Util Fwk

[Standard] The standard is maximizing expected wellbeing. Prefer:

1] Theory first –

A] Ground – both debaters have ground underneath util because every action has a consequence that can be weighed fairly using different metrics under the framing – other frameworks flow exclusively to one side.

B] Topic lit – most articles are written through a utilitarian lens because they are crafted for policymakers and the general public who believes consequences are important – key to fairness because topic lit is how we determine in-round engagement.

2] Actor specificity:

A] Aggregation – governments only have access to averages and aggregates which are the basis of justification for their policies

B] No intent-foresight distinction – If we foresee a consequence, then it becomes part of our deliberation which makes it intrinsic to our action since we intend it to happen

Util is intrinsic to us we can't avoid that maximizing well being is the most moral action.

Nagel 86: Thomas Nagel, The View From Nowhere, HUP, 1986: 156-168.

I shall defend the unsurprising claim that sensory pleasure is good and pain bad, no matter whose they are. The point of the exercise is to see how the pressures of objectification operate in a simple case. Physical pleasure and pain do not usually depend on activities or desires which themselves raise questions of justification and value. They are just sensory experiences in relation to which we are fairly passive, but toward which we feel involuntary desire or aversion. Almost [E]veryone takes the avoidance of his {their} own pain and the promotion of his own pleasure as subjective reasons for action in a fairly simple way; they are not back[ed] up by any further reasons.

Microbial Resistance DA

IPR harmonization undermines the ability to market counterfeit drugs.

Ferrill, Spring **2007** (Elizabeth – Law Clerk to the Honorable Liam O'Grady, Magistrate Judge, U.S. District Court for the Eastern District of Virginia, Clearing the Swamp for Intellectual Property Harmonization: Understanding and Appreciating the Barriers to Full TRIPS Compliance for Industrializing and Non-Industrializing Countries, University of Baltimore Intellectual Property Law Journal, p. Lexis-Nexis)

In 1994, the Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) was created. n2 TRIPS requires all 150 members n3 of the World Trade Organization (WTO) to provide minimal standards of protection for intellectual property (IP). n4 **TRIPS** is part of the larger WTO framework that **promotes trade liberalization**. n5 Through a series of [*138] agreements designed to lower trade tariffs and eliminate other barriers to trade, the WTO strives to improve standards of living of all members, expand production of and trade in goods and services, and sustain development, especially in developing countries worldwide. n6 Most economists view trade liberalization as a means to wealth maximization. n7 If each country produces what it is best at producing, then output of efficiently produced products is higher worldwide. n8 Hence, countries that are the most efficient producer of a certain good would produce that good and trade with other countries for those goods it produces more efficiently, all without the cost of trade barriers. n9 Yet, countries are reluctant to unilaterally

lower their trade barriers. n10 To avoid this problem, the WTO established rules for reciprocal [*139] lowering of trade barriers. n11 In the realm of intellectual property, **harmonization**, defined as the standardization of intellectual property laws, **is analogous to trade liberalization.** If every country were to respect and protect the intellectual property rights of all other countries, inventors and creators would have the maximum incentive to create, mutually benefiting the world. More than a decade after its ratification, there remains tension and widespread noncompliance with **TRIPS**, as many countries **continue to** not **enforce foreign IP rights**, despite the potential benefits of harmonization. **Counterfeiting**, n12 which could be **mitigated by such enforcement, costs the world economy about $ 600 billion annually** and includes a multitude of products, such **as pharmaceuticals**, DVDs, software, toys, spare parts for cars and aircraft, and apparel. n13 This prompts the question of why complying with TRIPS and curbing counterfeiting and pirating has been so difficult over the past decade. There are a number of possible explanations.

That's crucial as Low-quality and counterfeit pharmaceuticals make anti microbial resistance spread globally

Kelesidis '15 (Theodoros Kelesidis – MD @ the University of Athens Medical School, Fellowship @ the UCLA School of Medicine, Specializes in Infectious Diseases. Mathew E. Falagas – MD @ the University of Athens Medical School, MSc in Epidemiology @ Harvard, Adjunct Assistant Professor of Medicine at Tufts University School of Medicine, Boston, Massachusetts, President, Board of Directors, Alfa Institute of Biomedical Sciences (AIBS), Athens, Greece, and Director, Infectious Diseases Clinic of Henry Dunant Hospital. "Substandard/Counterfeit Antimicrobial Drugs," 18 March 2015, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4402958/)

