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#### The California recall has given democrats optimal election strategy for the midterms to maximize gains – right-wing extremists winning primaries alienate moderates

Ronayne and Riccardi 9/15 (Kathleen Ronayne and Nicholas Riccardi; 9/15/21; AP News; *“Democrats see a midterm map in California recall success”*; accessed 9/19/21; <https://apnews.com/article/donald-trump-california-recall-california-campaigns-health-48a08f0362762dd53f8171c35c09f57b>; Kathleen Ronayne is a olitical reporter for The Associated Press with bylines from California to New Hampshire and swing states in between. Now covering the recall election of Gov. Gavin Newsom and California's influence on the national political debate; Nicholas is a political writer at the associated press) HB

Few Democrats were surprised to see Democratic Gov. Gavin Newsom swat down a Republican-driven recall campaign in bright-blue California. But they were pleased with how he did it. By making the race into a referendum on former President Donald Trump and his supporters’ “extreme” resistance to coronavirus precautions, Newsom offered a formula for survival that could translate to dozens of races in next year’s midterm elections, Democrats said. A healthy turnout, spurred by some late anxiety, showed Democrats remain eager to vote against the former president, even when he’s not on the ballot. California voters rejected the “Republican brand that is centered around insurrection and denying the pandemic,” said Rep. Sean Patrick Maloney, chairman of the Democratic Congressional Campaign Committee. Republicans said they saw nothing to worry about in the California results. Losing badly in a liberal stronghold isn’t much of a prediction of the party’s performance in battlegrounds like Florida or Georgia, they said. They argue they were saddled with a flawed candidate — talk radio host Larry Elder, the Republican frontrunner whom Democrats likened to a Trump clone in a state the former president lost by 30 percentage points and did little to appeal to moderate voters in swingy suburbs. But President Joe Biden and his party won’t have it as easy next year as Newsom did, said Ron Nehring, a former chairman of the California Republican Party who was harshly critical of Elder and worked for one of his rivals “Gavin Newsom had one opponent who he was able to define in the minds of enough swing voters,” he said. “No. 1, Biden himself is not going to be on the ballot and No. 2, he does not have a singular opponent.” On Wednesday, Biden embraced Newsom’s victory and his message. “This vote is a resounding win for the approach that he and I share to beating the pandemic: strong vaccine requirements, strong steps to reopen schools safely, and strong plans to distribute real medicines — not fake treatments — to help those who get sick,” Biden said in a statement. But there will be better test cases coming on how these messages play with voters. In November, voters in Virginia will choose between Democrat Terry McAuliffe, a former governor and longtime Democratic operative, and GOP businessman Glenn Youngkin. McAuliffe has been hammering Youngkin as too extreme for a state that has been growing more diverse, more suburban and more Democratic for years. California has similar demographic trends at play. In Orange County, long a GOP bastion, racial and ethnic diversity and the growing distaste higher-educated, wealthy voters have shown for Trump have opened the door to Democrats in the county — although the GOP won back two House seats there last year. The recall was failing in Orange County by 5 percentage points on Wednesday, although the vote count in California will go on for weeks and the final margins may change. Newsom and his Republican opponent John Cox essentially tied in the county in 2018. Even the incomplete the results buoyed Democrats. “We’re pretty excited about California, and it’s not because we thought we’re going to lose it — it’s because the margin is better than expected and it shows the Republican message is failing badly in swing districts,” Mahoney said. Still, it’s hard to draw too many conclusions from a single election in a state so liberal that Democrats held every statewide office even during Republican wave years of 2010 and 2014. “It’s like us boasting about beating a recall in Alabama,” quipped Matt Gorman, a former strategist with the National Republican Congressional Committee. Gorman said Democrats would only get so much mileage out of demonizing Republican nominees and trying to tie them to Trump. “Biden is the focus” of the midterms, Gorman said, noting how Republicans unsuccessfully tried to tie congressional Democrats to Nancy Pelosi in 2018, when she was only minority leader and didn’t control the House of Representatives. “It becomes less effective once they’re out of power.” “If inflation is high, gas prices are high and COVID is spiking, it’s going to be much harder” for Democrats to talk about Trump and Republican extremism in 2022, Gorman said. It will also be hard for Republicans not to talk about Trump. GOP primaries for Senate seats in Ohio, Georgia and Pennsylvania already are poised to be a competition for Trump’s base. House candidates have been clamoring for Trump’s endorsement. The former president hasn’t been shy about anointing favorites. Democrats are certain to use that against those candidates when they face a general election. “I think a sad reality of the modern GOP is that there are going to be a lot of Larry Elders on the ballot in 2022 because they’re going to win Republican primaries,” said Addisu Demissie, a Newsom campaign strategist. “When the alternative is extreme, you represent not just your base but the middle.”

#### The plan is politically unpopular – voters are divided which means that plans passage flips the major thin margins – vaccines proves

The Hill 5/4 (The Hill; 5/4/21; The Hill; *“Poll: Majority oppose proposal to temporarily waive intellectual property rights on COVID-19 vaccines”*; accessed 8/27/21; <https://thehill.com/hilltv/what-americas-thinking/551797-poll-majority-oppose-proposal-to-temporarily-waive-intellectual>) HB

A majority of voters oppose the proposal to temporarily waive intellectual property rights on COVID-19 vaccines, a new Hill-HarrisX poll finds. The survey comes as the Biden administration faces mounting pressure to support a proposal led by India and South Africa that would waive an international intellectual property agreement that protects pharmaceutical trade secrets. Backers of the move argue it would enable lower-income countries to manufacture the vaccines themselves while those opposed say it could make the vaccine less safe and damper production in existing locations. Fifty-seven percent of registered voters in the May 3-4 survey said they oppose the proposal to waive intellectual property rights on COVID-19 vaccines. By contrast, 43 percent of respondents said they support the proposal. Sixty-four percent of Republican voters along with 52 percent of both Democratic and independent voters said they oppose waiving the intellectual property rights of vaccines. "This is a complex issue with a remarkably sophisticated understanding by the public. The tension is as follows: On one hand you have the need to protect the intellectual property rights of the scientists and companies that brought about the fastest vaccine in history, and will likely need to produce new versions of the shot even faster to battle evolving strains," Dritan Nesho, chief researcher and CEO of HarrisX, told Hill.TV. "On the other hand there’s the need to save lives, reaching global heard immunity and providing access to the vaccine as broadly and equitably as as possible," Nesho continued. "Today a majority of 57 percent of U.S. voters would like to protect the intellectual property of vaccine makers, but as more and more people are vaccinated in advanced economies, voter pressure for broader and more equitable distribution will rise," Nesho added. "Already we see Democrats and independents here split on the issue of whether or not to waive IP rights to provide greater access to the vaccines." President Biden is expected to weigh in on the proposal at a World Trade Organization meeting on Wednesday. The most recent Hill-HarrisX poll was conducted online among 939 registered voters. It has a margin of error of 3.2 percentage points.

