LD September/October 2021
Affirmative Case

Resolved: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.

Framework:

- The **value** of this round is **Morality**, since the word "ought" in the resolution implies a moral obligation.

- Thus, the only reasonable **value-criterion** is maximizing societal well being/util.

Woller 97 shows **[Gary Woller, BYU Prof., "An Overview by Gary Woller", A Forum on the Role of Environmental Ethics, June 1997, pg. 10]**

Moreover, virtually all **public policies entail some redistribution of** economic or political **resource, such that one group's gains** must **come at another group's expense**. Consequently, public policies in a democracy *must be justified* to the public, and especially to those who pay the costs of those policies. Such justification cannot simply be assumed a priori by invoking some higher-order moral principle. Appeals to a priori moral principles, such as environmental preservation, also often fail to acknowledge that public policies inevitably entail trade-offs among competing values. **Thus since policymakers cannot justify inherent value conflicts to the public** in any philosophical sense, **and since public policies inherently imply winners and losers, the policymakers' duty** to the public interest requires them to demonstrate that the redistributive *effects* and value trade-offs implied by their policies **are** somehow **to the overall advantage of society**. At the same time, *deontologically based ethical systems have severe practical limitations as a basis for public policy***.** At best, a priori moral principles provide only general guidance to ethical dilemmas in public affairs and *do not themselves suggest appropriate public policies, and* at worst, they *create a regimen* of regulatory unreasonableness while failing to adequately *address the problem or actually making it worse.* r approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

Contention One: Developing Countries

Developing nations do not have access to vaccines.

Grainger and Dransfield 21 "Rich nations vaccinating one person every second while majority of the poorest nations are yet to give a single dose"
https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210310_covid19-vaccines/// montville

One year on **from** the declaration of **the COVID-19 pandemic**, the People's Vaccine Alliance is warning that **developing countries** are facing critical shortages of oxygen and medical supplies to cope with COVID-19 cases yet the **majority have been unable to administer a single dose of a COVID-19 vaccine. In contrast rich nations have vaccinated their citizens at a rate of one person per second** over the last month. **Many** of these **rich nations**, including the US, UK and EU, **are blocking a proposal by over 100 developing countries to be discussed at** the World Trade Organisation (**WTO**) today, **which would override the monopolies held by pharmaceutical companies and allow an urgently needed scale up in the production of safe and effective COVID-19 vaccines to ensure poorer countries get access to the doses they desperately need.** While more poor countries will see the arrival of doses in the coming days from the World Health Organisation's COVAX facility, the amounts available mean **only three per cent of people in those countries can hope to be vaccinated by mid-year, and only one fifth at best by the end of 2021.** Almost one million people worldwide have signed a call by the People's Vaccine Alliance – a group of campaigning organisations including Oxfam, Frontline AIDS, UNAIDS, Global Justice Now and the Yunus Centre – for rich nations to stop protecting big pharma monopolies and profits over people's lives. On 11 March protests will take place outside pharmaceutical headquarters as part of a global day of action by activists across the world. Recent public opinion polls carried out by YouGov for the Alliance in the US, France, Germany and the UK found that on average, across these countries, more than two-thirds (69 per cent) of people thought that governments should ensure vaccine science and know-how is shared with qualified manufacturers around the world rather than remaining the exclusive property of a handful of pharmaceutical giants and that vaccine developers should be adequately compensated for this. Oxfam International's Executive Director, Gabriela Bucher, said: "Around the world, two and a half million lives have already been lost due to this brutal disease and **many countries are battling without** adequate medical care and no **vaccines**. **By allowing a small group of pharmaceutical companies to decide who lives and who dies, rich nations are prolonging this unprecedented global health emergency and putting countless more lives on the line. At this crucial time, developing countries need support – not opposition."**

Lowering IP protections allows developing nations to get vaccinated.

Kavanagh and Sunder 21 "Poor countries may not be vaccinated until 2024. Here's how to prevent that." https://www.washingtonpost.com/opinions/2021/03/10/dont-let-intellectual-property-rights-get-way-global-vaccination/

