distribution of the COVID-19 Vaccine, specifically providing all necessary vaccines to India and South Africa, and

#### - cooperate with allies to achieve increased production and global distribution of the COVID-19 Vaccine.

#### That comparatively solves better – IP rights don’t hinder vaccine cooperation, but manufacturing capacity is the current constraint.

Hans Sauer 6-17 [(Deputy General Counsel, Biotechnology Industry Organization.) “Web event — Confronting Joe Biden’s proposed TRIPS waiver for COVID-19 vaccines and treatments” https://www.aei.org/wp-content/uploads/2021/06/210617-Confronting-Joe-Bidens-proposed-TRIPS-waiver.pdf?x91208&x91208] ¶

But contrary to what Lori said, **there are genuine real problems in the supply chain** that are **not caused by patents**, that are simply caused by the unavailability and the constraints on existing capacity. There is in this world such a thing as maxed-out capacity that just can’t be increased on a dime. It’s not all due to intellectual property. This is true for existing vaccines as well as for vaccine raw materials. There are trade barriers. There are export restrictions that we should all be aware of and that we need to work on. And there are very real political, I think, interests in finding an explanation for how we got to this place that absolve governments around the world from their own policy decisions that they made in the past. In the United States, again, it was the declared policy of the previous administration, as well as this one, that we would vaccinate healthy college kids and go all down the line and offer a vaccine to everybody who wants it before we start sharing any with grandmothers in Burkina Faso. That was the policy. You can agree with it or disagree with it, but that was policy. We had export restrictions in place before a lot of other countries did. And that, too, contributed to unequal access of vaccines around the world. Another thing that was predictable was that politicians and governments around the world who want to be seen as proactive, on the ball, in control, for a long time were actually very indecisive, very unsure about how to address the COVID problem, which has so many dimensions. Vaccines are only one of those. But with respect to vaccines, not many governments took decisive action, put money on the table, put bets on multiple horses, before we knew whether these vaccines would work, would be approved. And it was governments in middle-income countries who now, I think, justifiably are concerned that they’re not getting fast enough access, who didn’t have the means and who didn’t have the decision-making structure to place the same bets on multiple horses, if you will, that were placed in the relatively more wealthy, global North and global West. But there is, I think, a really good and, with hindsight, predictable explanation of how we got to this place, and I think it teaches us something about how to fix the problem going forward. **So why will the waiver not work**? Well, first of all, with complex technology like vaccines, Lori touched on it, reverse engineering, like you would for a small molecule drug, is much more difficult if not impossible. But it depends very much more than small molecule drugs on cooperation, on voluntary transfer of technology, and on mutual assistance. We have seen as part of the pandemic response an unprecedented level of collaborations and cooperation and no indication that IP has stood in the way of the pandemic response. **The waiver proponents have found zero credible examples of where IP has actually been an obstacle,** where somebody has tried to block somebody else from developing a COVID vaccine or other COVID countermeasure, right? It’s not there. **Second, the myth of this vast global capacity to manufacture COVID vaccines that somehow exists** **out there is unsubstantiated** and frankly, in my opinion, untrue. But there is no such thing as vast untapped, idle capacity that could be turned around on a dime to start making COVID vaccines within weeks or even months. This capacity needs to be built; it needs to be established. And at a time when time is of the essence to beat this pandemic, starting capacity-building discussions is helpful, but it won’t be the answer to beat this pandemic. It will be the answer if we do everything right to beating the next pandemic. And if we learn any lesson of this, and then I will stop, is that the COVID waiver as well as the situation in which we find ourselves — if anything, it’s a reminder that we definitely have to take global capacity-building more seriously than we did in the past. That is true for the global North, as well as for middle-income countries — all of whom have to dedicate themselves much more determinedly to pandemic preparedness. And there’s a need to invest both in preparedness and in public health systems that hasn’t happened in the wake of past pandemic threats. This is what we will need to do. We will need to reduce export restrictions, and we will need to rededicate ourselves to preparing for the next pandemic. As far as this pandemic goes, **there are 11 vaccines around the world that are already being shot into arms, only four of which come from the global North. How many more vaccines do we want?** I don’t know, maybe 11 is enough if we start making more of them. But there are manufacturers around the world who know how to do this — including in China, including in India, and including in Russia. All developed their homegrown vaccines, apparently without interference by IP rights, right? **So let’s make more of those. I think that’s going to be the more practical and realistic answer to solving the problem**. And we need to lean on governments to stop export controls and to dedicate themselves to more global equity.

