## **Contention 1- Harms**

#### **[HRC 17] HIV disproportionately affects queer people**

**HRC 2017** (The Human Rights Campaign, February 2017, How HIV Impacts LGBTQ+ People, <https://www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community>) SJ

\*\*\*PLWH = people living with HIV

According to the [U.S. Centers for Disease Control and Prevention](https://www.cdc.gov/hiv/statistics/overview/ataglance.html) (CDC), there are 1.2 million people living with HIV (PLWH) in the United States, and approximately 40,000 people were diagnosed with HIV in 2015 alone. While the annual number of new diagnoses fell by 19% between 2005 and 2014, progress has been uneven. For example, gay and bisexual men made up an estimated 2% of the U.S. population in 2013 but 55% of all PLWH in the United States. [If current diagnosis rates continue](http://www.cdc.gov/hiv/group/msm/bmsm.html), 1 in 6 gay and bisexual men will be diagnosed with HIV in their lifetime. For Latino and Black men who have sex with men, the rates are in 1 in 4 and 1 in 2, respectively. [Transgender people have also been hit especially hard](https://www.google.com/search?q=hiv+what+we+know+transgender&ie=utf-8&oe=utf-8) by the epidemic despite comprising a similarly small percentage of the U.S. population. [While better data is needed](http://transhealth.ucsf.edu/trans?page=lib-data-collection) to understand the full impact of HIV on the transgender community, one international analysis found that [transgender women in certain communities have 49 times the odds](http://www.avert.org/node/142) of living with HIV than the general population. Although HIV prevalence among transgender men is relatively low (0-3%) [according to the CDC](https://www.cdc.gov/hiv/group/gender/transgender/index.html), some data suggest transgender men may still yet be at elevated risk for HIV acquisition.

#### **[Pellowski 14] HIV hurts people of color and poor people**

**Pellowski Kalichman et al 14** (Jennifer Pellowski, Seth Kalichman, Karen Mathews, and Nancy Adler, May 1st, 2014,” A pandemic of the poor: social disadvantage and the U.S. HIV epidemic”, NCBI, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700367/> SJ

Poverty, discrimination, inequality and other social conditions facilitate HIV transmission by influencing local HIV prevalence as well as an individual’s risk behaviors. For example, substance use can both reduce the likelihood that a person will take protective actions, such as using condoms, and substance use can stimulate HIV replication and therefore increases infectiousness ([Kapadia, Vlahov, Donahoe, & Friedland, 2005](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700367/#R82)). Relationship instability caused by economic stress, stigma, discrimination, domestic violence, migration, and incarceration also contribute to sexual partner mixing patterns that foster HIV transmission. Access to health care offers the potential to alleviate multiple sources of HIV transmission risk by reducing infectiousness through antiretroviral therapy and decreasing susceptibility through mental health, substance use, and STI treatment. Each year, since the late 1990s, an estimated 56,000 Americans have become infected with HIV. The U.S. HIV epidemic disproportionately affects men who have sex with men (MSM) and ethnic and racial minorities. The group consistently at greatest risk for HIV infection represents the intersection of sexual orientation and racial disparities; MSM are by far the most HIV affected Americans and African American MSM are at six times the risk for HIV than white MSM ([CDC, 2011d](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700367/#R28)). AIDS is the third leading cause of death among Black men and women between ages 35 and 44, and the fourth leading cause of death among Latinos of the same age group. AIDS remains a mostly urban disease in the United States, with nearly half of all people living with AIDS residing in ten metropolitan areas. Furthermore, different ethnic groups account for the preponderance of AIDS cases in the ten metropolitan areas, e.g. Puerto Ricans in New York City, Haitians in Miami. There are HIV infection sub-epidemics also occurring throughout southern sub-urban and rural America.

#### **[Avert 19] The HIV epidemic reinforces homophobia**

**Avert 2019** (Avert, 10 October 2019, “Homophobia and HIV”, <https://www.avert.org/professionals/hiv-social-issues/homophobia> ) SJ

