### 1

#### The standard is act hedonistic util. Prefer –

#### 1 – Pleasure and pain *are* intrinsic value and disvalue – everything else *regresses* – robust neuroscience.

Blum et al. 18

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**Pleasure** is not only one of the three primary reward functions but it also **defines reward.** As homeostasis explains the functions of only a limited number of rewards, the principal reason why particular stimuli, objects, events, situations, and activities are rewarding may be due to pleasure. This applies first of all to sex and to the primary homeostatic rewards of food and liquid and extends to money, taste, beauty, social encounters and nonmaterial, internally set, and intrinsic rewards. Pleasure, as the primary effect of rewards, drives the prime reward functions of learning, approach behavior, and decision making and provides the **basis for hedonic theories** of reward function. We are attracted by most rewards and exert intense efforts to obtain them, just because they are enjoyable [10].

Pleasure is a passive reaction that derives from the experience or prediction of reward and may lead to a long-lasting state of happiness. The word happiness is difficult to define. In fact, just obtaining physical pleasure may not be enough. One key to happiness involves a network of good friends. However, it is not obvious how the higher forms of satisfaction and pleasure are related to an ice cream cone, or to your team winning a sporting event. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure [14].

Pleasure as a hallmark of reward is sufficient for defining a reward, but it may not be necessary. A reward may generate positive learning and approach behavior simply because it contains substances that are essential for body function. When we are hungry, we may eat bad and unpleasant meals. A monkey who receives hundreds of small drops of water every morning in the laboratory is unlikely to feel a rush of pleasure every time it gets the 0.1 ml. Nevertheless, with these precautions in mind, we may define any stimulus, object, event, activity, or situation that has the potential to produce pleasure as a reward. In the context of reward deficiency or for disorders of addiction, homeostasis pursues pharmacological treatments: drugs to treat drug addiction, obesity, and other compulsive behaviors. The theory of allostasis suggests broader approaches - such as re-expanding the range of possible pleasures and providing opportunities to expend effort in their pursuit. [15]. It is noteworthy, the first animal studies eliciting approach behavior by electrical brain stimulation interpreted their findings as a discovery of the brain’s pleasure centers [16] which were later partly associated with midbrain dopamine neurons [17–19] despite the notorious difficulties of identifying emotions in animals.

Evolutionary theories of pleasure: The love connection BO:D

Charles Darwin and other biological scientists that have examined the biological evolution and its basic principles found various mechanisms that steer behavior and biological development. Besides their theory on natural selection, it was particularly the sexual selection process that gained significance in the latter context over the last century, especially when it comes to the question of what makes us “what we are,” i.e., human. However, the capacity to sexually select and evolve is not at all a human accomplishment alone or a sign of our uniqueness; yet, we humans, as it seems, are ingenious in fooling ourselves and others–when we are in love or desperately search for it.

It is well established that modern biological theory conjectures that **organisms are** the **result of evolutionary competition.** In fact, Richard Dawkins stresses gene survival and propagation as the basic mechanism of life [20]. Only genes that lead to the fittest phenotype will make it. It is noteworthy that the phenotype is selected based on behavior that maximizes gene propagation. To do so, the phenotype must survive and generate offspring, and be better at it than its competitors. Thus, the ultimate, distal function of rewards is to increase evolutionary fitness by ensuring the survival of the organism and reproduction. It is agreed that learning, approach, economic decisions, and positive emotions are the proximal functions through which phenotypes obtain other necessary nutrients for survival, mating, and care for offspring.

Behavioral reward functions have evolved to help individuals to survive and propagate their genes. Apparently, people need to live well and long enough to reproduce. Most would agree that homo-sapiens do so by ingesting the substances that make their bodies function properly. For this reason, foods and drinks are rewards. Additional rewards, including those used for economic exchanges, ensure sufficient palatable food and drink supply. Mating and gene propagation is supported by powerful sexual attraction. Additional properties, like body form, augment the chance to mate and nourish and defend offspring and are therefore also rewards. Care for offspring until they can reproduce themselves helps gene propagation and is rewarding; otherwise, many believe mating is useless. According to David E Comings, as any small edge will ultimately result in evolutionary advantage [21], additional reward mechanisms like novelty seeking and exploration widen the spectrum of available rewards and thus enhance the chance for survival, reproduction, and ultimate gene propagation. These functions may help us to obtain the benefits of distant rewards that are determined by our own interests and not immediately available in the environment. Thus the distal reward function in gene propagation and evolutionary fitness defines the proximal reward functions that we see in everyday behavior. That is why foods, drinks, mates, and offspring are rewarding.

There have been theories linking pleasure as a required component of health benefits salutogenesis, (salugenesis). In essence, under these terms, pleasure is described as a state or feeling of happiness and satisfaction resulting from an experience that one enjoys. Regarding pleasure, it is a double-edged sword, on the one hand, it promotes positive feelings (like mindfulness) and even better cognition, possibly through the release of dopamine [22]. But on the other hand, pleasure simultaneously encourages addiction and other negative behaviors, i.e., motivational toxicity. It is a complex neurobiological phenomenon, relying on reward circuitry or limbic activity. It is important to realize that through the “Brain Reward Cascade” (BRC) endorphin and endogenous morphinergic mechanisms may play a role [23]. While natural rewards are essential for survival and appetitive motivation leading to beneficial biological behaviors like eating, sex, and reproduction, crucial social interactions seem to further facilitate the positive effects exerted by pleasurable experiences. Indeed, experimentation with addictive drugs is capable of directly acting on reward pathways and causing deterioration of these systems promoting hypodopaminergia [24]. Most would agree that pleasurable activities can stimulate personal growth and may help to induce healthy behavioral changes, including stress management [25]. The work of Esch and Stefano [26] concerning the link between compassion and love implicate the brain reward system, and pleasure induction suggests that social contact in general, i.e., love, attachment, and compassion, can be highly effective in stress reduction, survival, and overall health.

Understanding the role of neurotransmission and pleasurable states both positive and negative have been adequately studied over many decades [26–37], but comparative anatomical and neurobiological function between animals and homo sapiens appear to be required and seem to be in an infancy stage.

Finding happiness is different between apes and humans

As stated earlier in this expert opinion one key to happiness involves a network of good friends [38]. However, it is not entirely clear exactly how the higher forms of satisfaction and pleasure are related to a sugar rush, winning a sports event or even sky diving, all of which augment dopamine release at the reward brain site. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure.