President Biden announced last week that the United States will have enough vaccines for every American adult by the end of May. Other rich nations will soon follow suit, having purchased enough doses to inoculate their populations many times over. **Lower-income countries,** however, **have yet to find a pathway to herd immunity anytime soon**. Indeed, experts say that **without significant policy changes, poor countries may not be vaccinated against covid-19 until 2023 or 2024.** We must make critical changes now to fix this inequity and avert a public health disaster. **Vaccinating everyone around the world is not just a moral imperative. With variants of the novel coronavirus first found in Brazil, South Africa and Britain already spreading in the United States, it is clear global vaccination is necessary to end the pandemic.** At the World Trade Organization on Wednesday, the United States and a small number of wealthy countries with ready access to vaccines blocked a proposal by India and South Africa to temporarily waive countries' obligation to enforce patents on covid-19 technologies, including vaccines, during the pandemic. The Biden administration should drop its objection, and WTO members should pass the waiver — quickly. Two decades ago, in the midst of the AIDS crisis, the W.T.O.'s Doha Declaration affirmed intellectual property rules "should not prevent members from taking measures to protect public health." But the clarification of the right of nations to issue compulsory licenses and make generic medicines came too late: More than 5 million people in low- and middle-income countries died from AIDS waiting for the WTO to clarify its rules. Now we are in the middle of another global health emergency. **Two-thirds of WTO members back waiving patent rules during the pandemic, but** the United States and others argue that patents are critical for innovation and are not slowing the global supply of vaccines. Neither is true. First, patents played little, if any, role in stimulating the "warp speed" development of covid-19 vaccines. The Moderna vaccine was almost entirely funded by the U.S. government, with an additional $1 million

donated by Dolly Parton. It is inappropriate for a private company to monopolize technology funded by taxpayers. Moderna itself recognizes this, having previously announced that it will not seek to enforce its vaccine patents. The United States also argues the waiver is unnecessary because countries such as India can already begin producing covid-19 vaccines for their own populations,, and export them to developing countries under existing WTO rules. But the current machinery is cumbersome; implementation may take years. **The waiver, however, would allow generic drug companies to begin making and distributing the vaccines as soon as possible.** Finally, the United States and other opponents argue that even if generic drug companies get the patents, there is nobody who can make them. They suggest technology using mRNA underlying some of the new vaccines is so complicated that even respected generic drug companies cannot make the vaccines. This leads us to the next necessary step: tech transfer. **If patent rights are waived, companies** around the world, such as Biovac in South Africa or Cipla in India, **could rapidly retool their manufacturing capacity to make these vaccines, with experts at the ready to help**. But they also need the recipe. While a patent is supposed to explain how to make a product, many of today's pharmaceutical patent filers intentionally obscure this information. Therefore, the companies making these vaccines should share exactly how they make them. Sharing technology with low- and middle-income countries is standard practice for many medicines. **Gilead Sciences shared technology to help** manufacturers based in **Egypt, India and Pakistan** to **make and sell** remde sivir as a **covid-19 treatment** last year; a company co-owned by Pfizer has done the same for HIV drugs. **Vaccines are harder to engineer** than AIDS drugs, **so sharing tech is essential.** Having funded key vaccine development, the U.S. government has the leverage to push companies to open up their vaccines to the world. The World Health Organization has already said it will help with expertise, and companies such as Moderna, Pfizer and Johnson & Johnson could receive royalties on the sales. But what they must not do is block producers in Africa, Asia and Latin America from making life saving vaccines and exporting them to their neighbors. We cannot afford to repeat the mistakes of the past. Just as the AIDS crisis in Africa necessitated the Doha Declaration, **the** covid-19 **pandemic necessitates** both **a temporary intellectual property waiver from the WTO** and a bold effort to share know-how — not in 2024, but now. Indeed, the covid-19 era should change the way we think about patents and public health. **Intellectual property rights are not ends in themselves; they are tools**

Vaccines are key to ending the pandemic.

Powell 21 **"Vaccines can get us to herd immunity, despite the variants"**

https://news.harvard.edu/gazette/story/2021/02/vaccines-should-end-the-pandemic-despite-the-variants-say-experts/

A Harvard immunologist said current **vaccines** appear to be **effective enough to end the pandemic**, despite growing concerns that more infectious COVID-19 **variants** would severely blunt the effectiveness of the preventative treatments and set the nation back in its fight against the disease. Galit Alter, professor of medicine at Harvard Medical School and the Ragon Institute of MGH, MIT, and Harvard, said the fast-spreading U.K. variant seems able to evade some vaccine protection, and the South African variant appears able to skirt even more. Despite that, she said, none **have[not]** completely **escaped the body's post-vaccination immune responses.** That's because, Alter said, though much attention has focused on how antibodies boosted after vaccination target their attack on the virus' spike protein, **the immune system has an array of other defenses that vaccination also mobilizes, including antibodies that attack other parts of the virus, and, importantly, T-cells that attack the infected cells the virus hijacks in order to replicate.** "What we're seeing is that these **variants don't** seem to **affect T-cell immunity** all that much **and** they [the **T-cells]** seem to be as **effective in recognizing these variants as they do the original virus**," Alter said. "What that means is that **we** actually **have** very **important backup**