#### **A Republican win in 2022 shuts out climate action for decades**

Silverman 8/24 (Ellie Silverman; 8/24/21; The Washington Post; *“Climate activists fear this is the last chance to pass meaningful legislation”*; accessed 8/27/21; <https://www.washingtonpost.com/dc-md-va/2021/08/24/climate-biden-congress-protest/>; Ellie Silverman covers protest movements, activism and local news. At The Post, she has also covered local crime and courts. She has previously reported on retail, breaking news and general assignment stories for the Philadelphia Inquirer, her hometown paper. She graduated from the University of Maryland, where she reported for the Diamondback) HB

There is a rising frustration among many of those organizers, who say they helped turn out the vote in 2020 but are not seeing climate pledges translate into meaningful changes. They are worried that the opportunity to push through ambitious climate legislation will soon be gone — and that they may not have another chance. “He said he was the climate president,” Peltier — an Anishinaabe citizen of the Turtle Mountain Band of Chippewa and a member of the Indigenous environmental justice organization Honor the Earth — said outside the White House on Monday. “Now he doesn’t care.” Many climate activists have described an escalating sense of urgency to implement the sweeping changes needed to slow Earth’s warming, highlighted by the recent landmark report from the Intergovernmental Panel on Climate Change. U.N. Secretary General António Guterres called the report a “code red for humanity.” The pace of emissions shows the planet is on track to warm more than two degrees Celsius above preindustrial levels, which could trigger irreversible damage, according to the IPCC report. The Greenland ice sheet could collapse, and sea levels could rise more than six feet. There will be more of the climate-fed fires of this summer, deadly heat waves and devastating floods. Natalie Mebane read the IPCC report and thought of how much ground the climate movement in this country lost under President Donald Trump, whose administration allowed more pollution and weakened protections for wildlife. She worries Republicans will regain power in the 2022 midterms and thinks the slim window from now until then may be the final opportunity to see climate priorities passed through Congress. If not, it could be years before Democrats are in control — wasted time that Mebane fears could cause permanent devastation. “If the Democrats lose a single seat in the Senate, it’s over,” said Mebane, the associate director of U.S. policy for 350.org, an international climate group. “These years that we have right now is the last time that we can even make an impact and influence on climate change before it becomes runaway climate change that we have zero control over.” Biden has tackled greenhouse-gas emissions by proposing new federal goals and mandates to begin shifting the country toward electric cars, rejoined the Paris climate accord and revoked a federal permit for the Keystone XL oil pipeline. But activists point out Biden is still supporting Line 3, a tar-sands oil-pipeline expansion project that will be able to carry 760,000 barrels a day from Canada across northern Minnesota and into Wisconsin. They have called for him to revoke the permit, as he did with Keystone XL, and have protested for months, including on construction sites, chaining themselves to equipment and risking arrest. The White House did not respond to a request for comment. Earlier this month, the Senate approved the $1.2 trillion infrastructure bill with funding to tackle climate change, but many activists said the legislation has fallen short of dramatically addressing goals as lofty as this crisis demands. That does not mean Democrats should pass just any climate legislation, activists say — it has to include the right policies. Compromising on climate, they said, is not good enough. Though the bipartisan infrastructure bill apportions billions of dollars toward funding new public transit and electric-car charging stations, measures that are meant to cut climate-warming emissions, environmental organizations say it does not go far enough. They want to see legislation supporting Biden’s stated goal of replacing 100 percent of lead pipes and the replacement of all diesel school buses with clean electric ones. “It’s hard to square the scale of the problem with the solutions being discussed,” said Lukas Ross, program manager for the Climate and Energy Justice program at Friends of the Earth, another environmental group. “This is not the moment to bargain away the store in the name of passing anything.” Climate groups are focusing on the passage of a second bill through budget reconciliation, a process that would allow Democrats to pass more dramatic climate legislation without Republican support. Democrats in Congress are hoping to work in a clean-energy standard that would compel power providers to shift to wind, solar and other low-emission sources of energy to achieve 80 percent clean electricity by the end of the decade.

#### **US climate action is key to world wide action**

Beeler 19 (Carolyn Beeler; 9/18/19; PRI; *“Top US leadership is 'missing ingredient' in climate change action”*; accessed 8/27/21; <https://www.pri.org/stories/2019-09-18/top-us-leadership-missing-ingredient-climate-change-action>; Carolyn Beeler leads environment coverage for The World. She reports and edits stories focused on the people and places most impacted by climate change, and what they're doing to address it. She has reported from all seven continents and won national and regional awards for her breaking news and in-depth feature reporting. Before joining The World, Carolyn helped pilot the weekly health and science show, The Pulse, at WHYY in Philadelphia, and reported from Berlin for a year as a Robert Bosch Foundation fellow. She studied journalism at Northwestern University and got her start in radio as a Kroc fellow at NPR.) HB

World leaders will meet in New York next week for the United Nations Climate Summit, an event called by the Secretary-General to push for more and faster cuts to global greenhouse gas emissions. Notably missing at the summit: American leadership. Five years ago, a joint climate policy announcement from the US and China paved the way for the Paris climate accord to come to fruition after decades of failed attempts at an international climate pact. Then in June 2017, President Donald Trump announced that he would withdraw the US from the very same agreement his country had helped broker just a few years before. Under the rules of the accord, countries can announce the intention to leave, but must wait two years before being allowed to do so. Two years later, what impact has this policy whiplash had on the climate? Inside the US, that answer is relatively simple to quantify. Across the country, some 4,000 state and local governments, institutions and businesses have declared that, though the federal government intends to withdraw from the Paris climate agreement, they’re still on board with cutting emissions. One of those local governments is in Arlington, Massachusetts, where the town hall was illuminated green after Trump’s 2017 Paris withdrawal announcement. “We’ve come to the realization that if the federal government’s not going to do it, it’s going to fall to the local level,” said Adam Chapdelaine, Arlington’s town manager. “Somebody has to step up and be a leader.” Even before the Paris Agreement, the town has long worked to reduce its greenhouse gas emissions, from switching its street lights to LED bulbs to buying electric vehicles for its official fleet. Residents can opt-in to 100% renewable energy in their homes and the town is advocating for all-electric heating and cooling systems. Since the US federal government reversed its climate change policies, Arlington has gotten perhaps more ambitious: The town’s new high school is being designed to run on geothermal and solar energy and the whole town aims to go carbon-neutral by 2050. These state and local actions are being highlighted as “answering the global call to combat the climate crisis” by a coalition of sub-national actors formed by New York Mayor Michael Bloomberg and former California Gov. Jerry Brown. But these actions have only partly counteracted sweeping federal changes under the Trump administration. Trump has slashed regulations on emissions from power plants, air conditioners and refrigerators, and oil and gas drilling nationwide. He moved to revoke California’s ability to set its own strict vehicle emission rules on Wednesday, highlighting the limits of state-based action on climate change. So how does the emissions balance sheet tally up today, two years after the US backed away from the Paris agreement? Kate Larsen, a director at the independent research firm the Rhodium Group, said US carbon emissions are a few percentage points higher than they would have been if former President Barack Obama-era policies were in place. Projected forward five years, that gap will just grow. “Under the current set of Trump administration policies, the US is on track to achieve only about 14 to 17% emission reductions below 2005 levels in 2025,” Larsen said. That’s about half of the 26 to 28% emission reductions that the US promised in the climate accord. “[It's] a long way from the commitment that Obama reached in Paris,” Larsen said. Scientists say that to limit warming to 1.5 degrees Celsius and avoid the worst impacts of climate change, global emissions must be cut nearly in half by 2030. Inside the US, local action is partly, but not wholly, counteracting federal policies. The bigger question is how much global ambition to tackle the climate crisis will flag if the world’s largest historic emitter is no longer leading the push. Will countries, seeing the US doing less on climate change, do the same themselves? Under Obama, the US put its full diplomatic muscle into getting countries signed on to the Paris Agreement. “If you were a head of state from India, from China, or from anywhere and you were going to meet with the United States, you knew that you'd have to be prepared to speak about climate change and the Paris Agreement,” said Elan Strait, a former climate negotiator on the Paris Agreement who now works at the World Wildlife Foundation. By 2020, countries are requested to announce new carbon cuts as part of the Paris process. Those cuts have to be more ambitious if countries hope to meet the Paris Agreement goal of keeping warming “well below” 2 degrees Celsius and pursue efforts to limit warming to the scientist-recommended 1.5 degree Celsius. “I completely believe that the missing ingredient this time around is the United States leadership driving climate as a head-of-state agenda,” Strait said. Only when those 2020 climate pledges start rolling in will the international community start to see the full impact of the US climate policy reversal.