Remarkably, there are pathways for ordinary liking and pleasure, which are limited in scope as described above in this commentary. However, there are **many brain regions**, often termed hot and cold spots, that significantly **modulate** (increase or decrease) our **pleasure or** even produce **the opposite** of pleasure— that is disgust and fear [39]. One specific region of the nucleus accumbens is organized like a computer keyboard, with particular stimulus triggers in rows— producing an increase and decrease of pleasure and disgust. Moreover, the cortex has unique roles in the cognitive evaluation of our feelings of pleasure [40]. Importantly, the interplay of these multiple triggers and the higher brain centers in the prefrontal cortex are very intricate and are just being uncovered.

Desire and reward centers

It is surprising that many different sources of pleasure activate the same circuits between the mesocorticolimbic regions (Figure 1). Reward and desire are two aspects pleasure induction and have a very widespread, large circuit. Some part of this circuit distinguishes between desire and dread. The so-called pleasure circuitry called “REWARD” involves a well-known dopamine pathway in the mesolimbic system that can influence both pleasure and motivation.

In simplest terms, the well-established mesolimbic system is a dopamine circuit for reward. It starts in the ventral tegmental area (VTA) of the midbrain and travels to the nucleus accumbens (Figure 2). It is the cornerstone target to all addictions. The VTA is encompassed with neurons using glutamate, GABA, and dopamine. The nucleus accumbens (NAc) is located within the ventral striatum and is divided into two sub-regions—the motor and limbic regions associated with its core and shell, respectively. The NAc has spiny neurons that receive dopamine from the VTA and glutamate (a dopamine driver) from the hippocampus, amygdala and medial prefrontal cortex. Subsequently, the NAc projects GABA signals to an area termed the ventral pallidum (VP). The region is a relay station in the limbic loop of the basal ganglia, critical for motivation, behavior, emotions and the “Feel Good” response. This defined system of the brain is involved in all addictions –substance, and non –substance related. In 1995, our laboratory coined the term “Reward Deficiency Syndrome” (RDS) to describe genetic and epigenetic induced hypodopaminergia in the “Brain Reward Cascade” that contribute to addiction and compulsive behaviors [3,6,41].

Furthermore, ordinary “liking” of something, or pure pleasure, is represented by small regions mainly in the limbic system (old reptilian part of the brain). These may be part of larger neural circuits. In Latin, hedus is the term for “sweet”; and in Greek, hodone is the term for “pleasure.” Thus, the word Hedonic is now referring to various subcomponents of pleasure: some associated with purely sensory and others with more complex emotions involving morals, aesthetics, and social interactions. The capacity to have pleasure is part of being healthy and may even extend life, especially if linked to optimism as a dopaminergic response [42].

Psychiatric illness often includes symptoms of an abnormal inability to experience pleasure, referred to as anhedonia. A negative feeling state is called dysphoria, which can consist of many emotions such as pain, depression, anxiety, fear, and disgust. Previously many scientists used animal research to uncover the complex mechanisms of pleasure, liking, motivation and even emotions like panic and fear, as discussed above [43]. However, as a significant amount of related research about the specific brain regions of pleasure/reward circuitry has been derived from invasive studies of animals, these cannot be directly compared with subjective states experienced by humans.

In an attempt to resolve the controversy regarding the causal contributions of mesolimbic dopamine systems to reward, we have previously evaluated the three-main competing explanatory categories: “liking,” “learning,” and “wanting” [3]. That is, dopamine may mediate (a) liking: the hedonic impact of reward, (b) learning: learned predictions about rewarding effects, or (c) wanting: the pursuit of rewards by attributing incentive salience to reward-related stimuli [44]. We have evaluated these hypotheses, especially as they relate to the RDS, and we find that the incentive salience or “wanting” hypothesis of dopaminergic functioning is supported by a majority of the scientific evidence. Various neuroimaging studies have shown that anticipated behaviors such as sex and gaming, delicious foods and drugs of abuse all affect brain regions associated with reward networks, and may not be unidirectional. Drugs of abuse enhance dopamine signaling which sensitizes mesolimbic brain mechanisms that apparently evolved explicitly to attribute incentive salience to various rewards [45].

Addictive substances are voluntarily self-administered, and they enhance (directly or indirectly) dopaminergic synaptic function in the NAc. This activation of the brain reward networks (producing the ecstatic “high” that users seek). Although these circuits were initially thought to encode a set point of hedonic tone, it is now being considered to be far more complicated in function, also encoding attention, reward expectancy, disconfirmation of reward expectancy, and incentive motivation [46]. The argument about addiction as a disease may be confused with a predisposition to substance and nonsubstance rewards relative to the extreme effect of drugs of abuse on brain neurochemistry. The former sets up an individual to be at high risk through both genetic polymorphisms in reward genes as well as harmful epigenetic insult. Some Psychologists, even with all the data, still infer that addiction is not a disease [47]. Elevated stress levels, together with polymorphisms (genetic variations) of various dopaminergic genes and the genes related to other neurotransmitters (and their genetic variants), and may have an additive effect on vulnerability to various addictions [48]. In this regard, Vanyukov, et al. [48] suggested based on review that whereas the gateway hypothesis does not specify mechanistic connections between “stages,” and does not extend to the risks for addictions the concept of common liability to addictions may be more parsimonious. The latter theory is grounded in genetic theory and supported by data identifying common sources of variation in the risk for specific addictions (e.g., RDS). This commonality has identifiable neurobiological substrate and plausible evolutionary explanations.

Over many years the controversy of dopamine involvement in especially “pleasure” has led to confusion concerning separating motivation from actual pleasure (wanting versus liking) [49]. We take the position that animal studies cannot provide real clinical information as described by self-reports in humans. As mentioned earlier and in the abstract, on November 23rd, 2017, evidence for our concerns was discovered [50]

In essence, although nonhuman primate brains are similar to our own, the disparity between other primates and those of human cognitive abilities tells us that surface similarity is not the whole story. Sousa et al. [50] small case found various differentially expressed genes, to associate with pleasure related systems. Furthermore, the dopaminergic interneurons located in the human neocortex were absent from the neocortex of nonhuman African apes. Such differences in neuronal transcriptional programs may underlie a variety of neurodevelopmental disorders.

In simpler terms, the system controls the production of dopamine, a chemical messenger that plays a significant role in pleasure and rewards. The senior author, Dr. Nenad Sestan from Yale, stated: “Humans have evolved a dopamine system that is different than the one in chimpanzees.” This may explain why the behavior of humans is so unique from that of non-human primates, even though our brains are so surprisingly similar, Sestan said: “It might also shed light on why people are vulnerable to mental disorders such as autism (possibly even addiction).” Remarkably, this research finding emerged from an extensive, multicenter collaboration to compare the brains across several species. These researchers examined 247 specimens of neural tissue from six humans, five chimpanzees, and five macaque monkeys. Moreover, these investigators analyzed which genes were turned on or off in 16 regions of the brain. While the differences among species were subtle, **there was** a **remarkable contrast in** the **neocortices**, specifically in an area of the brain that is much more developed in humans than in chimpanzees. In fact, these researchers found that a gene called tyrosine hydroxylase (TH) for the enzyme, responsible for the production of dopamine, was expressed in the neocortex of humans, but not chimpanzees. As discussed earlier, dopamine is best known for its essential role within the brain’s reward system; the very system that responds to everything from sex, to gambling, to food, and to addictive drugs. However, dopamine also assists in regulating emotional responses, memory, and movement. Notably, abnormal dopamine levels have been linked to disorders including Parkinson’s, schizophrenia and spectrum disorders such as autism and addiction or RDS.