mechanisms built into our vaccines that will continue to provide protection against these newly emerging variants." Alter, speaking during a noontime briefing Wednesday by the Massachusetts Consortium on Pathogen Readiness (MassCPR), said that **even if** our most effective **vaccines' effectiveness falls to 70 percent from 95 percent, the world still has a path to achieving the herd immunity that** can **ends the pandemic.** Short of that hopeful scenario, Alter said, lies another that is nonetheless preferable to the continuation of the current wave of widespread illness and death. **Because the vaccines greatly reduce severe disease and death,** a vaccination campaign that removes the most severe cases from the pandemic would mean that those that remained would be mild and asymptomatic cases, something similar to those caused by its close viral cousin: the common cold. In that case, Alter said, though the virus wouldn't be eliminated, its effect would be blunted enough that **the pandemic would also effectively end**

Without vaccines covid leads to global warming and extinction.

McPherson 20 "Will COVID-19 Trigger Extinction of All Life on Earth?" https://opastonline.com/wp-content/uploads/2020/04/will-covid-19-trigger-extinction-of-all-life-on-earth-eesrr-20-.pdf

Small lives matter. Indeed, the "human body contains about 100 trillion cells, but only maybe one in 10 of those cells is actually — human" [1]. We are comprised of bacteria and other tiny living organisms, as well as non-living entities such as viruses. One such virus has captured the attention of the world, and with good reason. The novel **coronavirus could trigger extinction of humans, and therefore the extinction of all life on Earth.** I frequently hear and read that COVID-19 is a nefarious attempt by the so-called "elite" among us to depopulate the burgeoning human population on Earth. Other conspiracy theories abound, including COVID-19 as an attempt to further reduce human rights, promote expensive medical therapies, and otherwise enrich the wealthy at the expense of the bamboozled masses. I do not doubt the ability of the informed wealthy to fleece the ignorant masses. Nor do I doubt the ability of the informed wealthy to turn virtually any situation into an opportunity for monetary gain. A quick glance at the past two centuries provides plenty of examples. However, I doubt the monetarily wealthy among us are interested in accelerating human extinction, even for financial gain. As I explain below, **the ongoing reduction in industrial activity as a result of COVID-19** almost certainly **leads to loss of habitat for human animals, hence putting us on the fast track to human extinction**. I doubt the knowledgeable "elite" are interested in altering the sweet deal they are experiencing with the current set of living arrangements. The aerosol masking effect, or global dimming, has been described in the peer-reviewed literature since at least 1929 [2, 3]. Coincident with industrial activity adding to greenhouse gases that warm the planet, **industrial activity simultaneously *cools* the planet by adding aerosols to the atmosphere. These aerosols block incoming sunlight, thereby keeping cool** our pale blue dot. **Reducing industrial activity by as little as 35 percent** is expected to **cause a global-average temperature rise of 1 degree Celsius** within a few weeks, according to research on the aerosol masking effect [4]. Such research was deemed collectively too conservative by a paper in the 17 January 2019 issue of *Science* [5]. As pointed out by the lead author of the latter paper on 22 January 2019 "Global efforts to improve air quality by developing cleaner fuels and burning less coal could end up harming our planet by reducing the number of aerosols in the atmosphere, and by doing so, diminishing aerosols' cooling ability to offset global warming" [6]. The cooling effect is "nearly twice what scientists previously thought," and the paper by Rosenfeld et al. [5] cites the conclusion by Levy et al. [4], indicating as little as 35% reduction in industrial activity drives a 1 C global-average rise in temperature, thereby suggesting that **as little as a 20% reduction in industrial activity will drive a 1 C spike in temperature** within a few weeks [7]. Additional, recent support for the importance of the aerosol masking effect comes from [8, 9]. **Furthermore, loss of aerosols exacerbates heat waves** [10]. Human extinction might have been triggered several years ago when the global-average temperature of Earth exceeded 1.5 C above the 1750 baseline. According to a comprehensive overview published by *European Strategy and Policy Analysis System* in April, an "increase of 1.5 degrees is the maximum the planet can tolerate; … at worst, [such a rise in temperature above the 1750 baseline will cause] the extinction of humankind altogether" [11, 12]. Earth's global-average temperature hit 1.73 C above the 1750 baseline by April, 2018 the highest global-average temperature experienced by *Homo sapiens* on Earth [13, 14]. By 13 March 2020, 2 C above the 1750 baseline was crossed [11]. In other words, human extinction via the death-by-a-thousand- cuts route might be locked in with no further heating of Earth. In light of the ongoing pandemic, the ongoing Mass Extinction Event, and abrupt, irreversible climate change, it is pleasantly surprising that humans still

Judge, we uphold our responsibility to not only help the general population from going extinct, but uphold our duty to solve structural violence by allowing the less privileged countries to get vaccinated.