Homophobia continues to be a major barrier to ending the global AIDS epidemic. The global HIV epidemic has always been closely linked with negative attitudes towards LGBT people, especially [men who have sex with men](https://www.avert.org/node/382) (sometimes referred to as [MSM](https://www.avert.org/node/382)); a group that is particularly affected by HIV and AIDS. At the beginning of HIV epidemic, in many countries gay men and other men who have sex with men were frequently singled out for abuse as they were seen to be responsible for the transmission of HIV. Sensational reporting in the press, which became increasingly homophobic, fuelled this view. Headlines such as “Alert over ‘gay plague’”,[2](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote2_s1z5tqf) and “‘Gay plague’ may lead to blood ban on homosexuals”[3](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote3_i2c9ps8) demonised the LGBT community. LGBT people face specific challenges and barriers, including violence, human right violations, stigma and discrimination. Criminalisation of same-sex relationships, cross-dressing, sodomy and ‘gender impersonation’ feeds into ‘social homophobia’ — everyday instances of discrimination – and both factors prevent LGBT people from accessing vital HIV prevention, testing, and treatment and care services.[4](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote4_t224is3). As a result, some LGBT people are unknowingly living with HIV or being diagnosed late when HIV is harder to treat.[5](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote5_16xtct0) Moreover, research has shown that men who have sex with men may exhibit less health-seeking behaviour and have greater levels of depression, anxiety and substance misuse because of stigma they face[6](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote6_252btdl) For example, a study published in 2016 on men who have sex with men in China found that depression experienced by Chinese men who have sex with men due to community norms and feelings of self-stigma around homosexuality directly affected HIV testing uptake.[7](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote7_47rg44b)

#### **[Sultso 01] The WTO’s intellectual property protections are the cause for higher medicine costs**

**Sultso 01** (Sir John Sulsto, February, 2001, “Patent Injustice: How World Trade Rules Threaten the Health of Poor People”, Co-founder of the Human Genome Project, Institute for Agriculture and Trade Policy, <https://www.iatp.org/sites/default/files/Cut_the_Cost_-_Patent_Injustice_How_World_Trad.htm> ) SJ

Oxfam’s briefing paper shows how new global patent rules, introduced by the World Trade Organisation, will raise the costs of vital medicines, with potentially disastrous implications for poor countries. In brief, these rules require all countries to provide patent protection for a minimum of 20 years for inventions in all fields of technology, including medicines. As the report points out, in the pharmaceutical sector the winners will be the large northern-based transnational companies which, as a result of the lengthened patent protection provided by WTO rules, will be able to sell their new medicines at higher prices. The losers are likely to be the millions of people who will be unable to afford vital new medicines, and hard-pressed government health services. This situation will undermine efforts to increase productivity and eradicate poverty, and will result in a widening of the gap between rich and poor nations. Patents have an important role to play in stimulating investment and innovation. But any patent system has to balance the need to reward inventors with the greater public interest for people to benefit from new inventions. Oxfam’s paper makes a compelling case that current WTO rules, as a result of corporate lobbying, sacrifice public health for private profit. It also points out the extraordinary anomaly whereby the WTO, an organisation charged with developing rules for ‘free trade’, is providing a legal framework for the development of corporate monopolies. I hope this report will convince governments and companies of the urgent need to review and revise global patent rules in order to prevent adverse impact on health and development. While the full effects of WTO patent rules may not be seen for some time, this report shows that there is enough evidence to warrant action now.

#### **[Frontline Aids 19] Intellectual Property Protections make HIV treatments expensive and inaccessible**

**Frontline Aids 2019** (Frontline Aids, October 2nd, 2019, HOW PATENTS AFFECT ACCESS TO HIV TREATMENT, <https://frontlineaids.org/how-patents-affect-access-to-hiv-treatment/>) SJ

Frontline AIDS and the [International Treatment Preparedness Coalition (ITPC)](https://itpcglobal.org/) have released [a joint report looking at one of these crucial barriers – the problem with patents in middle-income countries (MICS)](https://frontlineaids.org/resources/the-problem-with-patents/). In 2019, people aren’t dying because the drugs for treating HIV, MDR-TB, hepatitis C and many other diseases don’t exist. People are dying because they can’t access them. With an increasing focus on voluntary mechanisms to provide access to medicines, the problem with patents in MICs is being seriously over-looked; as are the legitimate tools that governments can use to increase access and availability and decrease prices. The use of legal mechanisms like [TRIPS flexibilities](https://makemedicinesaffordable.org/en/strategy/law-and-policy-reform/) by governments has proven highly effective; in the use of these legal tools, governments, global health agencies and civil society all have an essential role to play. It will not be possible to achieve a sustainable response to HIV without tackling intellectual property (IP) barriers, particularly in MICs. One of the most critical barriers that has existed since treatment for HIV was first approved relates to patents. Patenting of medicines has increased considerably since 2005. More worrying is the trend of ‘evergreening’ patents. Evergreening is a tactic used by pharmaceutical companies to extend their exclusivity over a medicine by applying for, and usually getting, multiple, overlapping patents on a single medicine. Most medicines are covered by several patents, known as patent ‘thickets’ and are used to delay or complicate generic production. Over-pricing as a result of unmerited and extended monopolies puts a huge strain on health budgets. While in theory a government may commit to universal access, in reality the budget may not stretch. Prices for HIV treatment can vary from under $100 to tens of thousands of dollars per person per year (pppy) – for the same drug. Take dolutegravir (DTG) for example. In July 2019, the World Health Organization (WHO) recommended all countries immediately adopt DTG-based regimens as the preferred first-line treatment for HIV. Prices pppy range from $75 for countries that are in a ‘voluntary license’, up to $9656 for those that are not.