Consequences for the Community **Counterfeit** and/or substandard antimicrobial **medicines** may **promote antimicrobial resistance**. **Emergence of antimicrobial resistance as a result of low-quality antimicrobials has been reported** with antimicrobials that are often used in combination therapy, such as antimalarials (45, 45, 123, 217,–220) and antituberculosis agents (1, 121, 221). The use of substandard products **may lead to underdosing of antibiotics**, **which can increase antimicrobial resistance** (2, 4, 8, 24, 222, 223). **As a result**, in some developing countries **multidrug-resistant bacteria may emerge**, and the development of travel may further promote **the spread of drug-resistant bacteria worldwide** (15, 17, 51). Furthermore, therapeutic failure **prolongs the period of contagiousness and increases the prevalence of infections** from multidrug-resistant pathogens in the community. With regard to malaria, WHO has recommended that if 10% of patients fail treatment, the malaria treatment guidelines should change (224). However, the contribution of substandard/counterfeit medicines to treatment failure for malaria needs to taken into account and addressed in future research studies. Low-quality antimicrobials **may significantly decrease confidence** in the efficacy of certain antibiotics. **Poor-quality antimicrobials may lead physicians to lose confidence** in specific antibiotics and thus to use broad-spectrum antibiotics as the drugs of choice for infections (215, 225). According to the WHO, this may lead to loss of efficacy of relatively inexpensive drugs and will promote the use of more expensive antibiotics that patients in developing countries are not able to afford. The **public confidence in health care systems and in governments may decline significantly**. If **patients** with infectious diseases do not take antimicrobials due to lack of trust in their efficacy, **they remain infectious and pose risks for global public health.**

Disease pandemics threaten extinction.

Dhillon 17 [Ranu, works on building health systems in developing countries and served as an advisor to the president of Guinea during the Ebola epidemic instructor at Harvard Medical School, Harvard Business Review, 3-15-17, "The World Is Completely Unprepared for a Global Pandemic", https://hbr.org/2017/03/the-world-is-completely-unprepared-for-a-global-pandemic]

We fear it is **only a matter of time before** we face a **deadlier and more contagious pathogen**, yet the threat of a deadly pandemic remains dangerously overlooked. **Pandemics now occur with greater frequency, due to** factors such as **climate change, urbanization, and international travel**. Other factors, such as a weak World Health Organization and potentially massive cuts to funding for U.S. scientific research and foreign aid, including funding for the United Nations, stand to deepen our vulnerability. **We also face the specter of novel and mutated pathogens that could spread and kill faster than diseases we have seen before.** With the advent of genome-editing technologies, bioterrorists could artificially engineer **new plagues**, a threat that Ashton Carter, the former U.S. secretary of defense, thinks could **rival nuclear weapons in deadliness**. The two of us have advised the president of Guinea on stopping Ebola. In addition, we have worked on ways to contain the spread of Zika and have informally advised U.S. and international organizations on the matter. Our experiences tell us that the world is unprepared for these threats. We urgently need to change this trajectory. We can start by learning four lessons from the gaps exposed by the Ebola and Zika pandemics. Faster Vaccine Development The most effective way to stop pandemics is with vaccines. However, with Ebola there was no vaccine, and only now, years later, has one proven effective. This has been the case with Zika, too. Though there has been rapid progress in developing and getting a vaccine to market, it is not fast enough, and Zika has already spread worldwide. Many other diseases do not have vaccines, and developing them takes too long when a pandemic is already under way. We need faster pipelines, such as the one that the Coalition for Epidemic Preparedness Innovations is trying to create, to preemptively develop vaccines for diseases predicted to cause outbreaks in the near future. Point-of-Care Diagnostics Even with such efforts, vaccines will not be ready for many diseases and would not even be an option for novel or artificially engineered pathogens. With no vaccine for Ebola, our next best strategy was to identify who was infected as quickly as possible and isolate them before they infected others. Because Ebola's symptoms were identical to common illnesses like malaria, diagnosis required laboratory testing that could not be easily scaled. As a result, many patients were only tested after several days of being contagious and infecting others. Some were never tested at all, and about 40% of patients in Ebola treatment centers did not actually have Ebola. Many dangerous pathogens similarly require laboratory testing that is difficult to scale. Florida, for example, has not been able to expand testing for Zika, so pregnant women wait weeks to know if their babies might be affected. What's needed are point-of-care diagnostics that, like pregnancy tests, can be used by frontline responders or patients themselves to detect infection right away, where they live. These tests already exist for many diseases, and the technology behind them is well-established. However, the process for their validation is slow and messy. Point-of-care diagnostics for Ebola, for example, were available but never used because of such bottlenecks. Greater Global Coordination **We need stronger global coordination**. The responsibility for controlling pandemics is fragmented, spread across too many players with no unifying authority. In Guinea we forged a response out of an amalgam of over 30 organizations, each of which had its own priorities. In Ebola's aftermath, there have been calls for a mechanism for responding to pandemics similar to the advance planning and training that NATO has in place for its numerous members to respond to military threats in a quick, coordinated fashion. This is the right thinking, but we are far from seeing it happen. The errors that allowed Ebola to become a crisis replayed with Zika, and the WHO, which should anchor global action, continues to suffer from a lack of credibility. Stronger Local Health Systems International actors are essential but cannot parachute into countries and navigate local dynamics quickly enough to contain outbreaks. In Guinea it took months to establish the ground game needed to stop the pandemic, with Ebola continuing to spread in the meantime. We need to help developing countries establish health systems that can provide routine care and, when needed, coordinate with international responders to contain new outbreaks. Local health systems could be established for about half of the