Nora Volkow, the director of NIDA, pointed out that one alluring possibility is that the neurotransmitter dopamine plays a substantial role in humans’ ability to pursue various rewards that are perhaps months or even years away in the future. This same idea has been suggested by Dr. Robert Sapolsky, a professor of biology and neurology at Stanford University. Dr. Sapolsky cited evidence that dopamine levels rise dramatically in humans when we anticipate potential rewards that are uncertain and even far off in our futures, such as retirement or even the possible alterlife. This may explain what often motivates people to work for things that have no apparent short-term benefit [51]. In similar work, Volkow and Bale [52] proposed a model in which dopamine can favor NOW processes through phasic signaling in reward circuits or LATER processes through tonic signaling in control circuits. Specifically, they suggest that through its modulation of the orbitofrontal cortex, which processes salience attribution, dopamine also enables shilting from NOW to LATER, while its modulation of the insula, which processes interoceptive information, influences the probability of selecting NOW versus LATER actions based on an individual’s physiological state. This hypothesis further supports the concept that disruptions along these circuits contribute to diverse pathologies, including obesity and addiction or RDS.

#### 2 – No intent-foresight distinction – if I foresee a consequence, then it becomes part of my deliberation since its intrinsic to my action

#### No intent foresight distinction for states.

Enoch 07 Enoch, D [The Faculty of Law, The Hebrew Unviersity, Mount Scopus Campus, Jersusalem]. (2007). INTENDING, FORESEEING, AND THE STATE. Legal Theory, 13(02). doi:10.1017/s1352325207070048 https://www.cambridge.org/core/journals/legal-theory/article/intending-foreseeing-and-the-state/76B18896B94D5490ED0512D8E8DC54B2

The general difficulty of the intending-foreseeing distinction here stemmed, you will recall, from the feeling that attempting to pick and choose among the foreseen consequences of one’s actions those one is more and those one is less responsible for looks more like the preparation of a defense than like a genuine attempt to determine what is to be done. Hiding behind the intending-foreseeing distinction seems like an attempt to evade responsibility, and so thinking about the distinction in terms of responsibility serves 39. Anderson & Pildes, supra note 38. I will use this text as my example of an expressive theory here. 40. See id. at 1554, 1564. 41. For a general critique, see Mathew D. Adler, Expressive Theories of Law: A Skeptical Overview, 148 U. PA. L. REV. 1363 (1999–2000). 42. As Adler repeatedly notes, the understanding of expression Anderson & Pildes work with is amazingly broad, so that “To express an attitude through action is to act on the reasons the attitude gives us”; Anderson & Pildes, supra note 38, at 1510. If this is so, it seems that expression drops out of the picture and everything done with it can be done directly in terms of reasons. 43. This may be true of what Anderson and Pildes have in mind when they say that “expressive norms regulate actions by regulating the acceptable justifications for doing them”; id. at 1511. http://journals.cambridge.org Downloaded: 03 Aug 2014 IP address: 134.153.184.170 Intending, Foreseeing, and the State 91 to reduce even further the plausibility of attributing to it intrinsic moral significance. This consideration—however weighty in general—seems to me very weighty when applied to state action and to the decisions of state officials. For perhaps it may be argued that individuals are not required to undertake a global perspective, one that equally takes into account all foreseen consequences of their actions. Perhaps, in other words, individuals are entitled to (roughly) settle for having a good will, and beyond that let chips fall where they may. But this is precisely what stateswomen and statesmen—and certainly states—are not entitled to settle for.44 In making policy decisions, it is precisely the global (or at least statewide, or nationwide, or something of this sort) perspective that must be undertaken. Perhaps, for instance, an individual doctor is entitled to give her patient a scarce drug without thinking about tomorrow’s patients (I say “perhaps” because I am genuinely not sure about this), but surely when a state committee tries to formulate rules for the allocation of scarce medical drugs and treatments, it cannot hide behind the intending-foreseeing distinction, arguing that if it allows45 the doctor to give the drug to today’s patient, the death of tomorrow’s patient is merely foreseen and not intended. When making a policy-decision, this is clearly unacceptable. Or think about it this way (I follow Daryl Levinson here):46 perhaps restrictions on the responsibility of individuals are justified because individuals are autonomous, because much of the value in their lives comes from personal pursuits and relationships that are possible only if their responsibility for what goes on in the (more impersonal) world is restricted. But none of this is true of states and governments. They have no special relationships and pursuits, no personal interests, no autonomous lives to lead in anything like the sense in which these ideas are plausible when applied to individuals persons. So there is no reason to restrict the responsibility of states in anything like the way the responsibility of individuals is arguably restricted.47 States and state officials have much more comprehensive responsibilities than individuals do. Hiding behind the intending-foreseeing distinction thus more clearly constitutes an evasion of responsibility in the case of the former. So the evading-responsibility worry has much more force against the intending-foreseeing distinction when applied to state action than elsewhere.

#### 3 – Actor spec – governments lack wills or intentions and inevitably deals with tradeoffs – outweighs because agents have differing obligations.

#### 4 – No act omission distinction – choosing not to act is an action in of itself since you had to make an active decision to omit. Walking past a drowning baby and choosing not to save it is a cognitive decision you were faced with and you actively decided to keep walking b) warranting a distinction gives agents the permissible choice of omitting from any ethical action since omissions lack culpability.

#### No calc indicts – a) no philosophy actually says that consequences don’t matter at all since otherwise it would indict every theory since they use causal events to understand how their ethics have worked in the past and through the justification of premises b) we don’t need consequences – winning hedonism proves we’re the only one with impacts to it which means risk of offense framing is sufficient c) they’re blippy nibs that set the aff at an unfair advantage since they only have to win one while we have to beat them all – voting issue for fairness

#### Extinction first –

#### 1 – Forecloses future improvement – we can never improve society because our impact is irreversible which proves moral uncertainty

#### 2 – Turns suffering – mass death causes suffering because people can’t get access to resources and basic necessities- disproportionately impacts minorities.