#### **[HRW 18] Anti HIV medication legislation is due to anti queer sentiment**

**Human Rights Watch 18** (HRW, July 1, 2018, “Indonesia: Anti-LGBT Crackdown Fuels Health Crisis”, [https://www.hrw.org/news/2018/07/01/indonesia-anti-lgbt-crackdown-fuels-health-crisis#](https://www.hrw.org/news/2018/07/01/indonesia-anti-lgbt-crackdown-fuels-health-crisis)) SJ

[Indonesian](https://www.hrw.org/asia/indonesia) authorities are fueling an HIV epidemic through complicity in discrimination against lesbian, gay, bisexual, and transgender (LGBT) people. The government’s failure to halt arbitrary and unlawful raids by police and militant Islamists on private LGBT gatherings has effectively derailed public health outreach efforts to vulnerable populations. The 70-page report, “‘[Scared in Public and Now No Privacy’: Human Rights and Public Health Impacts of Indonesia’s Anti-LGBT Moral Panic](https://www.hrw.org/node/319145),” documents how hateful rhetoric has translated into unlawful action by Indonesian authorities – sometimes in collaboration with militant Islamist groups – against people presumed to be LGBT. Based on in-depth interviews with victims and witnesses, health workers, and activists, this report updates a Human Rights Watch August 2016 [report](https://www.hrw.org/report/2016/08/10/these-political-games-ruin-our-lives/indonesias-lgbt-community-under-threat) that documented the sharp rise in anti-LGBT attacks and rhetoric in Indonesia that began that year. It examines major incidents between November 2016 and June 2018, and the far-reaching impact of this anti-LGBT “moral panic” on the lives of sexual and gender minorities and the serious consequences for public health in the country. “The Indonesian government’s failure to address anti-LGBT moral panic is having dire consequences for public health,” said [Kyle Knight](https://www.hrw.org/about/people/kyle-knight), LGBT rights researcher at Human Rights Watch and author of the report. “The Indonesian government should recognize that its role in abuses against LGBT people is seriously compromising the country’s response to HIV.” Beginning in early 2016, politicians, government officials, and state offices issued anti-LGBT statements – calling for everything from criminalization to “cures” for homosexuality, to censorship of information related to LGBT individuals and positive reporting on their activities. The government’s response to the country’s HIV epidemic in recent decades has helped [slow the number of new infections](http://www.unaids.org/en/regionscountries/countries/indonesia). However, widespread stigma and discrimination against populations at risk of HIV, as well as people living with HIV, has discouraged some HIV-vulnerable populations from accessing prevention and treatment services. As a result, HIV rates among men who have sex with men (MSM) have increased five-fold since 2007 from 5 percent to 25 percent. And while the majority of new HIV infections in Indonesia occur through heterosexual transmission, one-third of new infections occur in MSM. The anti-LGBT moral panic and unlawful police raids have made public health outreach to the most at-risk populations far more difficult making wider spread of the virus more likely, Human Rights Watch said.

## **Contention 2- Framing**

#### **Thus we affirm that the member nations of the World Trade Organization ought to reduce intellectual property protections for medications that are used to treat and manage HIV.**

#### **[Damante 16] The role of the judge is to promote queer inclusion in educational spaces**

**Damante 2016** (Rebecca Damante, June 16, 2016, “Can Education Reduce Prejudice against LGBT People?”, The Century Foundation, graduated from Smith College with a B.A. in the Study of Women and Gender. She worked as an LGBTQ Opposition Researcher at Media Matters for America in Washington D.C.., <https://tcf.org/content/commentary/can-education-reduce-prejudice-lgbt-people/?agreed=1>) SJ