Contention Two: Patent protection stifle innovation – multiple links

Patents are used to block competition – means no competitive innovation

Gubby 19 [Hellen Gubby, professor at the Rotterdam School of Management at Amarus University with a PhD in law, 9-6-2019, "Is the ..Patent System a Barrier to Inclusive Prosperity? The Biomedical Perspective," Wiley Online Library, https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12730]/Kankee

As the economy has largely shifted from industrial manufacturing to high-tech, life science and information processing industries, intellectual property has become more and more important. Corporations have become increasingly aware of the potential of the patent, not just as a **shield** to protect against imitation, but as a strategic tool to **block competition and dominate markets**. Patents have come to have a broader strategic function in which innovation may only play a small part. Although many patents do not produce any income: 'In terms of strategy, though, the patent can be much more valuable' (Macdonald, 2004, p. 143). Patent strategy is directly related to the business context. The Carnegie Mellon Survey of the US manufacturing sector in 1994 revealed that firms often used patents as strategic tools, rather than as simply a means of protecting an invention from wrongful imitation (Cohen et al., 2000). In their examination of motives to patent, Blind et al. (2009) recognised that, although protection from imitation was still the most important factor, 'the importance of the strategic motives to patent are confirmed' (Blind et al., 2006, p. 671). Patent strategies The decision to patent has become in part uncoupled from the original core purpose of the patent: to protect an invention from unfair imitation by other market participants. Larger firms, with the capital assets to pay for the cost of patenting, use their patent portfolios strategically. Patents have become useful as bargaining chips; they provide leverage. Large patent portfolios are a means to get access to important co-operations or cross-licensing arrangements (Blind et al., 2009, p. 431). Yet while building the portfolio requires enormous legal costs, it contributes little to research incentives. Furthermore, these portfolios can be used not just to oblige competitors to take licences, but also the terms of these licences can restrict competitors to certain areas of technology (Barton, 2000). Larger firms can afford to play the 'wrap around' strategy. Instead of applying for a single patent to cover an invention, other patents are filed around the main patent. These related patents lock down the discrete features of an invention. The tactic **hinders entry** to the market. Competitors will be put to time, effort and cost to fight their way through all the relevant patents covering the technology. Furthermore, the chance that the competitor's invention may infringe one of the many claims in one of the many patents is high. Not only can damages be awarded for infringement, but also an injunction. Injunctions prevent the party accused of infringement from producing any products that require the use of the technology covered by the infringed patent and all infringing products are removed from the market. Patents may be used simply to block competitors. Using a patent as a blocking strategy is **common practice** (Neuhäusler, 2012). Defensive blocking is used to protect a firm's own freedom to operate: it does not want to be shut out by the patents of its rivals. An offensive blocking strategy is where patents are filed to cover products or processes that the firm does not intend to practice itself, but which could be viable alternatives to competitors. By patenting **all conceivable alternatives**, research by competitors that might threaten their own technological lead can be **thwarted**. As in general a patentee is under no obligation to license out its technology to another, the strategy can deter market entry or new product launch. This offensive blocking of competitors by means of patents, 'is clearly a case of the patent system being used for purposes other than for which it was originally intended' (Blind, 2009, p. 436). However, both defensive and offensive blocking should be a policy concern, as they can reduce economic efficiency. Defensive patenting increases cost to firms without necessarily producing any benefit and offensive patenting can reduce technological progress and increase consumer costs by reducing competition (Thumm, 2004, p. 533). Using data from a large-scale survey of patent applications, Torrisi discovered that a **substantial** share of patents remained unused and a substantial number of patent applications were filed to block other patents. There were institutional differences; there were more unused patents in Japan and the EU than in the USA. Although cautious to make generalisations about unused patents, as some unused patents are there to ensure freedom to operate or simply because of management inefficiency, Torrisi et al. did conclude that: '[o]ur results highlight that there might be substantial benefits that patent owners draw from being able to keep patent rights unused. These would have to be balanced against possible harm imposed on other economic agents' (Torrisi et al., 2016; , p. 1384). These strategies show a disconnect with the original purpose of the patent system. Patent strategies impact on innovation, and this in turn impacts on society. Concern was already expressed quite forcibly some years ago by Turner: Surely when the framers of the [US]