#### 3 – Objectivity – body count is the most objective way to calculate impacts because comparing suffering is unethical

### 2

#### Infrastructure passes now due to Biden and Pelosi involvement – Biden PC and tight timetables makes the margin for error literally ZERO

Elliott 9-16 (Philip Elliott is a Washington Correspondent for TIME. Before joining TIME in early 2015, he spent almost a decade at The Associated Press, where he covered politics, campaign finance, education and the White House. He is a graduate of the E.W. Scripps School of Journalism at Ohio University, September 16, 2021, accessed on 9-17-2021, Time, "Democrats Face a Grueling Two Weeks as Infighting Erupts Over Infrastructure", https://time.com/6098810/house-democrats-reconciliation/)//babcii

House Democrats yesterday finished penning a 2,600-page bill that **finally outlines the specifics** of their ambitious “soft” infrastructure plan that won’t attract a single Republican vote. But no one was really rushing to Schneider’s for bottles of bubbly. For a party ready to spend $3.5 trillion to fund its social policy agenda, there were plenty of glum faces on Capitol Hill. In fact, one key piece of the legislation—a deal that would finally let Medicare negotiate lower prices with drug companies—fell apart in the Energy and Commerce Committee when three Democrats voted against it. It found resurrection a short time later when Leadership aides literally plucked it from the Energy and Commerce team and delivered it to the Ways and Means Committee for its approval instead. Even there, though, one Democrat voted against it, saying the threat it posed to pharmaceutical companies’ profits would doom it in the Senate. “Every moment we spend debating provisions that will never become law is a moment wasted and will delay much-needed assistance to the American people,” Rep. Stephanie Murphy of Florida later argued. Put another way? Brace **for some nasty politics** over the next two weeks as House Speaker Nancy Pelosi tries to get this bill to a vote before the budget year ends on Sept. 30. And those 2,600 pages had better be recyclable. Democrats can **only afford three defectors** if they want to usher this bill into law, **and they’re perilously close to failure**. So far, five centrist Democrats in the House have said they prefer a scaled-back version of the Medicare component. But if Pelosi gives the five centrists that win, she risks losing the support of progressives who are already sour that things like a punitive wealth tax and the end to tax loopholes aren’t present in the current version of the bill. As it stands now, letting Medicare negotiate drug prices would save the government about $500 billion over the next decade. The scaled-back version doesn’t have an official cost, but a very similar version got its score in the Senate last year: roughly $100 billion in savings. Because Democrats are using a budgeting loophole to help them avoid a filibuster and pass this with bare majorities, that $400 billion gap matters a lot more than on most bills. Scaling back the Medicare savings means they would also have to scale back their overall spending on the bill—a big line in the sand for progressives who say they’ve already compromised too much. All of this, of course, comes as President Joe Biden and his top aides in the White House have been trying to get Senate **centrists onboard**. Just yesterday, he **met separately with Sens. Kyrsten Sinema and Joe Manchin**, fellow Democrats who have expressed worries about the $3.5 trillion price tag but have been vague about what exactly they want to cut back on. With the Senate evenly divided at 50-50, and Vice President Kamala Harris in position to break the ties to Democrats’ victories, any shenanigans from those two independent thinkers scrambles the whole package. Oh, and that other bipartisan infrastructure plan that carries $550 billion in new spending? It’s still sitting on the shelf in the House. Pelosi said she’d bring it to the floor only when the bigger—and entirely partisan—bill was ready. And there’s plenty of grumbling about that package, too. If this is all beginning to sound like a scratched record that keeps repeating, it’s because this has become something of a pattern here in Washington. Things look pretty grim for legislation in town these days, despite Democrats controlling the House, the Senate and the White House. Their margin for error **is literally zero**, and so hiccups from a half-dozen centrists can forewarn a doomed agenda. So far, Pelosi has been a master of holding the line on crucial votes and has managed to maneuver her team to victories, including on an earlier pandemic relief package that passed with only Democratic votes. Now she’s trying again, but the clock is ticking, and $3.5 trillion is an eye-popping sum of money that rivals the spending the United States unleashed to close out World War II.

#### Attacks on Pharmaceutical Profits triggers Mod Dem Backlash – it disrupts unity.

Cohen 9-6 Joshua Cohen 9-6-2021 "Democrats’ Plans To Introduce Prescription Drug Pricing Reform Face Formidable Obstacles" <https://www.forbes.com/sites/joshuacohen/2021/09/06/democrats-plans-to-introduce-prescription-drug-pricing-reform-face-obstacles/?sh=37a269917395> (independent healthcare analyst with over 22 years of experience analyzing healthcare and pharmaceuticals.)//Elmer

There’s considerable uncertainty regarding passage with a simple majority of the 2021 massive budget reconciliation bill. Last week, Senator Joe Manchin called on Democrats to pause pushing forward the budget reconciliation bill. If Manchin winds up saying no to the bill, this would scuttle it as the Democrats can’t afford to lose a single Senator. And, there’s speculation that provisions to reduce prescription drug prices may be watered down and not incorporate international price referencing. Additionally, reduced prices derived through Medicare negotiation may not be able to be applied to those with employer-based coverage. While the progressive wing of the Democratic Party supports drug pricing reform, **several key centrist Democrats** in both the House and Senate appear to be **uncomfortable** **with** particular aspects of the budget reconciliation bill, including a potential deal-breaker, namely the potential **negative impact of drug price controls on the domestic pharmaceutical industry**, as well as long-term patient access to new drugs. A paper released in 2019 by the nonpartisan Congressional Budget Office found that the proposed legislation, H.R. 3, would reduce global revenue for new drugs by 19%, leading to 8 fewer drugs approved in the U.S. between 2020 and 2029, and 30 fewer drugs over the next decade. And, a new report from the CBO reinforces the message that drug pricing legislation under consideration in Congress could lead to fewer new drugs being developed and launched. **Intense lobbying efforts from biopharmaceutical industry groups** **are underway**, **warning of** what they deem are **harms from price controls in** the form of diminished patient **access to new innovations**. The argument, based in part on assumptions and modeling included in the CBO reports, asserts that price controls would dampen investment critical to the biopharmaceutical industry’s pipeline of drugs and biologics. **This** won’t sway most Democrats, but has been a traditional talking point in the Republican Party for decades, and **may convince some centrist Democrats to withdraw backing** of provisions **that** in their eyes **stymie pharmaceutical innovation.** If the budget reconciliation bill would fail to garner a majority, a pared down version of H.R. 3, or perhaps a new bill altogether, with Senator Wyden spearheading the effort, could eventually land in the Senate. But, a similar set of provisos would apply, as majority support in both chambers would be far from a sure thing. In brief, Democrats’ plans at both the executive and legislative branch levels to introduce prescription **drug pricing reform** **encounter challenges** which may prevent impactful modifications from taking place.