**Climate change causes extinction – ocean acidification, water and resource wars, econ collapse, and regional conflicts.**

Pachauri and Meyer 15 (Rajendra K. Pachauri Chairman of the IPCC, Leo Meyer Head, Technical Support Unit IPCC were the editors for this IPCC report, “Climate Change 2014 Synthesis Report” <http://epic.awi.de/37530/1/IPCC_AR5_SYR_Final.pdf> IPCC, 2014: Climate Change 2014: Synthesis Report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change [Core Writing Team, R.K. Pachauri and L.A. Meyer (eds.)]. IPCC, Geneva, Switzerland, 151 pp)

SPM 2.3 Future risks and impacts caused by a changing climate Climate change will amplify existing risks and create new risks for natural and human systems. Risks are unevenly distributed and are generally greater for disadvantaged people and communities in countries at all levels of development. {2.3} Risk of climate-related impacts results from the interaction of climate-related hazards (including hazardous events and trends) with the vulnerability and exposure of human and natural systems, including their ability to adapt. Rising rates and magnitudes of warming and other changes in the climate system, accompanied by ocean acidification, increase the risk of severe, pervasive and in some cases irreversible detrimental impacts. Some risks are particularly relevant for individual regions (Figure SPM.8), while others are global. The overall risks of future climate change impacts can be reduced by limiting the rate and magnitude of climate change, including ocean acidification. The precise levels of climate change sufficient to trigger abrupt and irreversible change remain uncertain, but the risk associated with crossing such thresholds increases with rising temperature (medium confidence). For risk assessment, it is important to evaluate the widest possible range of impacts, including low-probability outcomes with large consequences. {1.5, 2.3, 2.4, 3.3, Box Introduction.1, Box 2.3, Box 2.4} A large fraction of species faces increased extinction risk due to climate change during and beyond the 21st century, especially as climate change interacts with other stressors (high confidence). Most plant species cannot naturally shift their geographical ranges sufficiently fast to keep up with current and high projected rates of climate change in most landscapes; most small mammals and freshwater molluscs will not be able to keep up at the rates projected under RCP4.5 and above in flat landscapes in this century (high confidence). Future risk is indicated to be high by the observation that natural global climate change at rates lower than current anthropogenic climate change caused significant ecosystem shifts and species extinctions during the past millions of years. Marine organisms will face progressively lower oxygen levels and high rates and magnitudes of ocean acidification (high confidence), with associated risks exacerbated by rising ocean temperature extremes (medium confidence). Coral reefs and polar ecosystems are highly vulnerable. Coastal systems and low-lying areas are at risk from sea level rise, which will continue for centuries even if the global mean temperature is stabilized (high confidence). {2.3, 2.4, Figure 2.5} Climate change is projected to undermine food security (Figure SPM.9). Due to projected climate change by the mid-21st century and beyond, global marine species redistribution and marine biodiversity reduction in sensitive regions will challenge the sustained provision of fisheries productivity and other ecosystem services (high confidence). For wheat, rice and maize in tropical and temperate regions, climate change without adaptation is projected to negatively impact production for local temperature increases of 2°C or more above late 20th century levels, although individual locations may benefit (medium confidence). Global temperature increases of ~4°C or more 13 above late 20th century levels, combined with increasing food demand, would pose large risks to food security globally(high confidence). Climate change is projected to reduce renewable surface water and groundwater resources in most dry subtropical regions (robust evidence, high agreement), intensifying competition for water among sectors (limited evidence, medium agreement). {2.3.1, 2.3.2} Until mid-century, projected climate change will impact human health mainly by exacerbating health problems that already exist (very high confidence). Throughout the 21st century, climate change is expected to lead to increases in ill-health in many regions and especially in developing countries with low income, as compared to a baseline without climate change (high confidence). By 2100 for RCP8.5, the combination of high temperature and humidity in some areas for parts of the year is expected to compromise common human activities, including growing food and working outdoors (high confidence). {2.3.2} In urban areas climate change is projected to increase risks for people, assets, economies and ecosystems, including risks from heat stress, storms and extreme precipitation, inland and coastal flooding, landslides, air pollution, drought, water scarcity, sea level rise and storm surges (very high confidence). These risks are amplified for those lacking essential infrastructure and services or living in exposed areas. {2.3.2} Rural areas are expected to experience major impacts on water availability and supply, food security, infrastructure and agricultural incomes, including shifts in the production areas of food and non-food crops around the world (high confidence). {2.3.2} Aggregate economic losses accelerate with increasing temperature (limited evidence, high agreement), but global economic impacts from climate change are currently difficult to estimate. From a poverty perspective, climate change impacts are projected to slow down economic growth, make poverty reduction more difficult, further erode food security and prolong existing and create new poverty traps, the latter particularly in urban areas and emerging hotspots of hunger (medium confidence). International dimensions such as trade and relations among states are also important for understanding the risks of climate change at regional scales. {2.3.2} Climate change is projected to increase displacement of people (medium evidence, high agreement). Populations that lack the resources for planned migration experience higher exposure to extreme weather events, particularly in developing countries with low income. Climate change can indirectlyincrease risks of violent conflicts by amplifying well-documented drivers of these conflicts such as poverty and economic shocks (medium confidence). {2.3.2} 2010 )

### 2

#### The COVID epidemic has exposed massive flaws in biosecurity, lack of public health compliance, anti-vaxxers, and PPE shortages have shown unique vulnerabilities – the US is specifically exposed

Lyon 21 (Regan Lyon; 7/1/21; Military Medicine, Volume 186, Issue7-8, July-August 2021, Pages 193-196; *“The COVID-19 Response Has Uncovered and Increased Our Vulnerability to Biological Warfare”*; accessed 8/13/21; <https://academic.oup.com/milmed/article/186/7-8/193/6135020>; Department of Defense Analysis at the Naval Postgraduate School) HB \*We do not endorse the ableist language of the card\*