Incorporating LGBT people, history, and issues in schools’ curricula could combat the widespread homophobia prevalent throughout the United States. In an ideal world, laws like those in [North Carolina](https://www.cnn.com/2016/03/29/health/north-carolina-bathroom-law-cards/) and [Tennessee](http://www.advocate.com/health/2016/4/27/tenn-gov-signs-bill-allowing-psychologists-turn-away-lgbt-patients) would be deemed unconstitutional, and people would not violently target those in the LGBT community. However, even the strictest gun control policies and largest campaigns to ban these laws doesn’t erase the problem at hand: intense homophobia exists in our country. Ensuring that information on the LGBT community is provided to the public during the developing years of their lives can begin to address this issue.There are many notable LGBT people that can be included in school curricula across a variety of fields such as Harvey Milk, Sylvia Rivera, Michel Foucault, Audre Lord, and Bayard Rustin; as well as notable media and sports icons like Anderson Cooper, Ellen DeGeneres, Jason Collins, Lady GaGa, and Laverne Cox. Talking about these individuals’ contributions to society, as well as the battles faced by the LGBT community as a whole, could open people’s minds to LGBT issues. While including LGBT content in schools is beneficial for students, the way in which this content is presented is just as important, if not more. Going forward, teachers can adopt an [anti-bias lens](http://www.tolerance.org/sites/default/files/general/PDA%20Critical%20Practices_0.pdf), a form of social-emotional learning that respects diversity and challenges sexism, racism, ableism, classism, and other societal prejudices. This means educating students about the history of heterosexism, and encouraging these students to speak out in support of the LGBT community.Some states have already begun to include LGBT history in their curricula. In 2011, for example, California passed the [Fair Education Act](http://www.faireducationact.com/about-fair/), which requires schools to teach some aspect of LGBT history, and [the results were astounding](http://www.casafeschools.org/FactSheet-curriculum.pdf). Both LGBT and non-LGBT students reported feeling safer in their classrooms when LGBT issues were included in the curriculum.

#### **[Shotwell 12] Focusing on queer people in politics is the only way to challenge structures of heteronormativity- SRLP activism proves. Thus the role of the ballot is to endorse the debater who creates policy action that prioritizes queer people.**

**Shotwell 12** (Alexis Shotwell Open Normativities: Gender, Disability, and Collective Political Change Signs, Vol. 37, No. 4, Sex: A Thematic Issue (Summer 2012), pp. 989-1016 <http://www.jstor.org/stable/10.1086/664475>) SJ

Calling for open normativities and proliferation, under this conception of flourishing, does not mean that any and all norms are to be pursued or even accepted: not everything deserves a future. Indeed, working to proliferate open normativities will close down many norms. Creating open normativities as a collective and nonvoluntarist endeavor to proliferate flourishing means that norms that flatten complexity and close down flourishing for others are rejected. As Simone de Beauvoir argues, if we take seriously the idea that our freedom consists in willing an open future for ourselves and others, then we open freedoms to one another. It is inconsistent to argue that freedom is taken from us if we are unable to oppress others; our freedom consists in willing freedom for others, not only ourselves (Beauvoir 1968). Notice that flourishing will continue to be an undecided and in-process norm. Norms that proliferate nonreductive flourishing for others are better than norms that harm them or deny them well-being. SRLP’s work to open more possibilities for validation of gender change in state identification documents is a good example of this. When state institutions restrict proper identification to either people who have not changed gender or those who have undergone very specific surgeries, they instantiate a norm that closes down the prospects for flourishing for those people who do not want or cannot have those surgeries. In contrast, more varied criteria offer a still imperfect and contingent set of possibilities that allow more flourishing. If there were people whose idea of well-being consisted of denying trans people state documentation, their norms would be closed down under this normative preference for proliferating flourishing not only for more individuals but for more sorts of individuals, communities, and ways of being. Under conditions of oppression, norms generally do not proliferate ways of flourishing. Rather, they delimit and constrain the ways of being one can take up, and they contribute to the death and degradation of people who fall outside currently normative bounds—the further out of the normal, the closer to death. Shifting norms is vital for the near-term work of making worlds more livable for people currently imprisoned, deemed killable or unworthy of life, and otherwise subject to diminishment of possibilities. SRLP’s policy and advocacy work directly shifts the effects of norms on people and through those shifts begins to change the norms themselves.