#### Sinema specifically jumps Ship.

Hancock and Lucas 20 Jay Hancock and Elizabeth Lucas 5-29-2020 "A Senator From Arizona Emerges As A Pharma Favorite" <https://khn.org/news/a-senator-from-arizona-emerges-as-a-pharma-favorite/> (Senior Correspondent, joined KHN in 2012 from The Baltimore Sun, where he wrote a column on business and finance. Previously he covered the State Department and the economics beat for The Sun and health care for The Virginian-Pilot of Norfolk and the Daily Press of Newport News. He has a bachelor’s degree from Colgate University and a master’s in journalism from Northwestern University.)//Elmer

Sen. Kyrsten **Sinema formed** a **congressional caucus to raise** “**awareness of the benefits of personalized medicine**” in February. Soon after that, employees of **pharmaceutical companies** **donated** $35,000 to her campaign committee. Amgen gave $5,000. So did Genentech and Merck. Sanofi, Pfizer and Eli Lilly all gave $2,500. Each of those companies has invested heavily in personalized medicine, which promises individually tailored drugs that can cost a patient hundreds of thousands of dollars. **Sinema** is a first-term Democrat from Arizona but has nonetheless **emerged as a pharma favorite in Congress** as the industry steers through a new political and economic landscape formed by the coronavirus. She is a **leading recipient of pharma campaign cash** even though she’s not up for reelection until 2024 and lacks major committee or subcommittee leadership posts. For the 2019-20 election cycle through March, political action committees run by employees of drug companies and their trade groups gave her $98,500 in campaign funds, Kaiser Health News’ Pharma Cash to Congress database shows. That stands out in a Congress in which a third of the members got no pharma cash for the period and half of those who did got $10,000 or less. The contributions give companies a chance to cultivate Sinema as she restocks from a brutal 2018 election victory that cost nearly $25 million. Altogether, pharma PACs have so far given $9.2 million to congressional campaign chests in this cycle, compared with $9.4 million at this point in the 2017-18 period, a sustained surge as the industry has responded to complaints about soaring prices. Sinema’s pharma haul was twice that of Sen. Susan Collins of Maine, considered one of the most vulnerable Republicans in November, and approached that of fellow Democrat Steny Hoyer, the powerful House majority leader from Maryland. It all adds up to **a bet by drug companies that** the 43-year-old **Sinema**, first elected to the Senate in 2018, **will** gain influence in coming years and **serve as an industry ally** in a party that also includes many lawmakers harshly critical of high drug prices and the companies that set them.

#### Pharma backlash independently turns Case.

Huetteman 19 Emmarie Huetteman 2-26-2019 “Senators Who Led Pharma-Friendly Patent Reform Also Prime Targets For Pharma Cash” <https://khn.org/news/senators-who-led-pharma-friendly-patent-reform-also-prime-targets-for-pharma-cash/> (former NYT Congressional correspondent with an MA in public affairs reporting from Northwestern University’s Medill School)//Elmer

