**biotech**

**I negate the resolution: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.**

#### The value is morality

**The language of the resolution frames the question as one of morality because of the use of the word ‘ought’ in the resolution and Merriam Webster defines ought to mean moral obligation. Prefer my value because morality is an intrinsic value that informs all other values and so is indispensable to any normative framing. Thus, morality allows a more objective approach as it could lead to either an affirmative or negative ballot.**

#### The criteria is util. Prefer:

**1.** **Pleasure and pain are intrinsically valuable**

**Moen 16** [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281] SJDI

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that **pleasure is intrinsically valuable and pain is intrinsically disvaluable**. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues. This inclusion makes intuitive sense, moreover, for **there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels**, and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative.2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values. If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable. You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good.3 As Aristotle observes: “We never ask [a man] what his end is in being pleased, because we assume that pleasure is choice worthy in itself.”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that **pleasure and pain are both places where we reach the end of the line in matters of value.**

**2. Only utilitarianism explains degrees of wrongness— you can only explain why breaking a promise to take a dying person to the hospital is worse than breaking a promise to meet for lunch by appealing to consequences.**

**Contention 1 is Biotechnology**

#### IP strikes a needed balance between innovation and access.

[**WIPO**]. "Promoting access to medical innovation." 05, 20**13**. <https://www.wipo.int/wipo_magazine/en/2013/05/article_0002.html> Accessed on August 09, 2021. [No initials set.]  
"**The rationale of the intellectual property** (IP) system in general, and the patent system in particular**, is to make investment in innovation attractive and to offer a mechanism which ensures that the knowledge contained in patent applications is accessible to society. In this way, it seeks to balance competing private and public interests. Anyone applying for a patent is required to disclose the details of their technology so that the public is aware of, and can eventually use, the knowledge contained in patent documents**. Patent information available through public databases, such as WIPO′s PATENTSCOPE, offers useful insights about innovation trends and freedom-to-operate, and can help shape patenting and licensing strategies**. Data indicate overall long-term growth in patenting of medical technologies (a sign of renewed investment in this area) and that an increasingly diverse range of public and private users** (see Figures 2 and 3**), including from emerging economies, are using the international patent system.** While **the patent system is designed to promote innovation by providing an incentive to invest in R&D**, the impact of patents on access to medical technologies is complex and much debated. Just as the existence of a patent need not be a barrier to access, the absence of a patent right does not guarantee effective access. As noted in the WHO′s Framework for Access to Medicines, **access to medicines is rarely dependent on a single factor; it also includes rational selection and use of medicines, affordable prices, sustainable financing and reliable health and supply systems, among others. Striking an appropriate balance between** encouraging medical **innovation and** enabling **access to it has been a major preoccupation of policymakers, health activists and the private sector**, since the 1990s when concerns about access came to the fore in relation to the treatment of HIV/AIDS in many African countries. **The WTO′s** Doha Declaration on the **TRIPs Agreement** and Public Health of 2001, **clarified** a number of rules specific to IP and helped reassure the global community **that IP should not prevent access to the medicines needed in developing countries.** Medical technologies are usually very expensive to develop but relatively cheap to reproduce. **Without the protection conferred by a patent it would not be financially viable for companies to continue investing in research, product development and regulatory approval. If competitors could “free ride” on the cost of developing a product and were able to immediately introduce their own versions, the inventor would not get the expected financial returns thereby weakening any incentive to develop new products**."

#### That’s crucial, as Pharmaceutical innovation and research spurs gene editing, biotechnology and other spin off applications

**Bradshaw 17** – Julia Bradshaw is a Business News Editor at The Telegraph. (“How gene editing is revolutionising the pharmaceuticals industry,” The Telegraph, <http://www.telegraph.co.uk/business/2017/02/05/gene-editing-revolutionising-pharmaceuticals-industry/>, February 5, 2017)