#### Cultural, logistical and technology issues are the reason not IPR – waivers turns solvency

Kappos and Michel 2021 [David, attorney, IPR specialist, Paul retired judge US Court of Appeals, NBC News, "Waiving Covid-19 vaccine patents won't get shots in arms faster. It slows down new vaccines." May 25, https://www.nbcnews.com/think/opinion/waiving-covid-19-vaccine-patents-won-t-get-shots-arms-ncna1268099

There are already very real challenges to inoculating the world, including a widespread lack of proper refrigeration (let alone the ultracold storage required for some vaccines), a shortage of trained professionals to administer them and conduct follow-up evaluations, and a lack of patient compliance with the two-dose regimen for the Pfizer-BioNTech and Moderna jabs.

Plus, there have already been issues with fakes and a lack of trust in the government that have come into play. In Mexico and Poland, authorities have identified counterfeit versions of the Pfizer-BioNTech vaccine. In Malawi, the New York Times reported that "people are asking doctors how to flush the AstraZeneca vaccine from their bodies."

Suspending intellectual property rights will not remove any of these roadblocks and would likely exacerbate them. Without certain quality controls implemented by original patent holders, especially in places with existing levels of government or industrial corruption, we could see ineffective vaccines manufactured using substandard processes, and then administered without adequate refrigeration, professional handling or required counseling and follow up.

#### A vaccine waiver greenlights counterfeit medicine and vaccine resistance– this is a disad to the perm

John Conrad, Pres/CEO Illinois Biotechnology Innovation Organization, 5-18-2021 Waiving intellectual property rights is not in the best interests of patients <https://archive.is/vsNXv#selection-5353.0-5364.0>

The Biden's administration's support for India and South Africa's proposal before the World Trade Organization to temporarily waive anti-COVID vaccine patents to boost its supply will fuel the development of counterfeit vaccines and weaken the already strained global supply chain. The proposal will not increase the effective number of COVID-19 vaccines in India and other countries. The manufacturing standards to produce COVID-19 vaccines are exceptionally complicated; it is unlike any other manufacturing process. To ensure patient safety and efficacy, only manufacturers with the proper facilities and training should produce the vaccine, and they are. Allowing a temporary waiver that permits compulsory licensing to allow a manufacturer to export counterfeit vaccines will cause confusion and endanger public health. For example, between 60,000 and 80,000 children in Niger with fatal falciparum malaria were treated with a counterfeit vaccine containing incorrect active pharmaceutical ingredients, resulting in more than 100 fatal infections. Beyond the patients impacted, counterfeit drugs erode public confidence in health care systems and the pharmaceutical industry. Vaccine hesitancy is a rampant threat that feeds off of the distribution of misinformation. Allowing the production of vaccines from improper manufacturing facilities further opens the door for antivaccine hacks to stoke the fear fueling vaccine hesitance.

### DA: Innovation

#### A. Link Story

#### Innovation key to improving health outcomes – highly qualified studies establish specific statistical reductions specific to neglected diseases

George A. Chressanthis is Principal Scientist at Axtria, USA. This article was co-published with Axtria, a big data and analytics company, November 2016, <https://themedicinemaker.com/issues/1016/the-potential-pitfalls-of-price-controls/> The Potential Pitfalls of Price Controls