Early last year, as lawmakers vowed to curb rising drug prices, Sen. Thom Tillis was named chairman of the Senate Judiciary Committee’s subcommittee on intellectual property rights, a committee that had not met since 2007. As the new gatekeeper for laws and oversight of the nation’s patent system, the North Carolina Republican signaled he was determined to make it easier for American businesses to benefit from it — a welcome message to the drugmakers who already leverage patents to block competitors and keep prices high. Less than three weeks after introducing a bill that would make it harder for generic drugmakers to compete with patent-holding drugmakers, Tillis opened the subcommittee’s first meeting on Feb. 26, 2019, with his own vow. “From the United States Patent and Trademark Office to the State Department’s Office of Intellectual Property Enforcement, no department or bureau is too big or too small for this subcommittee to take interest,” he said. “And we will.” In the months that followed, tens of thousands of dollars flowed from pharmaceutical companies toward his campaign, as well as to the campaigns of other subcommittee members — including some who promised to stop drugmakers from playing money-making games with the patent system, like Sen. John Cornyn (R-Texas). Tillis received more than $156,000 from political action committees tied to drug manufacturers in 2019, more than any other member of Congress, a new analysis of KHN’s Pharma Cash to Congress database shows. Sen. Chris Coons (D-Del.), the top Democrat on the subcommittee who worked side by side with Tillis, received more than $124,000 in drugmaker contributions last year, making him the No. 3 recipient in Congress. No. 2 was Sen. Mitch McConnell (R-Ky.), who took in about $139,000. As the Senate majority leader, he controls what legislation gets voted on by the Senate. Neither Tillis nor Coons sits on the Senate committees that introduced legislation last year to lower drug prices through methods like capping price increases to the rate of inflation. Of the four senators who drafted those bills, none received more than $76,000 from drug manufacturers in 2019. Tillis and Coons spent much of last year working on significant legislation that would expand the range of items eligible to be patented — a change that some experts say would make it easier for companies developing medical tests and treatments to own things that aren’t traditionally inventions, like genetic code. They have not yet officially introduced a bill. As obscure as patents might seem in an era of public **outrage** **over** drug prices, the fact that **drugmakers** gave most **to** the **lawmakers working to change the patent system** belies how important securing **the exclusive right to market a drug, and keep competitors at bay, is to their bottom line**. “**Pharma will fight to the death to preserve patent rights**,” said Robin Feldman, a professor at the UC Hastings College of the Law in San Francisco who is an expert in intellectual property rights and drug pricing. “Strong patent rights are central to the games drug companies play to extend their monopolies and keep prices high.” Campaign contributions, closely tracked by the Federal Election Commission, are among the few windows into how much money flows from the political groups of drugmakers and other companies to the lawmakers and their campaigns. Private companies generally give money to members of Congress to encourage them to listen to the companies, typically through lobbyists, whose activities are difficult to track. They may also communicate through so-called dark money groups, which are not required to report who gives them money. Over the past 10 years, the **pharmaceutical industry** has **spent** about $**233 million per year on lobbying**, according to a new study published in JAMA Internal Medicine. That is more than any other industry, including the oil and gas industry. Why Patents Matter Developing and testing a new drug, and gaining approval from the Food and Drug Administration, can take years and cost hundreds of millions of dollars. Drugmakers are generally granted a six- or seven-year exclusivity period to recoup their investments. But drugmakers have found ways to extend that period of exclusivity, sometimes accumulating hundreds of patents on the same drug and blocking competition for decades. One method is to patent many inventions beyond a drug’s active ingredient, such as patenting the injection device that administers the drug. Keeping that arrangement intact, or expanding what can be patented, is where lawmakers come in. Lawmakers Dig In Tillis’ home state of North Carolina is also home to three major research universities and, not coincidentally, multiple drugmakers’ headquarters, factories and other facilities. From his swearing-in in 2015 to the end of 2018, Tillis received about $160,000 from drugmakers based there or beyond. He almost matched that four-year total in 2019 alone, in the midst of a difficult reelection campaign to be decided this fall. He has raised nearly $10 million for his campaign, with lobbyists among his biggest contributors, according to OpenSecrets. Daniel Keylin, a spokesperson for Tillis, said Tillis and Coons, the subcommittee’s top Democrat, are working to overhaul the country’s “antiquated intellectual property laws.” Keylin said the bipartisan effort protects the development and access to affordable, lifesaving medication for patients,” adding: “No contribution has any impact on how [Tillis] votes or legislates.” Tillis signaled his openness to the drug industry early on. The day before being named chairman, he reintroduced a bill that would limit the options generic drugmakers have to challenge allegedly invalid patents, effectively helping brand-name drugmakers protect their monopolies. Former Sen. Orrin Hatch (R-Utah), whose warm relationship with the drug industry was well-known, had introduced the legislation, the Hatch-Waxman Integrity Act, just days before his retirement in 2018. At his subcommittee’s first hearing, Tillis said the members would rely on testimony from private businesses to guide them. He promised to hold hearings on patent eligibility standards and “reforms to the Patent Trial and Appeal Board.” In practice, the Hatch-Waxman Integrity Act would require generics makers challenging another drugmaker’s patent to either take their claim to the Patent Trial and Appeal Board, which acts as a sort of cheaper, faster quality check to catch bad patents, or file a lawsuit. A study released last year found that, since Congress created the Patent Trial and Appeal Board in 2011, it has narrowed or overturned about 51% of the drugmaker patents that generics makers have challenged. Feldman said the drug industry “went berserk” over the number of patents the board changed and has been eager to limit use of the board as much as possible. Patent reviewers are often stretched thin and sometimes make mistakes, said Aaron Kesselheim, a Harvard Medical School professor who is an expert in intellectual property rights and drug development. Limiting the ways to challenge patents, as Tillis’ bill would, does not strengthen the patent system, he said. “You want overlapping oversight for a system that is as important and fundamental as this system is,” he said. As promised, Tillis and Coons also spent much of the year working on so-called Section 101 reform regarding what is eligible to be patented — “a very major change” that “would overturn more than a century of Supreme Court law,” Feldman said. Sean Coit, Coons’ spokesperson, said lowering drug prices is one of the senator’s top priorities and pointed to Coon’s support for legislation the pharmaceutical industry opposes. “One of the reasons Senator Coons is leading efforts in Congress to fix our broken patent system is so that life-saving medicines can actually be developed and produced at affordable prices for every American,” Coit wrote in an email, adding that “his work on Section 101 reform has brought together advocates from across the spectrum, including academics and health experts.” In August, when much of Capitol Hill had emptied for summer recess, Tillis and Coons held closed-door meetings to preview their legislation to stakeholders, including the Pharmaceutical Research and Manufacturers of America, or PhRMA, the brand-name drug industry’s lobbying group. “We regularly engage with members of Congress in both parties to advance practical policy solutions that will lower medicine costs for patients,” said Holly Campbell, a PhRMA spokesperson. Neither proposal has received a public hearing. In the 30 days before Tillis and Coons were named leaders of the revived subcommittee, drug manufacturers gave them $21,000 from their political action committees. In the 30 days following that first hearing, Tillis and Coons received $60,000. Among their donors were PhRMA; the Biotechnology Innovation Organization, the biotech lobbying group; and five of the seven drugmakers whose executives — as Tillis laid out a pharma-friendly agenda for his new subcommittee — were getting chewed out by senators in a different hearing room over patent abuse. Cornyn Goes After Patent Abuse Richard Gonzalez, chief executive of AbbVie Inc., the company known for its top-selling drug, Humira, had spent the morning sitting stone-faced before the Senate Finance Committee as, one after another, senators excoriated him and six other executives of brand-name drug manufacturers over how they price their products. Cornyn brought up AbbVie’s more than 130 patents on Humira. Hadn’t the company blocked its competition? Cornyn asked Gonzalez, who carefully explained how AbbVie’s lawsuit against a generics competitor and subsequent licensing deal was not what he would describe as anti-competitive behavior. “I realize it may not be popular,” Gonzalez said. “But I think it is a reasonable balance.” A minute later, Cornyn turned to Sen. Chuck Grassley (R-Iowa), who, like Cornyn, was also a member of the revived intellectual property subcommittee. This is worth looking into with “our Judiciary Committee authorities as well,” Cornyn said, effectively threatening legislation on patent abuse. The next day, Mylan, one of the largest producers of generic drugs, gave Cornyn $5,000, FEC records show. The company had not donated to Cornyn in years. By midsummer, every drug company that sent an executive to that hearing had given money to Cornyn, including AbbVie. Cornyn, who faces perhaps the most difficult reelection fight of his career this fall, ranks No. 6 among members of Congress in drugmaker PAC contributions last year, KHN’s analysis shows. He received about $104,000. Cornyn has received about $708,500 from drugmakers since 2007, KHN’s database shows. According to OpenSecrets, he has raised more than $17 million for this year’s reelection campaign. Cornyn’s office declined to comment. On May 9, Cornyn and Sen. Richard Blumenthal (D-Conn.) introduced the **Affordable Prescriptions for Patients Act,** which proposed to define two tactics used by drug companies to make it easier for the Federal Trade Commission to **prosecute** them: “**product-hopping**,” when drugmakers withdraw older versions of their drugs from the market to push patients toward newer, more expensive ones, and “**patent-thicketing**,” when drugmakers amass a series of patents to drag out their exclusivity and slow rival generics makers, who must challenge those patents to enter the market once the initial exclusivity ends. **PhRMA opposed the bill.** **The next day, it gave Cornyn $1,000**. Cornyn and Blumenthal’s bill would have been “very tough on the techniques that pharmaceutical companies use to extend patent protections and to keep prices high,” Feldman said. “The **pharmaceutical industry lobbied tooth and nail against it**,” she said. “And **when the bill finally came** out of committee, the strongest provisions — the **patent-thicketing provisions — had been stripped**.” In the months after the bill cleared committee and waited to be taken up by the Senate, Cornyn blamed Senate Democrats for blocking the bill while trying to secure votes on legislation with more direct controls on drug prices. The Senate has not voted on the bill.