$3.6 billion ultimately spent on creating an Ebola response from scratch. Access to routine care is also essential for knowing when an outbreak is taking root and establishing trust. For months, Ebola spread before anyone knew it was happening, and then lingered because communities who had never had basic health care doubted the intentions of foreigners flooding into their villages. The turning point in the pandemic came when they began to trust what they were hearing about Ebola and understood what they needed to do to halt its spread: identify those exposed and safely bury the dead. With Ebola and Zika, we lacked these four things — vaccines, diagnostics, global coordination, and local health systems — which are still urgently needed. However, prevailing political headwinds in the United States, which has played a key role in combatting pandemics around the world, threaten to make things worse. The Trump administration is seeking drastic budget cuts in funding for foreign aid and scientific research. The U.S. State Department and U.S. Agency for International Development may lose over one-third of their budgets, including half of the funding the U.S. usually provides to the UN. The National Institutes of Health, which has been on the vanguard of vaccines and diagnostics research, may also face cuts. The Centers for Disease Control and Prevention, which has been at the forefront of responding to outbreaks, remains without a director, and, if the Affordable Care Act is repealed, would lose $891 million, 12% of its overall budget, provided to it for immunization programs, monitoring and responding to outbreaks, and other public health initiatives. Investing in our ability to prevent and contain pandemics through revitalized national and international institutions should be our shared goal. However, if U.S. agencies become less able to respond to pandemics, leading institutions from other nations, such as Institut Pasteur and the National Institute of Health and Medical Research in France, the Wellcome Trust and London School of Hygiene and Tropical Medicine in the UK, and nongovernmental organizations (NGOs have done instrumental research and response work in previous pandemics), would need to step in to fill the void. There is no border wall against disease. **Pandemics are an existential threat on par with climate change and nuclear conflict**. We are at a **critical crossroads**, where we must either take the steps needed to prepare for this threat or become even more vulnerable. **It is only a matter of time before we are hit by a deadlier, more contagious pandemic.** Will we be ready?

Innovation DA

Patents spur new innovation and are crucial in closing the knowledge gap between rich and poor countries. Without IPP, there is no incentive to invent and new tech development falls short.

WIPO 17

Ensuring That, xx-xx-xxxx, "Innovation and Intellectual Property," No Publication, https://www.wipo.int/ip-outreach/en/ipday/2017/innovation_and_intellectual_property.html, 8-25-2021 //WHS-AC

Inventions are the bedrock of innovation. An **invention[s]** is a new solution to a technical problem and **can be protected through patents**. Patents **protect the interests of inventors** whose technologies are truly groundbreaking and commercially successful, by **ensuring that an inventor [they] can control the commercial use of their invention.** An individual or company that holds a patent has the right to prevent others from making, selling, retailing, or importing that technology. This **creates opportunities for inventors to sell, trade or license their patented technologies** with others who may want to use them. The criteria that need to be satisfied to obtain a patent are set out in national IP laws and may differ from one country to another. But generally, to obtain a patent an inventor needs to demonstrate that their technology is new (novel), useful and not obvious to someone working in the related field. To do this, they are required to describe how their technology works and what it can do. A patent can last up to 20 years, but the patent holder usually has to pay certain fees periodically throughout that 20-year period for the patent to remain valid. In practice, this means that if a technology has limited commercial value, the

patent holder may decide to abandon the patent, at which point the technology falls into the public domain and may be freely used. Patent information In addition to **recognizing and rewarding inventors for their commercially successful technologies**, patents also **tell the world about inventions**. In order to gain patent protection for their invention, the inventor must provide a detailed explanation of how it works. In fact, every time a patent is granted, the amount of technological information that is freely available to the general public expands (see Using and Exploiting Patent Information tutorial). WIPO is making this and other IP-related information freely available to the public through its global databases. The largest of these – it is also one of the largest in the world – is PATENTSCOPE. It contains over 50 million patent applications that can be searched free of charge. The aim in making this information widely available is to **spark new ideas** and **promote more innovation,** and also **to help narrow the knowledge gap which exists in developing and least developed countries**.