Constitution empowered Congress to grant monopolies to 'promote the progress of science and the useful arts', they did not envision the beneficiaries of this grant would use it to bury new technologies to protect market share or capital investments. (Turner, 1998, p.209) Administrative failures Patent offices have been struggling to cope with the increasing number of patent applications: in 2017, more than 3 million patent applications were filed worldwide (WIPO, 2018). This influx has resulted in substantial application backlogs, with an increasingly long time between the patent filing and the patent grant: five years is not unusual. Complaints of poor quality control have been made concerning the US Patent and Trademark Office as well as the European Patent Office (Abbott, 2004; Mabey, 2010). The WIPO recognised a consistent upward trend in patent filings is putting patent offices under enormous pressure (WIPO, 2017, p. 13). Why are these administrative failings dangerous from a societal perspective? Patents grant a monopoly that can impact innovative processes for **20 years or more**. Patents have been granted that should not have been granted. When an overly broad patent is granted, this can block further innovation by others. Broad patents may mean that access to vital research is not available because the results of that research are covered by patent claims. In particular, broad basic patents on fundamental research can block and deter follow-on research. The incentive to innovate is reduced (Barton, 2000; Henry and Stiglitz, 2010).1 Back in 1966, the societal implication of overly broad grants was expressed clearly by the US Supreme Court when it rejected a broad claim covering a group of chemicals: 'Such a patent may confer power to block off whole areas of scientific development without compensating benefits to the public.'2

Patent means less improvements for drugs

Feldman et al. 8-10 [Robin C. Feldman, researcher at University of California Hastings College of the Law, David A. Hyman, researcher at Georgetown University Law Center, W. Nicholson Price II, University of Michigan Law School researcher, and Mark J. Ratain, researcher at The University of Chicago, 8-10-2021, "Negative innovation: when patents are bad for patients," Nature Biotechnology, https://www.nature.com/articles/s41587-021-00999-0]/Kankee

Incentives in patent law have driven innovation into spaces that are affirmatively harmful to patients, and patentees are discouraged from taking steps to improve the product so as to prevent adverse health outcomes. Patent law in the United States is historically premised on advancing the interests of society. From the store of productive activity available to all, the government restricts some activities for a limited time in hopes this will redound to the benefit of all by incentivizing innovation1. The law thereby restricts competition, forgoing the concomitant advantages of the free market, but only during the patent period. After that time, the law expects that competition will enter, driving down prices and spurring new innovation. From this perspective, US patent law centers on the benefit to the public, with the inventor's reward providing the vehicle for accomplishing this jurisprudential goal. In the health care space, these incentives have resulted in extraordinary success stories, but the same incentives can also result in a range of undesirable consequences, including **excessive development** of similar (but not better) products ('me-too drugs'), the focus on drugs for diseases that affect wealthy people and wealthy countries rather than diseases that disproportionately affect the poor and developing nations, and a lack of innovation for types of medicines that may return fewer profits, such as antibiotics2,3,4. Similarly, drug companies will not research the utility of a known (and hence unpatentable) chemical, since the ability to obtain patent protection is central to their business model5. Past literature has highlighted these problems but has largely overlooked the problem of 'negative innovation', in which patent law drives innovation into spaces that are affirmatively harmful to patients. By this, we mean scenarios whereby patents create incentives to bring a product to market in a way that is relatively harmful to consumers, and the existence of a patent (and the associated rents) discourages the patentee from taking steps to improve the product so as to prevent the adverse health outcomes. Of course, there are other patent-driven situations of problematic utility, including scenarios that result in purely financial harms, such as drugs that are no better than existing options but are more expensive; scenarios where a small, heightened risk of direct physical harm is offset by lower prices for the drug in question6; and scenarios where there is no existing product on the market and inadequate incentives to develop such a product, so any physical harm is the result of the underlying disease or illness7. Finally, there is a general concern that **inadequate** new information about existing products is generated in the current system8. All of these scenarios are different in kind from negative innovation, which results in a harmful (but profitable) product. We focus on this dangerous but overlooked space of the patent landscape, wherein patents themselves lead fairly directly to patient harm. What does negative innovation look like? We highlight a particularly pernicious example, the case of Imbruvica (ibrutinib); suggest the likelihood of broader problems; and outline various strategies for preventing such outcomes going forward. The case of ibrutinib