Fourteen years ago the first human genome was sequenced. It cost somewhere in the region of $2.7bn (£2.16bn). It was a collaborative effort across the globe that started in 1990 and took 13 years to complete. **Fast forward to today, and companies are offering genome sequencing at a mere $1,000 a pop, taking hours or days, not years, and the price continues to fall.** **This revolution in human genomic*s* has transformed the way we think about disease and our understanding of what causes it, paving the way for the development of treatments that are much more targeted at both the illness and the patient*,*** **such as cancer sufferers with a particular genetic mutation**. It has also led to the rise of gene editing, **a pioneering field in biotechnology** **whereby scientists can chop and change DNA** at specific sites **in an organism or cell using special molecular scissors**. **It’s** becoming **increasingly crucial in the discovery, testing and manufacture of new drugs*.*** Sequencing costs have fallen dramatically “**Gene editing has been** something of **a revolution. It has transformed from something that is fantastically difficult to carry out into a day-to-day laboratory technology**,” says Dr Mike Mitchell, an analyst at Panmure Gordon. **“It is now vital in both drug discovery and diagnostics and it’s oncology and precision medicine that are driving this**.” The technique has taken off over the past decade. New editing tools to create genetically defined human cell lines have come to the fore, some open-access, others privately owned. The most popular is called Crispr and is accessible to all researchers. This has spurred a wave of activity in the biotech sector, **with several companies now offering a suite of complex gene editing services that big pharmaceutical companies are more than happy to pay for. “**We’ve had **new companies** with multi-billion dollar valuations **coming to the market. I’m sure we will see many more active in this space, creating their own niches and applications and IP spurring further advances*,”*** says Dr Mitchell.

**Affirming is devastating, Poor IP protection wrecks the healthcare and biotech industries, laundry list**

George **Goodno**, 7-19-**2017**, “**Weak Patent Law Endangers Healthcare Innovation**,” BiotechNow, <http://www.biotech-now.org/public-policy/patently-biotech/2017/07/weak-patent-law-endangers-healthcare-innovation>, George Goodno is the Director of Communications at the Biotechnology Innovation Organization, graduated from Oklahoma State University. ZKMSU

**Strong patents are the lifeblood of** America’s **innovation economy including the biotechnology industry. They are critical in ensuring a steady stream of capital to biotechnology companies developing innovative medicines, alternative energy sources, and insect and drought resistant crops** – capital that has now begun to flow to other countries with stronger patent protections like the European Union and China. In a recent review of global patent protections, the U.S. Chamber of Commerce reported that the United States dropped from its #1 position to #10, tying with Hungary and falling behind most EU nations, Japan, and Singapore. Read the full report here. It can take a decade or more of privately funded research and development before a biotech company can bring its product to market. Only one in ten candidate drugs that make it as far as clinical trials will actually get licensed. Despite the risks of biotech investment, the industry attracts billions of dollars in new investments each year based on the promise of its innovative and patented discoveries, which will only be translated into actual commercial products providing a return on investment after years, sometimes decades, of capital-intensive investment and research efforts. **Without strong and predictable protections for validly patented innovations, investors will shy away from investing in biotech innovation, degrading the ability to provide solutions to the most pressing medical, agricultural, industrial, and environmental challenges facing our nation and the world.** A short-sighted approach to patent reform will undermine the promise of these initiatives. Biotechnology is one of the fields where the U.S. remains an undisputed world leader – both in terms of conceptualizing new products and bringing them to market. Our Congress should be working to preserve and nurture the sectors where the U.S. remains head and shoulders above the rest of the world, where continued advancements hold the greatest societal and economic promise. Make no mistake: **the impact of weakening patent protection would be severe, and the aftershock** could be **devastating.**

#### Biotech solves a laundry list of impacts, which can only be solved by voting neg.

**ICAF, 2010** (Industrial College of the Armed Forces, National Defense University, Authors include many US military colonels and faculty of the National Defense University, “Biotechnology 2010”, Spring 2010, <http://es.ndu.edu/Portals/75/Documents/industry-study/reports/2010/icaf-is-report-biotechnology-2010.pdf)//JBS>