Innovation drives the future of the pharmaceuticals, advancing drug development and raising the health care bar. No innovation = no new medicines or vaccines.

Buffery 15 Dalia Buffery, xx-xx-xxxx, "The 2015 Oncology Drug Pipeline: Innovation Drives the Race to Cure Cancer," PubMed Central (PMC), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4489190/, 8-26-2021 //WHS-AC

"Innovation drives progress," suggests the US Food and Drug Administration (FDA) in its report on the 41 new molecular entities and new biologic pharmaceuticals that were approved in 2014.1 This perspective is echoed by the FDA's Center for Drug Evaluation and Research (CDER) **as the rationale for its support for innovation in the pharmaceutical industry**. The CDER states, "**The availability of new drugs and biological products often means new treatment options for patients and advances in health care for the American public**. For this reason, CDER **supports innovation** and plays a key role in **helping to advance new drug development**." More recently, in a provocative article published in this journal and titled "Breaking the Bank: Three Financing Models for Addressing the Drug Innovation Cost Crisis," Kleinke and McGee argue that **drug innovation is key to medical advances, especially in deadly diseases** such as cancer: to ensure continuing innovation in drug therapies, what is needed is not to halt funding innovation but rather to find a new way to pay for drugs. "**Innovative new treatments** designed to address serious diseases in targeted patient populations **represent the future of medicine.** Traditional payment methodologies need to change to keep pace with medical innovation," Kleinke and McGee propose, offering 3 models for consideration that will help pay for drugs in a novel way and allow drug innovation to continue in its path. Reflecting on oncology drugs in its 2014 report, the IMS Institute for Healthcare Informatics (henceforth, IMS) **highlighted innovation as a key feature in the oncology pipeline**. According to that report, "Developers have brought innovation across cancer types and therapeutic approaches, including preventive vaccines. Pharmaceutical company investments remain high and cancer therapies account for more than 30% of all preclinical and phase 1 clinical development, with 21 new molecular entities being launched and reaching patients in the last two years alone. These new medicines have increased the complexity of treating cancer, leading to more combination therapies and additional lines of therapy."

New vaccine technology development is key to mitigate the outbreak of infectious diseases, without them pandemics will be catastrophic.

Excler, Saville, Berkley, & Kim 21 Excler, JL., Saville, M., Berkley, S. et al. Vaccine development for emerging infectious diseases. Nat Med 27, 591–600 (2021). https://doi.org/10.1038/s41591-021-01301-0 //WHS-AC

Vaccines are the cornerstone of the management of infectious disease outbreaks and are the **surest means to defuse pandemic and epidemic risk**. The faster a vaccine is deployed, **the faster an outbreak can be controlled**. As discussed in the previous