What about the more complicated relationship of price controls and pharmaceutical R&D? This is a more indirect relationship and involves a chain of effects. The first link in the chain is the relationship between drug pricing and pharma R&D investment – and a long line of research has shown that drug pricing does impact R&D. The second link is the relationship between R&D and patient health outcomes. **Pharma companies are increasingly focusing on high-cost, specialty medicines – especially those classified as orphan drug**s (19) – **which require higher incentives to compensate for the added cost and risk involved in development** (20). Evidence of the impact of the US’s Orphan Drug Act of 1983 suggests that the incentives enacted through this legislation have boosted the number of drugs for rare diseases. More than 500 drugs for orphan diseases have been developed since the act passed in the US alone, with other countries adopting similar orphan drug programs (21). **Numerous empirical studies show a strong connection between the enactment of** price **controls and reductions in pharmaceutical R&D investment – leading to decreases in new drug innovation** (22, 23). Another study estimated that a 10 percent decrease in the growth of real drug prices caused an approximate six percent decrease in the growth of R&D intensity (24). A more recent study concluded that enactment of patents and exclusivity provisions, while having pros and cons as a policy approach (e.g., the establishment of monopoly drug pricing), still play a dominant role in incentivizing biopharmaceutical R&D (25). **Overall, there is an established body of academic literature that establishes the relationship between** drug pricing and price **controls, and pharma R&D investment and drug innovation. But what of the second link in the chain** – the relationship between the adverse effects of R&D development and drug innovation, and patient health outcomes? Here too, the literature can guide us**. The most direct study is one that estimated the effect of real** (inflation-adjusted) price declines from price controls **on reductions in R&D investment, and then in turn, on life-years lost** (in millions) (26). Model estimates determined that a 10 percent, 30 percent, and 50 percent decrease in real drug prices from price controls, decreased R&D investment by 5.8 percent, 17.5 percent, and 29.2 percent, and led to life years lost (in millions) of 40.1, 113.5, and 178.8, respectively. This connection to reductions in life-years lost depends on the relationship between the diffusion and utilization of new drug innovation, and patient health. Pharmaceutical innovation was estimated to increase life expectancy by 1.27 years during the period 2000–2009 for 30 developing and high-income countries (27).

#### Impact Story

#### Patents are key to global South pharmaceutical industries that stop neglected diseases

Soyeju and Wabwire 18 [Olufemi Soyeju, Lecturer at Lagos State University, and Joshua Wabwire, educator at the Catholic University of Eastern Africa, 01-2018, “The WTO-TRIPS Flexibilities on Public Health: A Critical Appraisal of the East African Community Regional Framework,” World Trade Review; Cambridge <https://www-proquest-com.ezproxy.library.unlv.edu/docview/1994279823?accountid=3611&pq-origsite=primo>

Conclusions The problem that this research has highlighted is the already too familiar tension between patent protection and access to medicines. The legal framework for patents and access to medicines in the EAC region consists of the Policy and the accompanying Protocol. What has emerged from the analysis is that the policy tools are aimed at enhancing access to medicines mainly through price reduction. This is done at the direct expense of promoting research and development of medicines, which, in line with the utilitarian justification, is achievable through patent protection. This policy position that weakens patent protection is not appropriate for developing African countries. This is because African countries are faced with peculiar, region-specific diseases. Currently, these diseases are largely neglected by the profit-driven pharmaceutical companies, which do not have economic incentives to invest in developing medicines for populations that cannot afford to pay for them. Most of these pharmaceutical companies are foreign, largely based in the Global North. Since these companies do not have economic incentives to invest in the research and development of medicines for developing countries' diseases, even patent protection has not necessarily been an attractive incentive.194The focus of these companies is now on developed countries' diseases. In these circumstances, the only standing incentive, especially for spurring domestic innovation from within developing countries, is patent protection. Consequently, any strategy that eliminates this last straw will only worsen the already bad situation. The situation described above underscores the urgent need to develop local pharmaceutical industries and to create alternative incentives for investment in research and development of medicines for neglected diseases, for example through Public-Private Partnerships (PPPs). Both of these can be attained through an appropriate patent protection regime that does not weaken patent protection. Such a regime must, for instance, be omniscient of domestic innovators' limited capacity and, consequently, avoid strict patentability criteria, which cannot be met by the small-scale, underfunded domestic innovators. Strict patentability criteria may also discourage disclosure of certain important discoveries, for fear of not attaining the criteria and losing out by disclosure. In developing local pharmaceutical industries, it is also necessary to find ways of affording patent protection to indigenous medicines and practices, which, for centuries, have been as useful to the populations as western medicine now is. It is the failure to protect these medicines and practices in the first place that has resulted in foreign pharmaceuticals appropriating the knowledge and patenting it, only to return with expensive medicines.195 It is the argument here that a patent protection policy would only achieve the greatest good for the greatest number of people, in line with utilitarianism, if it balances the goal of price reduction with the need to encourage further research and development of medicines by ensuring that inventors are able to recoup their investments in research and development. It is only through research and development that the medicines will be made available.