#### **[Kirker 17] Discourse matters – especially in educational spaces**

**Kirker 2017** (Jessica Kirker, “Professional Friction: Racialized Discourse and the Practice of Teaching Art,” Copyright 2017 by The Journal of Social Theory in Art Education / Volume 37, <https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=1502&context=jstae>) //neth

Language is crucial in situating our selves and others. Discursive patterns create alliances or factions, establish hierarchies, and subjugate individuals or groups. In this autoethnographic study, I consider how I, as a White woman teaching art, participate in, maneuver, and manipulate spoken and unspoken racialized discourses within the context of a high school with a diverse population of students. Through the data collection process of journaling over one school year, I recorded reflections on conversations, speeches, and written communication with, between, and regarding teachers, students, parents, and school administrators. I employed discourse analysis on these texts and draw upon Critical Race Theory and Whiteness Studies to examine the discourses that govern the school and inform its social conventions as manifested in my professional identity as it intersects with various collegial spaces. I also show the value in performing an autoethnography as a way to evolve as a social justice educator and scholar as well as a means to give voice to teachers’ stories so that we can render visible the way radicalized discourses and discords they create can shape the daily practice of teaching art. Discussions of racial discrimination often only exist as history lessons, but the lessons taught throughout U.S. schools about racial identity are deeply embedded within the daily practices of all members of a school community. Racial identities are established on a daily basis through (seemingly) casual interactions and microagressions between teachers, students, parents, and administrators. The discourses that position and subjugate individuals can be as simple as an informal email or a casual hallway conversation to more public approaches like disciplinary hearings or faculty meetings. These messages establish relationships of sameness or difference, power or subordination, and allegiance or contention. Beyond the interactions of daily personal relationships, there are normalizing school practices; ways of doing things, guiding principles, and procedures, that define and shape parties in relationship to each other as well as ascertaining a dominant value system over the school context. Rules as well as social norms are communicated through highly visible social etiquette conventions as well as formalized policies and legislation (Hodge & Kress, 1988). The discourses that define these rules are often structured to ensure dominant parties remain unchallenged (Hodge & Kress, 1988). In the context of U.S. schools, censorship of speech or imagery, management tactics, and disciplinary policies are often designed to fit the interests and desires of dominant White educational leaders.

#### **[Webb 18] Immediate material solvency and structural reform go hand in hand – one without the other is meaningless**

**Webb 2018** (Raymond Webb, Published 2018-12-05, Vol 1 (2019): Reforming practical theology. The politics of body and space; edited by Auli Vähäkangas, Sivert Angel, Kirstine Helboe Johansen, <https://iapt-cs.org/ojs/index.php/iaptcs/article/view/53>) //neth

Highlighting structural violence In any problematic context under study, I suggest raising the question of whether structural violence might be involved. The focus should not just be limited to interpersonal violence. Considering structural violence should have priority even in the midst of other negative causes. Observe situations carefully and then judge what might be “underneath.” Are there traps which limit the freedom of the actors? Individual actions often will be futile against structures. Depending on “free will” explanations for most actions, on “virtue” or the lack thereof, on real freedom of choice, or on the de-contextualized efficacy of the individual leads to ignoring or downplaying the tight hold that structures have on people and situations. The temptation in any situation may be to blame individual actors. But in fact structural violence overpowers most actors. (Fourteen-year-olds in El Salvador tell me they are not free because of the ubiquitous, unpredictable lurking of murderous extortion gangs and “independent” robbers.) Most humans are not as free as we think they are. One suggestion is that donors to charities should expect more than short–term solutions and should raise the question of underlying causes. Without such a reform of donor concerns, there is little promise of the radical change necessary to eradicate relevant violent structures which lead to shortened lives and frequent misery. Attention to structural violence itself may lead to attention to its roots, and with enough attention perhaps to action against causal factors. Remedying structures When one begins to think of structures instead of individual actions, a transformation of perception takes place and one understands in a new way. Finding deep causes may lead to the possible intersected building blocks of solutions. We can begin with the notion of the dignity of the human person and its implications. The roots are found in religious and/or humanitarian principles. The tribalism of “some are better than others” is the great impediment to ending structural violence. Structural violence thrives when the good of the other does not matter (e. g. hedonism, self-interest, “make America great again”). Religions can contribute by promoting peace and human solidarity and rejecting nationalism and tribalism. But one sometimes must choose between one’s religious and humanitarian values and one’s nation or tribe. Two Catholic tribes committed genocide against each other in Rwanda; tribalism overran religious faith and community. And in situations where religion is a subset of nationalism, structural violence can be a result. Where patriotism is used as an argument against non-violent protests of racism, structures of violence endure. All violations of human rights – civil, judicial, political, socio-economic, group, educational, developmental – need attention. Let nothing trump legitimate human rights. When human rights are ignored for the sake of some presumed other good, the “greater good” is inevitably structural violence (e. g. dictatorship for the sake of order). Concessions to culture (e. g. genital mutilation) are expressions of structural violence. Sectarian partisanship inevitably redounds against the particular sector. All specific instances of the violation of the human rights of individuals need attention. This is the most widely identified guide to justice. In dealing with humanitarian crises, immediate relief should be provided, but accompanied by questions about underlying causes. Simple maintenance can result in in the repetition of crises. (One may ask about the dilemma that humanitarian aid relief may take away attention from the enduring causes of structural violence.) Deaths and suffering from Haitian hurricanes and earthquakes require immediate relief but the poor construction related to earthquake death tolls and the global warming which increases the damage from an earthquake or hurricane are dimensions of structural violence. The economic issues must be addressed. Let us keep focus on the ethical implications of neo-liberal positions. The rich-poor gap is associated with violence and other problems in individual countries. One hundred years ago, Pope Leo XIII said, “To possess superfluity is to possess the goods of others.” Fighting words today! Slavery and racism are called the American original sin. Perhaps sexism goes back to the Garden of Eden. But sin can be overcome with grace.