section, the standard vaccine development cycle is **not suited to the needs of explosive pandemics**. New vaccine platform technologies however may shorten that cycle and make it **possible for multiple vaccines to be more rapidly developed, tested and produced**[34]. Table 2 provides examples of the most important technical vaccine platforms for vaccines developed or under development for emerging viral infectious diseases. **Two COVID-19 vaccines were developed** using mRNA technology (Pfizer–BioNTech[35] and Moderna[36]), **both showing safety and high efficacy**, and now with US Food and Drug Administration (FDA) emergency use authorization (EUA)[37,38] and European Medicines Agency (EMA) conditional marketing authorization[39,40]. While **innovative and encouraging** for other EIDs, it is too early to assert that mRNA vaccines represent a universal vaccine approach that could be broadly applied to other EIDs (such as bacterial or enteric pathogens). While COVID-19 mRNA vaccines are a useful proof of concept, gathering lessons from their large-scale deployment and effectiveness studies still requires more work and time. While several DNA vaccines are licensed for veterinary applications, and DNA vaccines have shown safety and immunogenicity in human clinical trials, no DNA vaccine has reached licensure for use in humans[41]. Recombinant proteins vary greatly in design for the same pathogen (for example, subunit, virus-like particles) and are often formulated with adjuvants but have longer development times. Virus-like particle-based vaccines used for hepatitis B and human papillomavirus are safe, highly immunogenic, efficacious and easy to manufacture in large quantity. **The technology is also easily transferable**. Whole inactivated pathogens (for example, SARS-CoV-2, polio, cholera) or live attenuated vaccines (for example, SARS-CoV-2, polio, chikungunya) are unique to each pathogen. Depending on the pathogen, these vaccines also may require biosafety level 3 manufacturing (at least for COVID-19 and polio), which may limit the possibility of technology transfer for increasing the global manufacturing capacity. Other vaccines are based on recombinant vector platforms, subdivided into nonreplicating vectors (for example, adenovirus 5 (Ad5), Ad26, chimpanzee adenovirus-derived ChAdOx, highly attenuated vectors like modified vaccinia Ankara (MVA)) and live attenuated vectors such as the measles-based vector or the vesicular stomatitis virus (VSV) vector. Either each vector is designed with specific inserts for the pathogen targeted, or the same vector can be designed with different inserts for the same disease. The development of the Merck Ebola vaccine is an example. ERVEBO is a live attenuated, recombinant VSV-based, chimeric-vector vaccine, where the VSV envelope G protein was deleted and replaced by the envelope glycoprotein of *Zaire ebolavirus*. ERVEBO is safe and highly efficacious, now approved by the US FDA and the EMA, and WHO prequalified, making VSV an attractive 'platform' for COVID-19 and perhaps for other EID vaccines[26] although the −70 °C ultracold chain storage requirement still presents a challenge. Other equally important considerations are speed of development, ease of manufacture and scale-up, ease of logistics (presentation, storage conditions and administration), technology transfer to other manufacturers to ensure worldwide supply, and cost of goods. Viral vectors such as Ad5, Ad26 and MVA have been used in HIV as well as in Ebola vaccines[42]. Finally, regulatory authorities do not approve platforms but vaccines. Each vaccine is different. However, with each use of a specific technology, regulatory agencies may, over time, become more comfortable with underlying technology and the overall safety and efficacy of the vaccine platform, allowing expedited review and approvals in the context of a pandemic[43]. With COVID-19, it meant that the regulatory authorities could permit expedited review of 'platform' technologies, such as RNA and DNA, that had been used (for other conditions) and had safety profiles in hundreds of people. A heterologous prime–boost (HPB) vaccine approach has been extensively explored for HIV[44] and Ebola vaccines[42]. It is being investigated for COVID-19 vaccines with the Oxford–AstraZeneca AZD1222 and Gamaleya Sputnik V COVID-19 vaccines[45] or with the Pfizer–BioNTech vaccine (https://www.comcovstudy.org.uk). Other HPB combinations might be considered involving mRNA, DNA, viral vector-based and protein-based vaccines. This may offer the potential benefit of improving the immune response and avoiding mutlidose reactogenicity or anti-vector immune responses. Additionally, people previously vaccinated with the standard regimen (for example, single or two dose) could be offered a booster immunization with a different vaccine. This might mitigate current shortages in vaccines, particularly in low- and middle-income countries (LMICs). Such a matrix of HPB possibilities deserves further consideration by manufacturers, funders and regulators supported by clinical trial studies and assessment of implementation challenges. **Important improvements** could speed up availability. Standardized labeling of vaccines so that they can be interchanged across countries and regions, date of production rather than expiration so that shelf life can be tracked, three-dimensional bar coding to allow critical information to be updated, standard indemnification and liability language that would allow agreement with all manufacturers, a no-fault compensation mechanism for serious adverse events related to vaccine administration, and regulatory harmonization are **all critical and being worked on as part of the COVID-19 vaccine response and must be optimized for future outbreaks**.

Studies show new pandemics are on the way, much worse than COVID-19.

Barnes, 21 By, 6-23-2021, "US Army scientists warn worse pandemics are coming soon," TheHill, https://thehill.com/changing-america/well-being/prevention-cures/559796-us-army-scientists-warn-worse-pandemics-are, 8-29-2021 //WHS-AC