Not Changing the DRUGS make US vulnerable to Antibiotic resistance

Emanuel 19 [Ezekiel J. Emanuel, oncologist, a bioethicist, and a vice provost of the University of Pennsylvania, 05-23-2019, "Big Pharma's Go-To Defense of Soaring Drug Prices Doesn't Add Up," Atlantic, https://www.theatlantic.com/health/archive/2019/03/drug-prices-high-cost-research-and-development/585253/]/Kankee

Exorbitant drug prices have two bad effects. First, high costs mean that lots of patients are unable to take their medications. A recent study in the Journal of Clinical Oncology assessed patients' access to 38 different oral cancer drugs and found that 13 percent of cancer patients did not buy approved chemotherapy drugs if they had a co-payment of $10 a month, while 67 percent did not when they had to pay $2,000 or more. Another study showed that 25 percent of diabetic patient underuse their insulin because of cost. Second, the high drug prices **distort** research priorities, emphasizing financial gains and not health gains. Cancer drugs are routinely priced at about $120,000 to $150,000 a year, and more than 600 cancer drugs are now being tested on humans. This can lead to great societal benefits: The United States is expected to face 1.76 million new cancer cases and more than 600,000 cancer deaths in 2019 alone. But many of the drugs that companies are pursuing have low promise, where the health gains are small—weeks of added life, not big cures. While even this short extra time can be valuable to individual families, too much investment in oncology means not enough in drugs for other illnesses whose treatments cannot be so highly priced. Consider antibiotics. The **C**enters for **D**isease **C**ontrol and Prevention ranks **a**nti**b**iotic-**r**esistant infections as one of the nation's **top health threats**. An estimated 2 million Americans become infected with such bacteria each year, and 23,000 die. A **superbug** that is resistant to **all known antibiotics** is an **imminent threat**. Yet because antibiotics are generally cheap, for most pharmaceutical and biotechnology companies they are not a primary focus. The Pew Charitable Trusts reports that only about 42 new antibiotics with the potential to treat serious bacterial infections were in clinical development for the U.S. market in December 2018. Six hundred drugs for cancer and only 42 for serious infections seems like profit maximization, not a case of sensible research priorities that reflects "value in preventing and treating disease." The simple explanation for excessive drug prices is monopoly pricing. Through patent protection and FDA marketing exclusivity, the U.S. government grants pharmaceutical companies a monopoly on brand-name drugs. But monopolies are a recipe for excessive prices. A company will raise prices until its profits start to drop. To address the problem of high prices and reduced access to drugs, Johnson & Johnson advocates eliminating rebates to pharmacy benefit managers and insurers, which would increase price transparency and lower patient co-pays. But it would not necessarily lower total drug prices. The proposal avoids the standard economic response to monopoly pricing: price regulation. Every other developed country regulates drug prices, often through price negotiations pegged to cost-effectiveness analysis or some other measure of clinical benefit. Will R&D go down if the United States follows this model? Not necessarily. Remember, the high drug prices fund R&D but also marketing, manufacturing, administrative expenses, and profits at the companies. Lower revenue from lower drug prices could reduce marketing, administration, and excessive profits before R&D costs have to be reduced. Where cuts are made is up to drug companies. Their claims of lower R&D costs appear designed to generate fear, but as some former executives themselves have acknowledged, there is no necessary link between a decline in drug prices and a decline in R&D. Drug companies could make other choices that maximally improve the health of all Americans.

Antibiotic Resistance Infections cause extinction; worse than climate change

Farrah 20 [Matt Farrah, I studied English before moving into publishing in the mid 90s. I co-founded Nurses.co.uk and our other three sites in 2008. I wanted to provide a platform that gives a voice to those working in health and social care. I'm fascinated, generally, by the career choices we all make. But I'm especially interested in the stories told by those who choose to spend their life supporting others. They are mostly positive and life-affirming stories, despite the considerable challenges and burdens faced.] A Threat Deadlier Than Climate Change: Antibiotic Resistance, 8-1-2020, AMR Insights, accessed 8-26-2021 https://www.amr-insights.eu/a-threat-deadlier-than-climate-change-antibiotic-resistance///ramamurty