## **Contention 3: Solvency**

#### **[Heck 21] The aff is politically popular – the Biden administration supports it, and so do over 100 countries**

**Heck & Vinti 2021** (David Heck and Baldassare Vinti, July 20 2021, “IP Waiver for COVID-19 Vaccines: What the United States’ Support Means in Practice,” The National Law Review, <https://www.natlawreview.com/article/ip-waiver-covid-19-vaccines-what-united-states-support-means-practice>) //neth

On May 5, 2021, the Biden Administration announced its support for waiving intellectual property protections for COVID-19 vaccines. Understandably, the news made headlines and stirred passionate reactions from the medical community and IP holders alike. But actually bringing about that waiver will be a complicated process, and one that depends on many countries and parties besides the United States. The text of the Administration’s announcement shows that waiving international IP protections will be easier said than done: The Administration believes strongly in intellectual property protections, but in service of ending this pandemic, supports the waiver of those protections for COVID-19 vaccines. We will actively participate in text-based negotiations at the World Trade Organization (WTO) needed to make that happen. Those negotiations will take time given the consensus-based nature of the institution and the complexity of the issues involved. In other words, it is the WTO as a whole that must effectuate an IP waiver. And given that WTO decisions are made by unanimous agreement of its 164-country membership without any formal vote, that process will require far more than support from the United States, as dissent from any one country on the terms of a waiver would block the initiative. To be a member of the WTO, countries must agree to the Trade-Related Aspects of Intellectual Property Rights Agreement (known commonly as the TRIPS Agreement). That agreement contains a minimum set of standards by which each country must abide with respect to patents, trademarks, copyrights, trade secrets, and other forms of intellectual property. Thus, in order to waive IP protection for COVID-19 vaccines, the provisions of the TRIPS Agreement must be superseded. While the TRIPS Agreement provides that “Members may, in formulating or amending their laws and regulations, adopt measures necessary to protect public health and nutrition,” it adds that this may be done only if “such measures are consistent with the provisions of this Agreement.” The endeavor to waive IP rights started before the United States’ announcement. In October 2020—before any vaccines had even been approved—India and South Africa made a proposal to the WTO’s TRIPS Council for the waiver of intellectual property rights related to the prevention, containment or treatment of COVID-19. Specifically, they sought waiver of protections for copyright (Part II, Section 1 of the TRIPS Agreement), industrial design (Part II, Section 4), patents (Part II, Section 5), and trade secrets (Part II, Section 7), as well as enforcement mechanisms under Part III. Per the terms of the proposal, member countries would not be obligated to implement, apply or enforce the foregoing protections with respect to COVID-19 prevention, containment or treatment. In other words, member countries could choose not to enforce IP rights against vaccine manufacturers who would otherwise be infringing on those rights. The scope of the proposal underscores the myriad IP rights that could conceivably be waived in order for COVID-19 vaccines to be made by additional manufacturers. While more than 100 countries have voiced support for IP waivers generally, they have yet to express agreement on the scope and the duration of those waivers. Sixty-two countries—including India and South Africa—submitted a revised proposal on May 21, 2021 that would limit the duration of waivers to three years, after which the WTO’s General Council would “review the existence of the exceptional circumstances justifying the waiver.”