Scientists studying coronavirus vaccines at the Walter Reed Army Institute of Research are **warning that the pandemic could be followed by an even larger and potentially deadly viral outbreak**. Speaking at the Defense One 2021 Tech Summit on Monday, Kayvon Modjarrad, director of Walter Reed's infectious diseases branch, argued that **the probability of this generation encountering another pandemic "is high**," Defense One reported. "We have seen the acceleration of these pathogens and the epidemics that they precipitate. And it may not be a coronavirus, **this may not be the big one**," Modjarrad said, according to the outlet. "There may be something that's **more transmissible and more deadly ahead of us**." "We have to think more broadly, not just about COVID-19, not just about coronavirus, but **all emerging infectious threats coming into the future,"** Modjarrad The team at Walter Reed has been working on developing vaccines not only for COVID-19 but also potential new viruses, according to Defense One. Researchers thus far have conducted testing of their spike ferritin nanoparticle, or SpFN, vaccine on nonhuman specimens, although the group is in the early stages of human trials. "**If we try to chase the viruses after they emerge, we're always going to be behind,**" Modjarrad said. Director for the Centers for Disease Control Rochelle Walensky said at a press briefing on Tuesday that the availability of effective vaccines has made adult COVID-19 deaths "entirely preventable. "This new virus forced too many of our families to accept death as an outcome for too many of our loved ones, but now this should not be the case," Walensky added. CDC data shows that 65 percent of eligible U.S. adults have received at least one vaccine dose, while 45.3 percent of the total population has been fully vaccinated.

Pandemics cause mass death and extinction.

Cross apply the dhillon 17 card

Case

1. Kant is homophobic – labels queer relationships and homosexuality as non-universalizable and says queer sex is degrading, dishonorable, and sub-human

Soble 03, Alan Soble, The Monist 86:1 (Jan. 2003), pp. 55-89. "Kant and Sexual Perversion"

Kant immediately **continues by completing his** sparse **inventory of** three objectionable, '**sexually unnatural, practices'**: **A** second **crime** n carnis contra naturam **is intercourse between sexus homo** genii, **in which the object of sexual impulse is a human being but there is homogeneity instead of heterogeneity of sex**. . . . **This practice** too **is contrary to the ends of humanity**; **for the end of humanity** in respect of sexuality **is to preserve the species without debasing the person**; but **in this instance the species is not being preserved** (as it can be by a crimen carnis secundum naturam), but **the person is set aside, the self is degraded below the level of the animals, and humanity is dishonoured**. The third crimen carnis contra naturam occurs when the object of the desire is in fact of the opposite sex but is not human. Such is sodomy, or intercourse with animals. This, too, is contrary to the ends of humanity and against our natural instinct. **It degrades mankind below the level of animals**, for no animal turns in this way from its own species.75

2- Kant is ableist – independent voter

their framework requires rationality that constructs a perfect subject – this form of rationality isn't accessible to all people, reifying ableism. Kant only gives agency to those who are both rational and autonomous. Those who are not are not given the same deference and are treated as if they are on the same level as animals.

3- kant is racist- thought black people were incapable of rationality

Rationality is racist and is used to justify exploiting slaves and native people

Inclusion is an independent voter a) access is a multiplier b) gateway issue to good debating if debate is unsafe c) comes before all theory arguments because fairness assumes equal playing fields d) stop echo chambers e) advocacy skills controls the internal link to fairness arguments

And, authorship matters—it influences our discussions and understanding of how facts are constructed

Charmaz 96 Charmaz, Kathy, and Richard G. Mitchell. "The myth of silent authorship: Self, substance, and style in ethnographic writing." Symbolic interaction 19.4 (1996): 285-302.

Silent authorship comes to mark mature scholarship. The proper voice is no voice at all. Disciplines cast out the image of scientist as icon, **as responsible source of definitive knowledge**, in favor of scientist as oracle, **as the transparent mechanism through which empirical "facts,"** as in the case of uncritical positivism, or eschatological truths, as in the case of Marxism, **express themselves.** Voiceless reportage, modernist and otherwise, transcends the messy mtlange of fragmented meaning, elliptical referents, and shifting contexts that researchers may encounter in the phenomenal world. **The "facts" speak for themselves,** metaphorically, in mathematical models and formulas; the "natives" speak for themselves, narratively, in postmodern ethnography (see McCloskey 1990, pp. 10-23). **Tales of research that collapse into narcissism and reflections upon the cultural cosmos that fly off into social science fantasy have their accorded places and permit authors a full range of voice, but these reports are only weakly linked to the intersubjective.** For the most part, social science researchers are not expected to speak, and if they do, we need not listen. **While positivism and postmodernism claim to offer open forums, both are suspicious of authors' voices outside of prescribed forms.** Extremists in both camps find corruption in speech. It lacks objectivity and value neutrality in the positivist idiom; **it expresses racist, Eurocentric, and phallocentric oppression in the postmodern view.**

At offense-

Companies will keep complex production steps secret if forced to forgo patents

Silverman 3/21 Rachel Silverman -- a policy fellow at the Center for Global Development, "Waiving vaccine patents won't help inoculate poorer nations", 15 March 2021, https://www.washingtonpost.com/outlook/2021/03/15/vaccine-coronavirus-patents-waive-global-equity/ | MU

