### T: Medicine-Not Vaccines

#### A. Interpretation: medicine refers to treatments and cures only. Affirmatives must not reduce other medical IP protections.

**B. Violation: vaccines are medical interventions, not medicines**

Elbe 10 [Stefan Elbe, director of the Centre for Global Health Policy and a professor of international relations at the University of Sussex. "Security and Global Health," ISBN 0745643744, accessed 8-10-2021, https://www.wiley.com/en-ee/Security+and+Global+Health-p-9780745643731]

Yet here too we must be careful not to overlook other types of medical intervention simultaneously pursued by the 'social' arm of modern medicine at the population level. Vaccines in particular continue to be particularly important medical interventions that repeatedly surface in a variety of different health security delib- erations. Strictly speaking, vaccines are not medicines because they consist of small concentrations of disease-causing microbes (or their derivatives) used to enhance a person's immuno-response to a future infection. As a public health measure, vaccines have therefore also been largely sidelined in the existing medicalization literature. Yet, generally speaking, vaccines too can be considered as medical inter- ventions. That is certainly how the World Health Organization views them, pointing out that 'vaccines are among the most important medical interventions for reducing illness and deaths' available today (WHO 2009a). Whereas pills and other therapies mark the tools of clinical medicine, vaccines play a crucial part in the arsenal of 'social' medicine and public health. Developing and rolling out of new vaccines against a range of current (and future) diseases therefore represents further evidence of how the rise of health security is also encouraging security to be practised through the introduction of new medical interventions in society.

**Vaccines are different from medicines in the context of intellectual property**

Garrison 04 [Christopher Garrison, Consultant Legal Advisor to WHO. "Intellectual Property Rights and Vaccines in Developing countries," 04-13-2004, accessed 9-2-2021, https://www.who.int/intellectualproperty/events/en/Background\_paper.pdf?ua=1]

In the last few years, there has been a substantial debate about how intellectual property impacts medicines and in particular how the TRIPS Agreement impacts access to medicines in the developing world. Vaccines are different from medicines in a number of important respects however (at least from the small molecule ‘pill’ medicines if not the newer ‘biotech’ medicines). The issues raised in the access to medicines debate may therefore apply to a greater or lesser extent for vaccines, depending on these differences. This section examines a few of the different forms of intellectual property rights that are relevant in the context of vaccines and outlines the impact of some of the differences between vaccines and medicines.

#### C. Reasons to prefer

#### 1. Limits -- allowing any patented medical intervention includes testing and screening methods, surgery, contact tracing software etc. which takes away generics like innovation bc that applies to pharmaceutical development not distribution of preventative measures which explodes neg prep burden

#### 2. Precision -- we cite the WHO which proves common usage -- they add a whole new caselist based on social medicine which kills predictability -- that's k2 pre-tournament prep and deep clash around the core topic controversy. Reject counter-interps without a positive vision of the topic -- otherwise they can always shift the goalposts

#### Voters

#### Fairness is a voter:

1. Debate is a competitive activity- means any decision you render in an unfair round is arbitrary because unfairness skews the evaluation of a round
2. People see different things as educational but everyone can see blatant structural abuse

#### Education is a voter:

1. Debate is an educational activity- key to schools funding debate
2. Education is the only long term impact to debate

#### Drop the debater:

1. The abuse has already been committed- dropping the argument gives no incentive to not be abusive- drop the debater to promote good in round norms
2. Time skew- I spent a large portion of my speech time explaining why their position was abusive- dropping the debater is the only way to rectify time skew
3. Substance has already been tainted by the abusive practice- no way to accurately evaluate it now

#### Competing interps:

#### Reasonability is arbitrary- I don’t know what you think is reasonable so competing interps is the only way to render a decision on theory

1. Resolvability- clear and concise rules make theory easier to adjudicate

#### No RVIs:

#### If you win a counterinterp it just means your practice isn’t abusive- doesn’t justify voting for you

1. Chilling effect- if we give debaters RVIs other debaters will be too afraid to check abuse because good theory debaters will beat them on it- no way to check abuse

### 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.

#### 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.