#### Infrastructure reform solves Existential Climate Change – it results in spill-over.

USA Today 7-20 7-20-2021 "Climate change is at 'code red' status for the planet, and inaction is no longer an option" <https://www.usatoday.com/story/opinion/todaysdebate/2021/07/20/climate-change-biden-infrastructure-bill-good-start/7877118002/> //Elmer

**Not long ago**, **climate change** for many Americans **was** like **a distant bell**. News of starving polar bears or melting glaciers was tragic and disturbing, but other worldly. Not any more. **Top climate scientists** from around the world **warned of a "code red for humanity**" in a report issued Monday that says severe, human-caused global warming is become unassailable. Proof of the findings by the United Nations' Intergovernmental Panel on Climate Change is a now a factor of daily life. Due to **intense heat waves and drought**, 107 wildfires – including the largest ever in California – are now raging across the West, consuming 2.3 million acres. Earlier this summer, hundreds of people died in unprecedented triple-digit heat in Oregon, Washington and western Canada, when a "heat dome" of enormous proportions settled over the region for days. Some victims brought by stretcher into crowded hospital wards had body temperatures so high, their nervous systems had shut down. People collapsed trying to make their way to cooling shelters. Heat-trapping greenhouse gases Scientists say the event was almost **certainly made worse and more intransigent by human-caused climate change**. They attribute it to a combination of warming Arctic temperatures and a growing accumulation of heat-trapping greenhouse gases caused by the burning of fossil fuels. The **consequences of** what mankind has done to the atmo**sphere are now inescapable**. Periods of **extreme heat** are projected to **double** in the lower 48 states by 2100. **Heat deaths** are far **outpacing every other form of weather killer** in a 30-year average. A **persistent megadrought** in America's West continues to create tinder-dry conditions that augur another devastating wildfire season. And scientists say **warming oceans** are **fueling** ever **more powerful storms**, evidenced by Elsa and the early arrival of hurricane season this year. Increasingly severe weather is causing an estimated $100 billion in damage to the United States every year. "It is honestly surreal to see your projections manifesting themselves in real time, with all the suffering that accompanies them. It is heartbreaking," said climate scientist Katharine Hayhoe. **Rising seas** from global warming Investigators are still trying to determine what led to the collapse of a Miami-area condominium that left more than 100 dead or missing. But one concerning factor is the corrosive effect on reinforced steel structures of encroaching saltwater, made worse in Florida by a foot of rising seas from global warming since the 1900s. The clock is ticking for planet Earth. While the U.N. report concludes some level of severe climate change is now unavoidable, there is still a window of time when far more catastrophic events can be mitigated. But mankind must act soon to curb the release of heat-trapping gases. Global **temperature** has **risen** nearly **2 degrees** Fahrenheit since the pre-industrial era of the late 19th century. Scientists warn that in a decade, it could surpass a **2.7**-degree increase. That's **enough** warming **to cause catastrophic climate changes**. After a brief decline in global greenhouse gas emissions during the pandemic, pollution is on the rise. Years that could have been devoted to addressing the crisis were wasted during a feckless period of inaction by the Trump administration. Congress must act Joe Biden won the presidency promising broad new policies to cut America's greenhouse gas emissions. But Congress needs to act on those ideas this year. Democrats cannot risk losing narrow control of one or both chambers of Congress in the 2022 elections to a Republican Party too long resistant to meaningful action on the climate. So what's at issue? A trillion dollar **infrastructure bill** negotiated between Biden and a group of centrist senators (including 10 Republicans) is a start. In addition to repairing bridges, roads and rails, it would **improve access** by the nation's power infrastructure **to renewable energy sources,** **cap millions of abandoned oil and gas wells spewing greenhouse gases**, **and harden structures against climate change**. It also **offers tax credits for** the **purchase of electric vehicles** and funds the construction of charging stations. (**The nation's largest source of climate pollution are gas-powered vehicles**.) Senate approval could come very soon. Much **more is needed** if the nation is going to reach Biden's necessary goal of cutting U.S. climate pollution in half from 2005 levels by 2030. His ideas worth considering include a federal clean electricity standard for utilities, federal investments and tax credits to promote renewable energy, and tens of billions of dollars in clean energy research and development, including into ways of extracting greenhouse gases from the skies. Another idea worth considering is a fully refundable carbon tax. **The vehicle** for these additional proposals **would be a second infrastructure bill**. And if Republicans balk at the cost of such vital investment, Biden is rightly proposing to pass this package through a process known as budget reconciliation, which allows bills to clear the Senate with a simple majority vote. These are drastic legislative steps. But drastic times call for them. And when Biden attends a U.N. climate conference in November, he can use American progress on climate change as a mean of persuading others to follow our lead. Further delay is not an option.

### 4

#### Counterplan Text – Member states of the World Trade Organization ought to consult the World Health Organization on whether or not to [do the Plan]. The World Health Organization ought to publicly declare that their decision on [the Plan] will represent their future decisions on all intellectual property protections on medicines.

#### The Plan’s unilateral action by the WTO on medical IP undermines WHO legitimacy – forcing a perception of WHO action against Patents is key to re-assert it – they say yes.

Rimmer 4, Matthew. "The race to patent the SARS virus: the TRIPS agreement and access to essential medicines." Melbourne Journal of International Law 5.2 (2004): 335-374.

<https://law.unimelb.edu.au/__data/assets/pdf_file/0007/1681117/Rimmer.pdf> (BA (Hons), LLB (Hons) (Australian National University), PhD (New South Wales); Lecturer at ACIPA, the Faculty of Law, The Australian National University)//SidK + Elmer