In 2019, England's Chief Medical Officer warned that **antimicrobial resistance** might **cause the death of** around **10 million** people **every year**. This is a threat that **may overtake climate change in causing** humanity's **extinction**. What are antibiotics? Antibiotics are drugs that are designed to either destroy bacteria or slow down their growth. They can cost billions of euros and take years to develop. Unfortunately, they don't work against fungal or viral infections which means there's no point in taking them for coughs, colds or influenza. The problem is that resistance to these drugs is growing rapidly. Professor Dame Sally Davies noted that the number of bugs immune to antibiotics is on the rise, with a variety of causes being cited, including: The high volume of people carrying harmful bacteria **Overuse of antibiotics** Non-adherence to prescribed

hygiene practice These are also the primary reasons **why** numerous large infection outbreaks occur in hospital. In this setting, many patients are susceptible due to their weak immune systems. When a particular **bacteria** strain **becomes resistant to antibiotics**, treatment is often difficult or even impossible. There are also cases where these **resistant bacteria** will **pass their genes to other strains**. Antibiotic resistance in farming and the environment The farming industry also uses antibiotics to protect livestock from bacterial infection. However, in some countries, farmers administer these drugs in low doses as a preventive measure or even to promote growth. Unfortunately, both the drug and the anti-resistant bacteria can escape farms and contaminate the local food chain and environment. Nurses.co.uk published an article in which Dame Sally proposed that, in order to protect the British public, the UK should stop importing beef and other meats from countries that misuse antibiotics. Why do humans need antibiotics? Every day, you can encounter bacteria that could potentially be harmful to your health. For instance: Due to injury, even if it's just a small scratch When you have been exposed to a contaminated environment After undergoing a medical procedure (ranging from dental work to cancer therapy) Doctors administer antibiotics to people with a bacterial infection, a condition where the uncontrolled growth of harmful bacteria can cause cell damage. These bacteria also excrete toxins that are harmful to the human body. Usually, people's immune systems can fight off the bacteria. However, if the infection is too strong, they will need antibiotics to help the body recover. Currently, around **46,000 people die from sepsis in the UK every year,** it is a severe condition where harmful bacteria invade an individual's bloodstream or tissues. The primary treatment for sepsis is antibiotics. Otherwise, the infection could lead to organ failure, shock and ultimately death. The UK's response By 2014, the UK had reduced **antibiotic use by almost 10%** and by around 40% in livestock. **However**, **drug-resistant infections** still **increased by more than 30%** between 2013 and 2017. Dame Sally laments the apparent lack of concern for the **potential doomsday disaster**. In her view, despite the vital importance of this subject, not enough is being done in terms of research. Conclusion If the current antibiotics being used are no longer effective, then **even minor infections** such as a skin wound could **cause death**. There is a need to reduce the usage of antibiotics in both humans and agriculture. It is pointless continuing to manufacture powerful drugs if bacteria can develop resistance to them in a short period of time. Antibiotics should only be used when necessary. Furthermore, **medical researchers should find safer alternatives** that can overcome resistant bacteria and therefore treat people and animals successfully.

Judge, to prevent the lives of all being taken and to overthrow manoplies, it is only moral to vote for those voices that don't have the chance to speak for themselves and save our loved ones. Thus Judge, I firmly affirm today's resolution

Contention Three: Evergreening

Pharma companies are extending patents on their drugs by making small changes to their drugs.

Collier 13 "Drug patents: the evergreening problem" https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3680578/

As any would-be **inventor knows**, coming up with something the world has never seen before can be tough. **Tweaking something old and calling it new**, on the other hand, **is considerably easier.**

In the pharmaceutical trade, when brand-name **companies patent "new inventions" that are** really **just slight modifications of old drugs, it's called "evergreening." And it's a practice that**, according to some who have looked into it, **isn't doing a whole lot to improve people's health.**

"Typically, **when you evergreen something**, you are not looking at any significant therapeutic advantage. **You are looking at a company's economic advantage.**" says Dr. Joel Lexchin, a professor in the School of Health Policy and Management at York University in Toronto, Ontario.

"The response from the brand side is that they are trying to protect their markets so they can further invest in R&D [research and development]. And even if they make a modification to a drug, doctors are still quite able to prescribe the generic version of the older product. Having said that, **the brand-name companies put an awful lot of money into marketing the newer version, and that marketing is designed to affect what doctors do.**"

Feldman 18 "May your drug price be evergreen" https://academic.oup.com/jlb/article/5/3/590/5232981

Presenting the first comprehensive study of evergreening, this article examines **the** extent to which evergreening behavior—which can be defined as artificially extending the protection cliff—may contribute to the problem. The author **analyses all drugs on the market between 2005 and 2015, combing through 60,000 data points to examine every instance in which a company added a new patent or exclusivity.** The results **show a startling departure from the classic conceptualization of intellectual property protection for pharmaceuticals.** Rather than creating new medicines, **pharmaceutical companies are largely recycling and repurposing old ones**. **Specifically, 78% of the drugs associated with new patents were not new drugs, but existing ones**, and extending protection is particularly pronounced among blockbuster drugs. **Once companies start down the road of extending protection, they show a tendency to return** to the well, with the majority adding more than one extension and 50% becoming serial offenders. The problem is growing across time.