INTRODUCTION Biological warfare has been an unlikely, but serious, concern for military operations and national security. The 2018 National Biodefense Strategy (NBS) articulated a collaborative plan to prevent, detect, and respond to biological threats to the USA.1 The NBS highlights recent, isolated outbreaks of Systemic Acute Respiratory Syndrome (SARS), Ebola, and Zika viruses as warnings to nation states and justification for enhanced biological threat responses. Although these events are not considered deliberate threats, clandestine bioweapon programs and terrorist groups seeking such programs are known to exist and capitalize on such natural outbreaks.1 The NBS’s emphasis on prevention and response drives the requirement to enhance biological weapon deterrence and defense strategies to avert the employment of biological weapons on U.S. civilians or military personnel.1 The public health crisis that ensued with SARS-associated coronavirus-2 (SARS-CoV-2) has highlighted our nation’s bioweapon vulnerabilities on the international stage and has the potential for disastrous effects on national security. Previous questions regarding how the USA would respond to a large biological outbreak (or biological weapon) have now been answered for potential adversaries across the world. The ambiguity of both our capabilities and weaknesses, which provided deterrence to adversarial employment of biological weapons before the pandemic, no longer exists. This article will provide an overview on biological weapons and the concepts of deterrence and defense in the context of bioterrorism. Then, it will analyze how the national personal protective equipment (PPE) shortage, public resistance to public health measures, the anti-vaccination movement, and USNS (United States Navy Ship) Comfort deployment to New York City have increased our vulnerability to bioterror attack by impacting our deterrence and defense measures. Finally, it will offer recommendations to restore our bioterrorism security after the detrimental effects from the events unfolding in the USA. BIOLOGICAL WEAPONS REGULATIONS, DETERRENCE, AND DEFENSE Even though biological warfare is considered a “weapon of mass destruction” and is prohibited by a treaty drafted by the 1972 United Nations Biological Weapons Convention (BWC), not all adversaries adhere to these standards. Terrorist groups and covert operations have utilized biological weapons for small operations because the actors, by nature, are either non-eligible to ratify the treaty or would not do so if they could. Although there have been no intentional large-scale attacks, especially by adversarial nation states, this is not guaranteed to be the case in the future.2 The BWC does not prohibit ratified nations from having pathogens or toxins for peaceful purposes, such as the development of vaccines. After the natural outbreak of smallpox and its subsequent eradication accomplished by the World Health Organization in 1980, less virulent poxviruses have continued to be used in a variety of laboratories for research and development of vaccines for a variety of diseases.3 The original, more deadly strain of smallpox has been retained at two facilities in Russia and Atlanta.4 Because smallpox’s virology makes it an ideal biological weapon, the samples in Atlanta and Russia offer defense through researching countermeasures should an attack occur and simultaneously provide a repository from which a biological weapon can be acquired. “Deterrence” and “defense” are two concepts which are typically described in terms of nuclear warfare, but they can also be applied to national security from a biological attack.5 Deterrence is the ability to prevent an adversary from taking some action during peacetime.5 For biological warfare deterrence, vaccines and preventative medicine measures prevent susceptibility to a microbe. For a largely vaccinated and/or health-conscious population, the costs of production, storage, and dissemination of a bioweapon greatly outweighs the rare chance of the target contracting the disease. New Zealand’s robust public health measures, citizen compliance, and continued efforts to sustain a caseload under 20 since April is a strong deterrent for biological attack.6 Defense mechanisms decrease the effectiveness of the attack, putting a high cost-to-benefit burden on the adversary.5 A defense measure for bioterrorism would be an adequate medical treatment response to casualties of the bioweapon, decreasing mortality and the overall effectiveness of the weapon. COVID-19 PANDEMIC ANALYSIS The novel SARS-CoV-2 has several characteristics of an ideal biological weapon, including high transmission rate, long incubation period, airborne transmission, and significant morbidity/mortality.7 In fact, early in the pandemic, suspicion was cast that the virus was being developed as a biological weapon by a laboratory in Wuhan, China.8 Although these allegations have been deemed conspiracy theories as a result of misinformation operations, the resulting pandemic and the panicked public share similarities to a bioterror attack. The events occurring within the USA during the coronavirus disease 2019 (COVID-19) pandemic create a global narrative on how we respond to a biological crisis. The 2018 NBS emphasized the continued threat of biological weapons to national security and identified the need to deter and defend against bioterrorism acts.1 This section will analyze events in the USA during the pandemic, how they bolstered or negated our current bioterrorism deterrence or defense strategies, and offer areas for improvement to restore our bioterror security. Personal Protective Equipment Shortage The 2018 NBS mandates having a robust mobilization of PPE for frontline healthcare workers and an adequate communication plan on preventative health measures for the general public in the event of an attack.1 The ability to provide sufficient quantities of PPE for medical personnel is a vital defense tactic as it increases the efficiency of the healthcare system to treat casualties in response to a biological outbreak. Having the ability to mobilize these resources to hospitals strengthens bioterror deterrence by demonstrating to a potential adversary that a bioterror attack would have a limited effect on a population given the healthcare preparedness. As conflicting information was published across multiple media platforms from January to March, panic spread that the virus was more dangerous than originally believed. Citizens flooded stores in town and online, buying “essential items” in preparation for a lockdown. Items such as masks, gloves, and sanitizers were out of stock everywhere, including healthcare supply chains. More importantly, citizens heard N95 masks could prevent contracting the virus, suddenly increasing N95 demand.9 Demand exceeded supply quickly, and healthcare workers began complaining of the nation-wide shortage of appropriate PPE required to care for infected patients.10 The inability to acquire necessary PPE supplies due to crippled supply chains and general public hoarding caused a ripple effect within the healthcare system. As a result, hospitals began to institute resource conservation measures, attempting to extend the life of supplies intended for one-time use. These PPE conservation measures, however, were interpreted by some healthcare workers as putting their lives in jeopardy and instigated lobbying and campaigning for government involvement. News reports flourished of disgruntled healthcare workers who were at risk of infection due to a lack of PPE. Such reports of general public hoarding, inadequate PPE logistical chains, and inappropriate PPE conservation measures by hospitals demonstrate the USA’s poor public health response. The NBS calls for an extensive mobilization of adequate PPE in response to a biological outbreak to decrease the pathogen spread, minimize its effects, and improve our resiliency.1 The capability to decrease the pathogen’s effects increases an attacker’s “sunk costs” should they choose to release a biological weapon. An impaired, or presumably impaired, capability adversely affects our defense strategy. In addition, the decrease in cost-to-risk ratio impairs our deterrence measures by showing worsened biological denial. The rapid healthcare PPE disappearance secondary to pandemic panic demonstrated a critical vulnerability in one of the most important defense strategies for a bioterror attack. To improve our defense capability, our healthcare workers must have an adequate supply of PPE, which can be mobilized expeditiously. Bioweapons have a high transmission rate and are easily disseminated, which make airborne and droplet transmission favorable. Public health experts should retrospectively analyze the types and amounts of PPE utilized in areas highly impacted by SARS-CoV-2. With these data, models can be created to make recommendations for phase-based mobilization of PPE and to determine the size of stockpile needed for immediate release. Government agencies need to establish agreements with PPE manufacturers to prioritize production in declared biological emergencies. Anti-Vaccination Movements Non-compliance with recommended public health and protective measures, including vaccines, also cripples our nation’s biodefense. Public health measures such as social distancing, aggressive sanitation, and mask mandates are examples of defense tactics for the COVID-19 pandemic. The individualistic U.S. culture fueled widespread non-compliance with these measures and has had significant effect on our ability to “flatten the curve” compared to other countries.11 The preference for “freedom…without interference from the state” is present in 58% of U.S. citizens, compared to 30-38% of European countries.11 The USA’s inability to uniformly employ these measures and decrease the virus spread compared to other countries signals to adversaries a weakness in our defense to decrease the effects of a biological outbreak. Furthermore, the speculation and conspiracy theories surrounding COVID-19 vaccines suggest an inevitable resistance to receiving the vaccine when available. Resistance to vaccinations is nothing new and caused challenges for vaccination against smallpox in the 19th-century U.K. epidemic.12 Then in 2019, the U.S. measles outbreak was amplified by anti-vaxxer campaigns.13 Since early in the COVID-19 pandemic, social media posts have warned that future coronavirus vaccines contain either tracking devices for the U.S. government or toxic chemicals.13,14 This unopposed and contagious anti-vax movement directly affects future biological deterrence because our adversaries know that the population will not be universally compliant with vaccination and will be susceptible to certain pathogens. Recent polls indicate that one-third of U.S. citizens,14 compared to 14% of U.K. citizens,12 would avoid receiving a SARS-CoV-2 vaccine, even if available and affordable. A poor vaccination rate increases a population’s disease susceptibility and decreases biological weapon deterrence by denial. The anti-vaccination movement has caught traction from massive information operations and propaganda on multiple media platforms. Since May 2020, anti-vaxxers have been propagating lies about the side effects of the coronavirus vaccine, but as of June, the Centers for Disease Control, which is responsible for vaccine education, had only a “plan” to counter such anti-vaccine campaigns.14 When the first vaccines were being administered to healthcare workers in the USA in December 2020, multiple social media efforts were started to promote the vaccine.15 Hashtags such as #vaxup, #IGotTheShot, #vaccineswork, and many more were used with social media posts of doctors, nurses, and other medical personnel receiving their vaccine.16 Some posts continued with threads of updates on any side effects encountered to quell public concerns. Information operations such as these may be more effective to counter the anti-vaccination propaganda than government-sponsored campaigns and require further research by public health officials.

#### **Patents are the key to preventing bioweapon development – they prevent technology from being accessible to hostile state and non-state actors**

Finlay 10 (Brian Finlay; Summer 2010; The Fletcher Forum of World Affairs, *“The Bioterror Pipeline: Big Pharma, Patent Expirations, and New Challenges to Global Security”*; accessed 8/13/21; Brian Finlay is a senior associate at the Stimson Center in Washington, DC, where he directs the Managing Across Boundaries Program. He has worked at the Brookings Institution, the Century Foundation, and Canadas Laboratory Center for Disease Control/Health Canada; pages 54-58; ask me for the pdf) HB