**Biotechnology** has the potential **to solve some of the most complex problems of the 21st century**. As an industry, **biotechnology is unparalleled** in its potential **to impact global health**, food and water security, energy security, and the environment. **This innovation-based industry** is strategically significant because it **impacts both national security and the sustained growth** of the domestic economy. For the United States to maintain its current competitive advantage in the industry, **it** must focus on policy and investments which **strengthen** the indu**s**try’s **ability to rapidly innovate** and to transform innovative ideas into products and services for the global market. The purpose of this report is to conduct a strategic level examination of **the biotechnology industry** – an industry **vital to the nation’s security and economic welfare.** The study includes over fifty activities spanning lectures by leading biotechnology experts and field visits to important government and corporate organizations. The industry study program includes travel to key domestic and international biotechnology centers such as Boston, Chicago, San Francisco, Taiwan, Singapore, Malaysia, and Japan. The study methodology uses critical thinking to analyze the structure, conduct and performance of the biotechnology industry and market sectors. This includes using the five forces of competition (new entrants, supplier power, buyer power, substitutes and the degree of rivalry) to assess the capacity and capability of U.S. biotechnology firms to deliver globally competitive products and services. Additionally, the methodology evaluates the biotechnology industry’s performance in meeting national security interest and promoting economic growth.

**Contention 2 is Counterfeit Drugs**

#### 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?

## Case

#### The WTO already has processes in place to ensure access that balances IP and access, even during emergencies.

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As Jennifer Hillman of the Council on Foreign Relations observed, ordinarily the “inherent tension between the protection of intellectual property and the need to make and distribute affordable medicines” is “resolved through licensing, which allows a patent holder to permit others to make or trade the protected product—usually at a price and with some supervision from the patent holder to ensure control.”7 But, in public health emergencies, it may be impossible to obtain a license. In such cases, “compulsory licenses” can be issued to local manufacturers, authorizing them to make patented products or use patented processes even though they do not have the permission of the patent holders.8 After years of debate, WTO members clarified in the Doha Ministerial Declaration in November 2001 that each WTO member “has the right to grant compulsory licenses and the freedom to determine the grounds upon which such licenses are granted.”9 In August 2003, WTO members followed up on the 2001 declaration by adopting a waiver that allows poorer countries that do not have the capacity to make pharmaceutical products—and thus cannot benefit from compulsory licensing—to import cheaper generic drugs from countries where those drugs are protected by patent.10 In such a case, both the importing and exporting countries are excused from what would otherwise be their obligations under the TRIPS Agreement. This waiver was transformed into an amendment in the WTO IP rules in 2017.11 Compulsory licensing of medicines is not popular with private drug manufacturers because it is a derogation from the customary workings of market‐based capitalism. However, as these actions by WTO members in 2001, 2003, and 2017 illustrate, compulsory licensing is not a derogation from the balance struck by the members of the WTO between protecting IP rights and ensuring access to essential medicines. Rather, it is a crucial part of that balance. The balance struck in the WTO treaty includes the option of compulsory licensing during health emergencies.

#### Any affirmative solvency would be short term as affirming will prevent the discovery of future medicines the world will need.

Bacchus 20, James Bacchus (is a member of the Herbert A. Stiefel Center for Trade Policy Studies, the Distinguished University Professor of Global Affairs and director of the Center for Global Economic and Environmental Opportunity at the University of Central Florida. He was a founding judge and was twice the chairman—the chief judge—of the highest court of world trade, the Appellate Body of the World Trade Organization in Geneva, Switzerland), “An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines,” CATO Institute, December 16, 2020, <https://www.cato.org/free> trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-

vaccines

In the short term, undermining private IP rights may accelerate distribution of goods and services—where the novel knowledge that went into making them already exists. But in the long term, undermining private IP rights would eliminate the incentives that inspire innovation, thus preventing the discovery and development of knowledge for new goods and services that the world needs. This widespread dismissal of the link between private IP rights and innovation is perhaps best reflected in the fact that although the United Nations Sustainable Development Goals for 2030 aspire to “foster innovation,” they make no mention of IP rights.19 As Stephen Ezell and Nigel Cory of the Information Technology and Innovation Foundation wrote, “A fundamental fault line in the debate over intellectual property pertains to the need to achieve a reasoned balance between access and exclusive rights.”20 This fault line is much on display in the WTO rules on IP rights. These rules recognize that “intellectual property rights are private rights” and that rules and disciplines are necessary for “the provision of effective and appropriate means for the enforcement of trade‐related intellectual property rights.”21 Yet, where social and economic welfare is at stake, WTO members have sought to strike a balance in these rules between upholding IP rights and fulfilling immediate domestic needs.