XT CASE:

First contention

1. **Extend developing countries; extend Grainger and Dransfield 21 saying that developing countries don't have access to these vaccines and that it's just immoral for big monopolies to be able to decide who gets to live and who gets to die.**
2. **Extend our next card that says that lowering Ip protections allows these developing nations to get vaccinated because sharing tech is essential.**
3. **We say without vaccines through IP, global warming and extinction come into play. Judge by voting neg we are allowing for the underprivileged countries to be denied access to the tool to survive thus pandemic. Which outweighs not only under structural violence but also under any value criterion.**

Second contention

1. **Extend our second contention proving patent protections stifle innovation. Patents are used to block out competition, leading to less improvement in drugs.**
2. **The impact here is that not changing drugs leads to antibiotic resistance, a top health threat. This resistance leads to extinction due to a superbug.**

Patents preclude pharmaceutical companies from researching and developing new drugs, stifling innovation

Mike 20

Abaka, C., 6-29-2020, "Access to essential medicines to guarantee women's rights to health: The pharmaceutical patents connection," Wiley Online Library, https://onlinelibrary.wiley.com/doi/full/10.1111/jwip.12161

Patent law and right could impact on access to these essential medicines in a number of ways. **Exclusivity and monopoly are inherent features of IP and patent law** (Cornish, 1993, p. 47). Under patent law, no one can use a patented idea without the authorisation of the patent owner (Boldrin, 2008, p. 8; Pogge, 2009, p. 79). It is this "monopoly rent to innovators" that has generated controversy with regard to the effect of patents on the availability of, and access to, medicines (Trebilcock & Howse, 1995, p. 249). A study of the arguments against patents indicates that the exclusive right which fosters the monopoly and control of knowledge has been challenged by scholars and international organisations, particularly with regard to public health ('t Hoen, 2009, p. 79). When it comes to essential drugs, rights holders, who are usually pharmaceutical companies, can, through their IPRs, control who uses their patented inventions, when and in what circumstances (Gold et al., 2008, p. 18). Nobel laureate Joseph Stiglitz notes in this respect that: "the fundamental problem with the patent system is simple: it is based on restricting the use of knowledge" (Stiglitz, 2007). In other words, **a patent's exclusivity is grounded in the concept of restriction which "involves constructing higher walls around knowledge and controlling it tightly"** (Gold et al., 2008, p. 8). Another argument centres on the financial and welfare cost of obtaining the patented pharmaceutical products, especially for the poor in many parts of developing and in some cases, developed countries (Hollis, 2005; von Hippel, 2005, p. 89). This monopolistic effect of patents is more to do with the way it is used and implemented by rights holders within the legal privilege of patent law (Gold et al., 2008, p. 13). While patents in theory only give the innovator a monopoly of rights to prevent others from practising the innovation, **exercising this exclusionary right may**, in many cases, **control** the actual **access to the innovative resources**. This results from the "right to exclude" monopoly right **which provides an opportunity for patent holders to restrict generic reproduction, control competition and raise the prices of their innovative products as they deem fit** (Médecins Sans Frontières; Brown, 2011, p. 1). **This** temporary market exclusivity **allows the rights owner discretion to set the price of the drugs, which they usually set much higher than the production costs** (Henkel & Lutte, 2014, p. 36; Schulz, 2000, p. 145). Describing how market monopoly power works, Schulz explains that an exclusive right gives the sole producer a monopoly to set the price of the product, in contrast to a competitive market where producers have considerable less influence on the price setting40 (Schulz, 2000, p. 145). Although, it has been argued that patent is essential to the pharmaceutical industry to encourage the creation of new medicines (Ho, 2011, p. 5; PHARMA, 2015, pp. 5–6), it may affect the subsequent availability of, and access to, important follow-on products. **Patent rights could act as a barrier to research and innovation when they preclude other pharmaceutical companies from** either **developing or commercialising new health products** and drugs **due to concerns over patent infringement or patent thickets.** Edwin Cameron argues that patents