NEW CHALLENGES: THE BIOTECH REVOLUTION AND THE ROLE OF THE PRIVATE SECTOR Myriad private sector actors, ranging from single-employee enterprises to major multinational pharmaceutical giants dominate today's biopharmaceutical marketplace. Privately owned companies not only develop, produce, and operate the lion's share of biological industrial equipment, but carry out the greatest share of the scientific research and development for the relevant technologies, goods, and methods of application. University and other non-profit research is often commercially-funded, and many governments around the globe have built public-private partnerships, even in some of the most sensitive areas of biotechnology, to capitalize on cost reductions and innovation. According to a recent Ernest and Young study of the industry, today more than 80 percent of biotechnology firms-and, thus, the technologies they innovate-are in the hands of the private sector." In the United States, the industry's compound annual growth rate has historically hovered around 15 percent, yielding aggregate revenues of more than $70 billion in 2008.18 With fortunes to be made, unprecedented new applications to be discovered, and practically unlimited possibilities for growth, the biopharmaceutical industry has swelled dramatically over the past decade. It is estimated that the biotech sector supports about 3.2 million jobs across the U.S. economy-a little more than one job for every 100 Americans.' 9 In Europe, publicly traded biotech companies' revenues increased 17 percent in one year, from f9.6 billion in 2007 to £11.2 billion in 2008. And although the recent global financial crisis had a negative impact, the product pipelines of European industry are growing across all phases of clinical development.20 By virtually any measure, the United States and Europe remain unmatched global hubs for biotechnological investment and innovation. For national security analysts, this reality has long provided some measure of comfort. Although the system of security assurances mandated by technologically advanced (principally Western) governments is far from a panacea against biothreats, the absence of similarly robust legal barriers in many countries raises serious international security concerns. 2' For instance, although the United States, Canada, the United Kingdom, Germany, and Singapore have all introduced strict regulations on pathogenic agents that may be of interest to committed bioterrorists, most countries have not. Similarly, export controls and enforcement over many sensitive technologies are often extremely lax, particularly in countries of the Global South.22 And because terrorists and proliferant states may shop for pathogens and dual-use production technologies where controls are the weakest, this uneven patchwork of regulations leaves open a significant gap in global biosecurity standards.23 It was in this porous regulatory environment that President Obama released his National Strategy for Countering Biological Threats in November 2009. His plan cited both unparalleled innovations in the life sciences and imperfections in existing control regimes as the principle motivations for a new strategy that seeks to prevent biotechnology products from being used for harmful purposes.24 However, while the President's plan presented a more forward-leaning agenda to counter the rising risk of proliferation by explicitly leveraging public health in support of international security, at its root, the strategy extends the traditional state-centric approaches to a problem that is increasingly one of the private sector. A proper approach to the issue-and its solution set-must place industry at its epicenter. In short, the Obama strategy exemplifies the continued mismatch between governments' near singular focus on regulation of the industry on the one hand, and the elusive nature of privately-driven biotech innovation on the other. Beyond encouraging the industry to adopt more stringent security standards in the public interest, governments have generally proven bereft of innovative ideas that more directly link these measures to the private sector's enlightened self-interest. This mismatch is aggravated by the reality that the biotech and pharmaceutical community stands on the brink of yet another grand transformation that will render traditional control efforts, however effective they may have proven in the past, even more anachronistic. Over the course of the coming decade, the traditional drug development strategies employed so successfully by Western biopharmaceutical companies in the past will run headlong into two realities that will fundamentally alter biopharmaceuticals' business model: continued and rampant globalization of the life sciences and big pharma's patent expiration challenges. These forces will have profound implications on the future of drug development and the internationalization of intellectual property. Further, it threatens to open a new era of biological weapons proliferation by pushing bio-innovation into regions that are ill-prepared to manage the leakage of sensitive knowledge and equipment to those intent on developing biological weapons. Accelerating Globalization of the Life Sciences As globalization began to take firm root in the 1980s, virtually every industrial sector across the Western world sought to capitalize upon its underlying forces to promote efficiency and financial gain. Conceptions of tightly integrated firms whose product development was bound by national borders gave way to an internationalization of R&D, production, and supply chains. Expedited global trade, hastened by advances in everything from information to transportation technologies, allowed profit and efficiency to be maximized through outsourcing, off-shoring, supply-chaining, and other activities that drove intellectual and manufacturing capacity far beyond Western shores. The corresponding transfer of information, processes, and technology generated new local enterprises, including subsidiary operations that collaborated with or competed for global market share. This dynamic, in turn, created a virtuous cycle that accelerated the biotechnological competencies of these new markets. Soon, states that were seen to have lacked the indigenous expertise to perform complex R&D and manufacturing operations began to develop advanced, competitive industrial sectors.25 By the late 1990s, the spread of biotechnological knowledge and equipment allowed even more companies, universities, and research institutes around the world to benefit from advances in the life sciences. Today, developing countries nurture competitive industrial sectors that challenge traditional suppliers in Western Europe. According to the United Nations, many developing countries, including Argentina, Brazil, China, Cuba, Egypt, India, Mexico, and South Africa are already approaching the leading edge of biotechnological applications and have "significant" research capacity in the biosciences.26 In aggregate, this can only be seen as a significant boon to global development. As in the North, the developing South is putting these biotech capacities to work for peaceful purposes. Recent technological breakthroughs are indicative of this new geographic diversity of biological talent: the first vaccine against meningitis B was developed in Cuba; South Africa was the first country involved in HIV-C strain preventive treatment; India is the world's largest producer of the hepatitis B vaccine; and China was the first country to license gene therapy.27 Meanwhile, biotechnology is providing an infusion of high-skilled, stable, and lucrative jobs, and endowing struggling economies with critical growth and diversification. For the security conscious, however, the globalization of biotechnology has also expanded the locus of the bioproliferation challenge from technologically advanced countries of the North into far-flung places around the globe.28 Thus, even as humankind reaps the benefits of the biotech revolution, governments around the world are increasingly challenged by the confluence of rapidly advancing science and technology and by globalization itself. High technical hurdles to isolation and weaponization of dangerous pathogens once confined fears about the development and use of biological weapons to advanced industrial states. But now, the spread of dual-use biotechnologies means that a growing number of countries-and even terrorist groups-may gain access to the capacities necessary to develop a bioweapon.

#### **Any reduction in bioweapons threat is key – 1ar impact defense doesn’t account for future technology developments that make them a existential threat**

Millett and Snyder-Beattie 17 (Piers Millett and Andrew Snyder-Beattie; 2017; Health Security, Volume 15, Number 4; *“Existential Risk and Cost-Effective Biosecurity”*; accessed 8/13/21; <https://www.liebertpub.com/doi/pdf/10.1089/hs.2017.0028>; Piers Millett, PhD, is a Senior Research Fellow, and Andrew Snyder-Beattie, MS, is Director of Research; both at the University of Oxford, Future of Humanity Institute, Oxford, England.; page 378) HB

Why Uncertainty Is Not Cause for Reassurance Each of our estimates rely to some extent on guesswork and remain highly uncertain. Technological breakthroughs in areas such as diagnostics, vaccines, and therapeutics, as well as vastly improved surveillance, or even eventual space colonization, could reduce the chance of disease-related extinction by many orders of magnitude. Other breakthroughs such as highly distributed DNA synthesis or improved understanding of how to construct and modify diseases could increase or decrease the risks. Destabilizing political forces, the breakdown of the Biological Weapons Convention, or warfare between major world powers could vastly increase the amount of investment in bioweapons and create the incentives to actively use knowledge and biotechnology in destructive ways. Each of these factors suggests that our wide estimates could still be many orders of magnitude off from the true risk in this century. But uncertainty is not cause for reassurance. In instances where the probability of a catastrophe is thought to be extremely low (eg, human extinction from bioweapons), greater uncertainty around the estimates will typically imply greater risk of the catastrophe, as we have reduced confidence that the risk is actually at a low level.48 xxx Given that our conservative models are based on historical data, they fail to account for the primary source of future risk: technological development that could radically democratize the ability to build advanced bioweapons. If the cost and required expertise of developing bioweapons falls far enough, the world might enter a phase where offensive capabilities dominate defensive ones. Some scholars, such as Martin Rees, think that humanity has about a 50% chance of going extinct due in large part to such technologies.49 However, incorporating these intuitions and technological conjectures would mean relying on qualitative arguments that would be far more contentious than our conservative estimates. We therefore proceed to assess the cost-effectiveness on the basis of our conservative models, until superior models of the risk emerge.