According to some activists, the solution to this inequity is relatively simple: By suspending protections on covid-19 vaccine patents, the international community "could help break Big Pharma monopolies and increase supplies so there are enough doses for everyone, everywhere," claims the People's Vaccine Alliance. Indeed, 58 low- and middle-income countries have mobilized in support of a proposed World Trade Organization waiver that would temporarily exempt coronavirus-related intellectual property from normal international rules and protections. And while the effort to waive IP protections has been a global health hot topic for months, it gained a high-profile endorsement in the United States recently from Sen. Bernie Sanders (I-Vt.). In a March 10 video statement, Sanders called upon President Biden to support the IP suspension while slamming "huge, multibillion-dollar pharmaceutical companies [that] continue to prioritize profits by protecting their monopolies."

The logic of the argument seems clear and intuitive — at first. Without patents, which serve narrow commercial interests, companies all over the world could freely produce the vaccine. Sure, Big Pharma would lose money — but this is a pandemic, and human life comes before private profit, especially when vaccines receive substantial public financing to support research and development. As with HIV drugs in years past, widespread generic production would dramatically increase supply and drive down prices to levels affordable even in the developing world.

Reality is more complicated, however. **Because of the technical complexity of manufacturing coronavirus vaccines, waiving intellectual-property rights, by itself, would have little effect. It could even backfire, with companies using the move as an excuse to disengage from global access efforts.** There are more effective ways to entice — and to pressure — companies to license and share their intellectual property and the associated know-how, without broadly nullifying patents.

The Moderna vaccine illustrates the limits of freeing up intellectual property. Moderna announced in October that it would not enforce IP rights on its coronavirus vaccine — and yet it has taken no steps to share information about the vaccine's design or manufacture, citing commercial interests in the underlying technology. **Five months later, production of the Moderna vaccine remains entirely under the company's direct control within its owned and contracted facilities.** Notably, Moderna is also the only manufacturer of a U.S.- or British-approved vaccine not yet participating in Covax, a global-aid-funded effort (including a pledged $4 billion from the United States) to purchase vaccines for use in low- and middle-income countries.

AT ROB

CROB, endorse the debater who best weighs under util

1- **Truth arbitrary, evberyone has adiffernet conception of truth, util is the ebst way to test thruth and falsity because govenremnts use it tii, maximizing wellbeing and data isn't arbritary**
2- **Util more inclusive, everyone has util cases and lit under util**

Apriori

- **Resoluitin isn't apripri true or false bc its meant to be debatable**

afc

Psychological violence DA- I have to defend something acc to their interp that harms me as a queer POC and goes agasint my identity, pushes me and other marignalized gorups out of debate

Counterinterpretation: negs don't need to concede aff fw as long as we are reading standard act util
A2 strat skew
A – util is the most common fw – solves strat skew – everyone reads util at some point and all big schools have a util aff
B – your team has a util aff – proves that you could engage under a util fw
C – a2 adaptation – none of these args are NIBs – aff can read things like prefiat args – neg needs fw flex bc otherwise we can never adapt to aff FWs that are only winnable for the aff
D – rebuttal skew is false – affs can read 4 minute FWs that the neg can never cover. AND aff can add preempts + disclosure solves bc they can predict what im saying
E – our fw solves ground – util and kant answer each other – AND they're the best model of debate bc everyone knows these FWs
F – if we don't read preclusionary strats , the shell doesn't matter
G – don't dtd – no reason that us reading a different fw is inaccessible – esp since they read different fws on the aff – they're shifting the goalposts

AT Adv---

1--- Limited manufacturing and poor distribution infrastructure outweigh---their evidence.

Khullar 21. [(Dhruv Khullar is a contributing writer at The New Yorker, where he writes primarily about medicine, health care, and politics. He is also a practicing physician and an assistant professor at Weill Cornell Medical College) "India's Crisis Marks a New Phase in the Pandemic," The New Yorker, May 13, 2021. https://www.newyorker.com/science/medical-dispatch/indias-crisis-marks-a-new-phase-in-the-pandemic] TDI

Jha told me that he **worries less about I.P.** and incentives than about the **practical obstacles to vaccine production.** The primary barriers to vaccine availability, he said, are not rigid intellectual-property protections but **limited manufacturing capacity and poor distribution infrastructure.** Only a **small**

number of companies have the expertise needed to manufacture covid-19 vaccines, especially ones that use new mRNA technology, and **scaling up takes time.** "The world wasn't ready to produce five or ten billion doses of covid vaccines," Jha said. "We don't just have all this excess capacity sitting around. You need raw materials, production capabilities, liner bags, a whole bunch of complex machinery and supplies." Absent "a broader package of funding, supplies, manufacturing, and people with technical know-how," Jha said, **waiving I.P. rights wouldn't help India escape the crisis that it faces today.**

COVID-19 vaccine waiver is insufficient to narrow the structural supply gap between wealthy nations and their developing counterparts – cumbersome licensing measures and lack of technological transfer ensure failure.