#### **Bioweapon usage causes extinction – increasing development of lethality and spread proves that the threat is increasing – action now to bolster infrastructure is key**

Millett and Snyder-Beattie 17 (Piers Millett and Andrew Snyder-Beattie; 2017; Health Security, Volume 15, Number 4; *“Existential Risk and Cost-Effective Biosecurity”*; accessed 8/13/21; <https://www.liebertpub.com/doi/pdf/10.1089/hs.2017.0028>; Piers Millett, PhD, is a Senior Research Fellow, and Andrew Snyder-Beattie, MS, is Director of Research; both at the University of Oxford, Future of Humanity Institute, Oxford, England.; page 374) HB

In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-21 Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a long historical track record of state-run bioweapon research applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.22 Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.23,24 While there is no evidence of staterun bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and mutually assured destruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.25The possibility of a war between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,26 and Japan using plague to cause an epidemic in China during WWII.27 Non-state actors may also pose a risk, especially those with explicitly omnicidal aims. While rare, there are examples. The Aum Shinrikyo cult in Japan sought biological weapons for the express purpose of causing extinction.28 Environmental groups, such as the Gaia Liberation Front, have argued that ‘‘we can ensure Gaia’s survival only through the extinction of the Humans as a species. we now have the specific technology for doing the job. several different [genetically engineered] viruses could be released’’(quoted in ref. 29). Groups such as R.I.S.E. also sought to protect nature by destroying most of humanity with bioweapons.30 Fortunately, to date, non-state actors have lacked the capabilities needed to pose a catastrophic bioweapons threat, but this could change in future decades as biotechnology becomes more accessible and the pool of experienced users grows.31,32

## On

### Solvency Dump

#### No solvency –

#### 1.] Data sharing kills incentive to innovate

#### 2.] patent thickets stop the benefits to your aff

- Stiglitz & Wallach warrants 1&2

Stiglitz & Wallach 21 - [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^c rc

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

#### Patent thickets sustain monopolies – this alone non-UQs the Pricing contention.

Amin 18 – [He has served as legal advisor/consultant to many groups, including the European Patent Office, United Nations Environment Programme and World Health Organisation. He is a former Harvard Medical School Fellow in the Department of Global Health & Social Medicine and was a 2009 TED Fellow. - <https://www.statnews.com/2018/12/07/patent-abuse-rising-drug-prices-lantus/>] rc a^c

While rewarding invention is important, under the U.S. patent system those rewards have become inflated and unmerited as drug makers have developed defensive strategies that include overly broad patent claims and filing large numbers of follow-on or secondary patents to extend their monopolies. Patients are paying the price. Diabetes provides a good snapshot of the problem. Approximately 7 million Americans rely on insulin to live. Surging insulin prices have gotten so out of hand that 1 in 4 Americans are [rationing their own treatment](https://www.cbsnews.com/news/study-almost-half-of-diabetics-skip-medical-care-due-to-costs/), putting their lives in jeopardy and, in some cases, [dying](https://www.statnews.com/2018/11/27/insulin-prices-protest-sanofi/). Without insurance, one five-pen carton of Lantus Solostar costs $280 [at all major pharmacies](http://www.goodrx.com/) in the U.S. The exact same branded — not generic — package costs about $50 in a [leading diabetes clinic in Mexico](https://www.clinicasdelazucar.com/insulinas/). Lantus, made by Sanofi, is the leading drug for people with type 1 diabetes. The company makes $15 million every day selling this type of insulin. As shown in [a new report](http://www.i-mak.org/wp-content/uploads/2018/10/I-MAK-Lantus-Report-2018-10-30F.pdf) from I-MAK, the organization I help direct, the price of Lantus jumped 18 percent each year from 2012-2016. During that time, U.S. taxpayers bought more than $22 billion worth of Lantus through Medicare and Medicaid. In fact, [Lantus ranked number two](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/MedicarePartD.html) for total overall expenditure in 2016 for both Medicare and Medicaid. Lantus is also [highly overpatented](http://www.i-mak.org/overpatented-overpriced-excessive-pharmaceutical-patenting-extending-monopolies-driving-drug-prices/). Though Sanofi’s primary patents on Lantus expired in 2015, the company has filed 70 secondary patent applications in the U.S. — 95 percent of its total — since the drug was first approved and put on the market in 2000. If granted, these additional patents would give Sanofi monopoly protection for up to 37 more years — almost double the duration provided under U.S. law. Why would a pharmaceutical company file so many patents[?] after a drug is already on the market? Quite simply to preserve and extend its ability to keep competition at bay while hiking prices. The company — which along with Eli Lilly and [Novo Nordisk](https://www.statnews.com/2018/05/15/diabetes-insulin-novo-nordisk-north-carolina/) control nearly the entire U.S. insulin market — has further prevented insulin competition in America by pursuing litigation against two companies that want to offer cheaper biosimilars. (Biosimilars are the generic-like equivalents for complex molecules such as insulin and other biologic drugs.) Like overpatenting, this tactic works against the millions of Americans who must take insulin. Putting two or more generics on the market has been shown to drastically reduce drug prices. In Europe and Japan, fewer patent applications and more friendly biosimilar regulatory requirements have led to multiple biosimilar competitors of Lantus, helping drive down prices and improve access to treatment.

#### **Data sharing prove backlash – turns case**

Lazare and Guerrero 2021 [Sarah, editor and reporter, journalist, In These Times, "Big Pharma Is Deciding Who Lives and Who Dies in the Global South The chilling effect of the pharmaceutical industry’s veiled threats." July 22, [https://inthesetimes.com/article/pfizer-pharmaceutical-companies-covid-pandemic-coronavirus-latin-america-trips-waiver-vaccines //](https://inthesetimes.com/article/pfizer-pharmaceutical-companies-covid-pandemic-coronavirus-latin-america-trips-waiver-vaccines%20//) Phoenix - Brackets in original article

This would not be the first time the pharmaceutical industry has retaliated against countries. In 2007, the U.S.-based Abbott Laboratories refused to supply Thailand with a new HIV treatment in response to the country’s decision to override patent rules on three drugs the company produces, including a cheaper, generic version of the HIV treatment Kaletra. Abbott deliberately withheld a new heat-stable version of Kaletra, which is best suited for countries with hot, muggy climates, and the company was explicit about its punitive intent. ​“This is a consequence, directly, of the Thai government’s decision not to support innovation by breaking the patents of numerous medicines,” said Dirk van Eeden, director for Abbott’s public affairs, according to a 2007 article in Financial Times. (A few weeks later, Abbott reversed its decisions following global outcry.)

But one can look to more recent history to find other forms of industry retaliation. As journalist Lee Fang reported in March, pharmaceutical industry trade groups pressured the Biden administration to impose sanctions on Hungary, Chile and Colombia for their efforts to override patent rules in a bid to improve access to Covid-19 vaccines. This kind of retaliation is not new or unique to the Covid-19 pandemic. Pharmaceutical companies and American lawmakers have threatened India with sanctions for its production of a cheaper version of a cancer drug, and threatened Malaysia with sanctions for its use of a cheaper version of a Hepatitis C drug. Such actions can have a chilling effect. ​“As a result of these and other instances, countries have, understandably, been reluctant to develop more flexible domestic [compulsory licensing] policies and are certainly out of practice in using them,” writes Rachel Thrasher, research fellow at the Global Development Policy Center.

#### 3.] Solely reducing data exclusivity protections don’t solve restrictive bilateral agreements or patent linkages- those restrict generic manufacturing and distribution

Bonadio 21 Enrico Bonadio, (Reader in Intellectual Property Law, City, University of London) and Dhanay M. Cadillo Chandler (Postdoctoral research fellow, University of Turku), 2/24/21, Intellectual property and COVID-19 medicines: why a WTO waiver may not be enough, The Conversation, <https://theconversation.com/intellectual-property-and-covid-19-medicines-why-a-wto-waiver-may-not-be-enough-155920>

There are other barriers that the waiver wouldn’t address. One is that some developing countries have entered into bilateral agreements, especially with the US, the EU and other industrialised nations. These have limited the ability of generics producers to manufacture and distribute cheap medicines. One example is that this has limited the freedom to rely on parallel imports. These usually guarantee the importation of cheaper medicines purchased in countries where the drugs are sold at a lower price. Also, certain free trade agreements have introduced provisions which prevent national drug regulatory authorities from registering and allowing the sale of generics if the medicine is still patented. This is the so-called “[patent linkage](https://www.drugpatentwatch.com/blog/patent-linkage-resolving-infringement/)”. Among the countries that have signed these agreements are those who are part of the Comprehensive and [Progressive Agreement for Trans-Pacific Partnership](https://link.springer.com/article/10.1007/s40319-018-0758-3). They include Brunei, Chile, Malaysia, Mexico, Peru and Vietnam. Other trade and partnership agreements have also obliged certain developing countries to provide an absolute protection of clinical [test data](http://www.hjil.org/wp-content/uploads/Nsour-FINAL.pdf) submitted to regulatory agencies to demonstrate the quality, safety and efficacy of new medicines. This strong exclusivity stops the manufacturers of generics from using such data while applying for their own marketing authorisation. This inevitably slows down the availability of cheaper drugs. Countries like Morocco, Jordan, El Salvador, Guatemala, Honduras and Nicaragua do protect such data as a consequence of trade agreements concluded with the US.