2-- [Reisner et al] There's no nuclear winter. Prefer our study – it has 9 PhD's with experts in every relevant scientific field.

Reisner et al 2018[Jon Reisner - Climate and Atmospheric Sciences PhD at Los Alamos National Laboratory; Gennaro D'Angelo – PhD Los Alamos National Laboratory, Theoretical Division Eunmo Koo - Ph.D., Mechanical Engineering, University of California at Berkeley, Expertise: Atmospheric fluid dynamics, Modeling fluid-solid interactions, Fire spread in urban and wildland environment, Wind energy harvest, High-performance computing simulations; Wesley Even - Ph.D. Physics - Louisiana State University, Expertise: Computational Physics, Astrophysics Matthew Hecht – Expert in Climate and Ocean Modeling Elizabeth Hunke - Ph.D., Program in Applied Mathematics, University of Arizona, Expertise: Sea Ice Models; Darin Comeau – PhD, Applied Mathematics, University of Arizona , Expert in High dimensional data analysis, statistical and predictive modeling, and uncertainty quantification, with particular applications to climate science, as well as process-based modeling of the cryosphere; Randall Bos – PhD, Expert in Nuclear Weapon Effects Modeling and Simulation James Cooley - Ph.D. -- Physics, University of Maryland, Expert in Weapon Physics, Emergency Response, Computational Physics, Verification, and Validation (2018). Climate impact of a regional nuclear weapons exchange: An improved assessment based on detailed source calculations. Journal of Geophysical Research: Atmospheres , 123 , 2752 – 2772. https://doi.org/10.1002/2017JD027331 Received 20 JUN 2017 Accepted 1 FEB 2018 Accepted article online 13 FEB 2018 Published online 14 MAR 2018 ©2018. The Authors. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distri- bution in any medium, provided the original work is properly cited, the use is non-commercial and no modi fi cations or adaptations are made.] LHSBC

Abstract We present a multiscale study examining the impact of a regional exchange of nuclear weapons on global climate. Our models investigate **multiple phases of the effects of nuclear weapons** usage, including growth and rise of the nuclear fireball, ignition and spread of the induced fi restorm, and **comprehensive Earth system modeling** of the oceans, land, ice, and atmosphere. This study follows from the scenario originally envisioned by Robock, Oman, Stenchikov, et al. (2007, https://doi.org/10.5194/acp-7-2003-2007), based on the analysis of Toon et al. (2007, https://doi.org/10.5194/acp-7-1973-2007), which assumes a regional exchange between India and Pakistan of fi fty 15 kt weapons detonated by each side. We expand this scenario by modeling the processes that lead to production of black carbon, in order to re fi ne the black carbon forcing estimates of these previous studies. When the Earth system model is initiated with 5 × 10 9 kg of black carbon in the upper troposphere (approximately from 9 to 13 km), the impact on climate variables such as global temperature and precipitation in our simulations is similar to that predicted by previously published work. However, while our thorough simulations of the fi restorm produce about 3.7 × 10 9 kg of black carbon, we fi nd that the vast majority of the black carbon **never reaches an altitude above weather systems** (approximately 12 km). Therefore, our Earth system model simulations conducted with model-informed atmospheric distributions of black carbon produce signi fi cantly lower global climatic impacts than assessed in prior studies, as the carbon at lower altitudes is more **quickly removed from the atmosphere**. In addition, our model ensembles indicate that statistically signi fi cant effects on global surface temperatures are limited to the fi rst 5 years and are much smaller in magnitude than those shown in earlier works. None of the simulations produced a nuclear winter effect. We fi nd that the effects on global surface temperatures are not uniform and are concentrated primarily around the highest arctic latitudes, dramatically **reducing the global impact on human health and agriculture** compared with that reported by earlier studies. Our analysis demonstrates that the probability of significant global cooling from a limited exchange scenario as envisioned in previous studies is **highly unlikely**, a **conclusion supported by examination of natural analogs,** such as large forest fires and volcanic eruptions.