### AT – AMR

#### Turn – Low prices independently cause AMR.

Babu and Suma 6 Babu, Varsha, and C. Suma. "Antibiotic pricing: when cheaper may not be better." Clinical infectious diseases 43.8 (2006): 1085-1086. (Government Primary Health Center)//Elmer

To The Editor—Antibiotics in India have always been cheaper in absolute terms thanks to weak patent laws that have been in effect until recently. Because a direct translation of drug prices from US dollars to Indian rupees (INR) would have rendered most new antibiotics inaccessible to the vast majority of Indians, such patent violations were subtly encouraged. Even despite this, we were caught unaware when pharmaceutical representatives approached our primary care center in rural India, claiming that a 5-day course of levofloxacin would henceforth cost the patient ∼INR 20 (<$0.50). Reluctant to accept such a statement at face value, we consulted the CIMS Updated Prescriber's Handbook [1], a popular index of pharmaceutical drugs available in India. Here, we discovered that a 5-day course of oral levofloxacin (500 mg once daily) cost anywhere from INR 19.5 to INR 475 ($0.50–$10.50), with most companies pricing their brand at <$1 for a full course. The same course in the United States would cost >$100. Intrigued, we did some more research and came up with the following results. The cheapest 5-day courses of first-line antibiotics, such as oral amoxicillin (500 mg thrice daily) or oral erythromycin (500 mg 4 times daily), cost INR 45 ($1) and INR 90 ($2), respectively. On the other hand, the cost of a 3-day course of oral azithromycin (500 mg daily) was one-half that of a course of erythromycin. Despite the obvious price advantage to the patients, we find this trend troubling. **Lower prices** often **lead to wider prescription of a given drug**, especially in resource-limited settings. **If** second-line **antibiotics**—such as levofloxacin and azithromycin—**are made available at lower prices** than first-line antibiotics, **there is a high probability of their overuse and subsequent development of resistance**. In the face of **very low costs of medication**, patients are unlikely to complain of escalating medical expenses. The issue assumes more gravity when one considers the fact that levofloxacin is an important second-line drug for the treatment of tuberculosis [2]. Its widespread use in the community **is likely to lead to emergence of resistance** **among** **mycobacteria** **and** delayed diagnosis of **tuberculosis** [3]—an occurrence that India, with its large population of tuberculosis-affected patients, cannot afford. We believe we have encountered a situation where **low prices of antibiotics are likely to cause more harm than good**. In the post World Trade Organization treaty scenario, governments in resource-limited countries should use their privileges of essential drug control to ensure that the costs of first-line antibiotics remain lower than those of second-line drugs. Such a government-instituted ladder in antibiotic pricing is essential to prevent the misuse of antibiotics in the community and to ensure that antibiotic resistance is kept at low levels.

#### Double bind –

#### Either A.] High prices are the current cause of AMR and their impact is inevitable under COVID

#### Or B.] Low prices will cause more AMR that turn the aff

### AT – Data Exclusivity

#### Turn data exclusivity:

#### 1.] Data exclusivity is necessary to ensure effective clinical research

Bing 21

Dr. Han Bing (senior research fellow at the Institute of World Economics and Politics of Chinese Academy of Social Sciences). “TRIPS-plus Rules in International Trade Agreements and Access to Medicines: Chinese Perspectives and Practices.” Global Development Policy Center, Global Economic Governance Iniative. GEGI Working Paper 049, April 2021. JDN. https://www.bu.edu/gdp/files/2021/04/GEGI\_WP\_\_Bing\_FIN.pdf

Undisclosed test or other data refer to the data obtained in the entire medicine development process to demonstrate the medicine’s safety, efficacy and quality. The medicines and healthcare products regulatory agencies in various countries analyze and evaluate whether to approve the marketing of a new medicine based on such data. Since it is obtained from scientific studies, undisclosed test or other data are unable to satisfy the requirements of patent grant and cannot be protected by patent rights. However, the cost of obtaining marketing approval is expensive and the first registrant needs to be significant to overcome the negative price effects of competition from pharmaceutical manufacturers that free ride on the initial registrant’s marketing approval. Therefore, it is argued that, without a period of monopoly, the new drug developers will have no incentive to “conduct the costly clinical research and trials necessary to obtain marketing approval” (Chow and Lee 2018). Given its importance to the pharmaceutical industry, the United States is a strong proponent of adding such a provision in the TRIPS Agreement (Chow and Lee 2018). However, since the TRIPS Agreement was formally implemented 25 years ago, WTO members had not yet unified their opinions on the application of this provision. The United States, the European Union, and some members argue that, taking into account the considerable amount of efforts and costs for generating the necessary data, unless permitted by the originator, undisclosed test or other data should be granted exclusive rights against disclosure for a specific period of time (UNCTAD & ICTSD 2013, 613-615). During the period, government agencies shall not only protect such data against disclosure, but also prevent generic drug manufacturers from relying upon the data to obtain marketing approval. Developing countries such as Argentina, Brazil, India, and Thailand provide a non-exclusive protection on undisclosed test or other data, that is, such data are protected against unfair commercial use, but not granted exclusive rights, which allows government agencies to rely on such data to approve the marketing of generic medicines (UNCTAD & ICTSD 2013, 615-616). Developing countries believe that if the US and European practices were adopted, the marketing of generic medicines would be delayed, thereby unreasonably restricting the public access to medicines (UNCTAD & ICTSD 2013, 621). Prior to accession to the WTO in 2001, there were no data exclusivity provisions in China. After joining the WTO, China has assumed the obligation to protect such data in compliance with the TRIPS Agreement. Unlike most WTO members, as a condition for accession to the WTO, China agreed to provide data exclusivity protection for a period of six years (Feng 2010). Included in the Part V “Trade-Related Intellectual Property System” of the Report of the Working Party on the Accession of China (World Trade Organization 2001), China reiterated the content of and added what is not stipulated in Article 39(3) of the TRIPS Agreement. That is, during the period of six years, China does not allow approval of marketing for generic medicines, in order to provide exclusive protection for undisclosed test or other data of new chemical entities (World Trade Organization 2001, 284). Moreover, such protection is independent of patent protection, which means such data are protected whether a medicine is granted patent or not. The period of six years exclusive protection for undisclosed test or other data is longer than the period of 5 years of protection in the US and a number of bilateral free trade agreements.

#### Bing details that if we do not have rigorous clinical testing from exclusive data, this will allow drug makers to simply release and proliferate the market with drugs without any regards to ethicality

### AT – High Drug Prices

#### Drug prices are not escalating and wouldn’t have an impact even if they were

IBD ‘18

Investor’s Business Daily, 2-16, 18, <https://www.investors.com/politics/editorials/drug-prices-trump-budget-medicare-price-controls/> Trump Is, In Fact, Taking On High Drug Prices // Phoenix

Concern about high drug prices are legion. But these stories often lack any context. The Los Angeles Times, for example, reported last week that prescription drug prices are slated to climb 6.3% a year, on average, over the next decade, which is faster than overall health spending. It goes on to say that drug prices are one of the "biggest drivers" of health costs and this, in turn, has sparked "growing calls by Democrats for more government regulation of prices." But a look at the data the Times used actually tells a much different story. Despite all of the hue and cry about drug prices, prescription drugs account for slightly less than 10% of national health spending. That share is almost identical to where it was in 1960, when the array of drugs available was far more limited. And in 2016 — the last year for which the government has data — drug spending as a share of overall health spending actually dropped slightly. Because drugs constitute a small share of the nation's health budget, holding down costs won't make much of a difference. For example, if drug spending were to climb at just 4% a year, instead of 6.3% a year, over the next decade, it would shave just 2% off the nation's health care bill in 2026.

#### Squo solves - Competition lowering prices now – new FDA regulation proves

IBD ‘16

Investor’s Business Daily, 2-16, 18, <https://www.investors.com/politics/editorials/drug-prices-trump-budget-medicare-price-controls/> Trump Is, In Fact, Taking On High Drug Prices // Phoenix

But Trump is tackling high drug prices. Trump's FDA **administrator**, Scott **Gottlieb, is focused on increasing price-lowering market competition**. Gottlieb understands that the more choices there are, the more price competition there will be. **So he's pushed the agency to shorten approval times for generics, particularly when there's only one generic alternative on the market. He's also working to streamline the FDA's approval process for new drugs, and lifting the FDA's prejudice against so-called me-too drugs**. This sort of competition is already working. A few years ago, price-control advocates pointed to Sovaldi, a breakthrough drug that can cure hepatitis C but cost $80,000 to administer, as the poster child for price controls. Instead, the FDA last year fast-tracked approval of a second hepatitis C drug — Mavyret — which cost less than a third of Sovaldi. Suddenly, there was a price war for Hep C treatments. Competition, not price controls, cut costs overnight. By boosting competition, Trump will be far more effective at lowering dug costs than any regime of federal price controls could ever hope to be.

### Counterfeits

#### IP waivers cause chaos among current vaccine suppliers and skyrocket vaccine hesitancy – turns case

Baschuck 7/26

[Bryce, reporter for Bloomberg News, "Covid-19 pandemic: WTO holiday from vaccine talks draws calls for action" July 26, [https://www.business-standard.com/article/current-affairs/covid-19-pandemic-wto-holiday-from-vaccine-talks-draws-calls-for-action-121072601721\_1.html //](https://www.business-standard.com/article/current-affairs/covid-19-pandemic-wto-holiday-from-vaccine-talks-draws-calls-for-action-121072601721_1.html%20//) Phoenix

Specifically, opponents to the waiver say it would create a chaotic patchwork of laws, unravel existing industry partnerships, lead to a supply crunch for scarce vaccine inputs and inject even more uncertainty into already complex arrangements.

There’s also the possibility that an IP waiver could result in the production of counterfeit and substandard medicines, which could increase vaccine hesitancy that’s already pervasive in even the world’s wealthiest nations.

#### Waiving IPR protections greenlights counterfeit protection

Roberts 21

[James, research fellow for economic freedom and growth, Heritage Foundation, "Biden's OK of Global Theft of America's Intellectual Property is Wrong, Dangerous" June 25,https://www.heritage.org/public-health/commentary/bidens-ok-global-theft-americas-intellectual-property-wrong-dangerous // Phoenix

Developing breakthrough medications takes tremendous ingenuity and immense financial investments. It’s an extraordinarily high-risk endeavor, and the prospect of making a profit is what convinces private companies to undertake those risks.

Signaling that the United States will not fight to defend their intellectual property rights actively undermines innovation and manufacturing in American health care and medicines.

It also erodes patient protections by undermining quality control. Foreign companies may take the president’s policy as a green light to produce reverse-engineered, counterfeit substitutes. Already there are reports of ineffective and even dangerous counterfeit COVID-19 vaccines being sold around the world.

#### Counterfeit Drugs cause Anti-Biotic Resistance.

Jahnke 19 Art Jahnke 1-14-2019 "How Bad Drugs Turn Treatable Diseases Deadly" <https://www.bu.edu/articles/2019/how-bad-drugs-turn-treatable-diseases-deadly/> (Senior editor Art Jahnke began his career at the Real Paper, a Boston area alternative weekly. He has worked as a writer and editor at Boston Magazine, web editorial director at CXO Media, and executive editor in Marketing & Communications at Boston University, where his work was honored with many awards. Art has served on the editorial board of the Boston Review and has taught at Harvard University summer school and Emerson College.)//Elmer

Four decades later as a Boston University professor of biomedical engineering and materials science and engineering, Zaman was reminded of the dangers of low-quality drugs in his native country when he learned that **more than 200 people in the city of Lahore died after being treated with an adulterated version of a hypertension drug.** That event, in 2012, altered the course of Zaman’s research. Now, he focuses on the global problem of “**substandard drugs**,” poorly made medicines containing ingredients that are either ineffective or toxic. His most recent discovery has startling implications for our understanding of drug resistance: a low-quality version of rifampin, a broad spectrum antibiotic typically used as the first line of defense to treat tuberculosis, **can** greatly **contribute to the development of drug-resistant infections**. The findings, published in Antimicrobial Agents and Chemotherapy, are particularly pressing because **drug-resistant TB** is **an increasing** **problem worldwide**. Of the **10 million new cases** of tuberculosis in 2016, about 600,000 were rifampin resistant, requiring second-line treatments which come with increased toxicity. “**There had not been a definitive study** showing that lack of [antibiotic] quality leads to resistance,” says Zaman, who is also a Howard Hughes Medical Institute Professor of Biomedical Engineering and International Health. “**Now we are sure that it does**, and it does with TB, **a** global **problem that has become stubbornly hard to resolve**.” “We had always thought of this a scientific issue, but now it is also an ethical issue.”Muhammad Zaman Zaman says substandard drugs, as well as drugs that are **deliberate counterfeits**, are all too common in developing nations. A recent survey by the World Health Organization found that in low- and middle-income countries, **one in ten medicines is substandard or falsified**. One contributing factor could be that government enforcement of safe manufacturing practices is feeble or nonexistent. In Pakistan, for example, a country of nearly 200 million people, only a handful of federal inspectors monitor the quality of drug manufacturing.

### Access Turn

#### The plan leads to uncontrolled use of patented technologies, which turns vaccine access, and causes dangerous health consequences.

Crosby and Diamond ‘21

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Waiver risks uncontrolled use of patented technologies, without improving vaccine access. Pharmaceutical companies can provide, and have provided, licenses to distribute or scale-up production of COVID-19 vaccines and therapies at reduced cost. Such license agreements allow for expanded access in low- and middle-income countries, while also setting reasonable parameters

so that patents and other IP rights are used to address the specific medical needs of the COVID-19 pandemic at hand, and not for other purposes. License agreements also allow for orderly technology transfer, including of unpatented “trade secret” information and other critical “know-how,” that may be essential to efficiently producing and scaling-up safe and effective versions of technologically complex vaccines and biologic drug products. Under the present TRIPS waiver proposal, however, member countries could try to exploit an extraordinarily broad scope of IP and copy patented technologies so long as they are “in relation to prevention, containment or treatment of COVID-19.” For example, under an expansive reading of the proposed waiver language, a member country could try to produce patented pharmaceutical compounds that have other indicated uses predating COVID-19, if such compounds had later been studied or experimentally used for potential symptomatic relief or antiviral activity in COVID-19 patients. The same risks may be faced by manufacturers of patented materials or devices that have multiple uses predating COVID-19, but also may be used as “personal protective equipment” or components thereof, or in other measures arguably relating to COVID-19 “prevention” or “containment.”At the same time, it is unclear how the proposed TRIPS waiver could provide the technology transfer and know-how critical for making the complex molecules and formulations constituting the various COVID-19 vaccines. Vaccine manufacture undertaken by an unauthorized party without the proper processes and controls could result in a different product that is potentially ineffective or results in unwanted health consequences. And even if an unauthorized manufacturer could overcome those substantial hurdles to reverse-engineer and scale up a safe and effective vaccine copy, it would likely take substantial time and a series of failures to do so. Notably, several of the original COVID-19 vaccine developers have recently faced low product yield and other manufacturing challenges during pre-commercial scale-up efforts and the initial months of commercial production.