The WHO has been instrumental in coordinating the international network of research on the SARS virus. It has emphasised the need for collaboration between the network participants. The WHO presented the containment of the SARS virus as ‘one of the biggest success stories in public health in recent years’.206 However, it **was less active in the debate over patent law** and public health epidemics. The 56th World Health Assembly considered the relationship between intellectual property, innovation and public health. It stressed that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination.207 However, there was much disagreement amongst the member states as to what measures would be appropriate. The WHO has made a number of aspirational statements about patent law and access to essential medicines. Arguably, though, the organisation could be a much more informed and vocal advocate. Initially, the WHO did not view the patent issues related to SARS as being within its field of activities. The agency didnoteven seem aware of the patent proceedings, leaving individual research institutions without guidance. Spokesman Dick Thompson said: ‘What we care about is [that] the international collaboration continues to function. Patents, they don’t really concern us’.208 The director of WHO’s Global Influenza project, Klaus Stöhr, expressed his opinion that the patent filings would not interfere with the international cooperation on the SARS research: ‘I don’t think this will undermine the collaborative spirit of the network of labs’.209 However, he believed that, after the international network of researchers had identified the coronavirus, it was necessary to rely upon companies to commercialise such research. Klaus Stöhr conceded: ‘At a certain point of time you have to give way for competitive pharmaceutical companies’.210 On a policy front, the WHO remained deferential to the WTO over the debate over patent law and access to essential medicines, observing: Owing to the inconclusive nature of the studies conducted to date, and because of the effect that potentially significant price increases could have on access to drugs in poor countries, WHO is currently monitoring and evaluating the effects of TRIPS on the prices of medicines. It is also monitoring the TRIPS impact on other important issues such as transfer of technology, levels of research and development for drugs for neglected diseases, and the evolution of generic drug markets.211 In such a statement, the WHO appears diffident, unwilling to take on more than a spectator role. Such a position is arguably too timid, given the gravity of national emergencies, such as the SARS virus. The organisation could take a much stronger stance on the impact of the **TRIPS** Agreement on public health concerns. The WHO has since enunciated a position statement on the patenting of the SARS virus. A number of high ranking officials from the organisation have commented on the need to ensure that international research into the SARS virus is not impeded by competition over patents. Arguably though, the WHO **should not be limited to a mere spectator role in such policy discussions. It** needstoplay an active advocacy role in the debate over patent law and access to essential medicines. The WHO released a position statement on ‘Patent Applications for the SARS Virus and Genes’ on 29 May 2003.212 The organisation stressed that it had no per se objection to the patenting of the SARS virus: Some people have objected to the SARS patent applications on the ground that the virus and its genes should not be patentable because they are mere discoveries, not inventions. This distinction no longer prevents the granting of patents; the novel claim rests not with the virus itself but with its isolation, and likewise with the identification of the genetic sequence not its mere occurrence. Many patents have been issued on viruses and genetic sequences, though the appropriate policies to follow in such cases — particularly as genomic sequencing becomes more routine and less ‘inventive’ — remain matters of dispute.213 Furthermore, it recognised that public institutions could legitimately use patents as a defensive means to prevent undue commercial exploitation of the research: The “defensive” use of patents can be a legitimate part of researchers’ efforts to make their discoveries (and further discoveries derived therefrom) widely available to other researchers, in the best collaborative traditions of biomedical science.214 The WHO affirmed the need for further cooperation between research organisations in respect of the SARS virus: ‘For continued progress against SARS, it is essential that we nurture the spirit of the unprecedented, global collaboration that rapidly discovered the novel virus and sequenced its genome’.215 The WHO announced its intention to monitor the effects of patents (and patent applications) on the speed with which SARS diagnostic tests, treatments, and vaccines are developed and made available for use, and on the manner in which prices are set for these technologies. It observed: In the longer term, the manner in which SARS patent rights are pursued could have a profound effect on the willingness of researchers and public health officials to collaborate regarding future outbreaks of new infectious diseases. WHO will therefore examine whether the terms of reference for such collaborations need to be modified to ensure that the credit for any intellectual property developed is appropriately attributed, that revenues derived from licensing such property are devoted to suitable uses, and that legitimate rewards for innovative efforts do not impose undue burdens on efforts to make tests, therapies, and preventive measure available to all.216 It maintained that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination.219 The Assembly requested that the Director-General continue to support Member States in the exchange and transfer of technology and research findings, according high priority to access to antiretroviral drugs to combat HIV/AIDS and medicines to control tuberculosis, malaria and other major health problems, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer.220 The WHO also considered a report on the emergence of the SARS virus and the international response to the infectious disease.221 It was ‘deeply concerned that SARS ... poses a serious threat to global health security, the livelihood of populations, the functioning of health systems, and the stability and growth of economies’.222 The Committee on Infectious Diseases requested that the Director-General ‘mobilize global scientific research to improve understanding of the disease and to develop control tools such as diagnostic tests, drugs and vaccines that are accessible to and affordable by Member States’.223 The Director-General of the WHO, Dr Gro Harlem Brundtland, **told the World Health** Assembly that there was a need to build trust and forge solidarity in the face of public health epidemics: ‘**Ensuring that patent regimes stimulate research and do not hinder international scientific cooperation** is a critical challenge — whether the target is SARS or any other threat to human health’.224 Similarly, Dr Marie-Paule Kieny, Director of the WHO Initiative for Vaccine Research, said: If we are to develop a SARS vaccine more quickly than usual, we have to continue to work together on many fronts at once, on scientific research, intellectual property and patents issues, and accessibility. It is a very complicated process, involving an unprecedented level of international cooperation, which is changing the way we work.225 She emphasised that patents and intellectual property issues and their safeguards can help rather than hinder the rapid development of SARS vaccines and ensure that, once developed, they are available in both industrialised and developing countries.226 C Summary The WHO should play a much more active role in the policy debate over patent law and access to essential medicines. James Love, the director of the Consumer Project on Technology, run by Ralph Nader, is critical of the WHO statement on ‘Intellectual Property Rights, Innovation, and Public Health’.227 He maintains that the Assembly could have addressed ‘practical examples, like SARS’ and cites the report in The Washington Post that notes that a number of commercial companies are investing in SARS research.228 The non-government organisation Médecins Sans Frontières has been critical in the past of the passive role played by the WHO in the debate over access to essential medicines: ‘As the world’s leading health agency, and armed with the clear mandate of recent World Health Assembly resolutions, the WHO can and should **do much more’**.229 The WHO should become a vocal advocate for public health concerns at the WTO and its TRIPS Council — especially in relation to patent law and the SARS virus. It must staunchly defend the rights of member states to incorporate measures in their legislation that protect access to medicines — such as compulsory licensing, parallel imports, and measures to accelerate the introduction of generic pharmaceutical drugs. It needs to develop a clearer vision on global equity pricing for essential medicines. The race to patent the SARS virus seems to be an inefficient means of allocating resources. A number of public research organisations — including the BCCA, the CDC and HKU — were compelled to file patents in respect of the genetic coding of the SARS virus. Such measures were promoted as ‘defensive patenting’ — a means to ensure that public research and communication were not jeopardised by commercial parties seeking exclusive private control. However, there are important drawbacks to such a strategy. The filing of patents by public research organisations may be prohibitively expensive. It will also be difficult to resolve the competing claims between the various parties — especially given that they were involved in an international research network together. Seth Shulman argues that there is a need for international cooperation and communication in dealing with public health emergencies such as the SARS virus: The success of a global research network in identifying the pathogen is an example of the huge payoff that can result when researchers put aside visions of patents and glory for their individual laboratories and let their work behave more like, well, a virus. After all, the hallmark of an opportunistic virus like the one that causes SARS is its ability to spread quickly. Those mounting a response need to disseminate their information and innovation just as rapidly.230 There is a danger that such competition for patent rights may undermine trust and cooperation within the research network. Hopefully, however, such concerns could be resolved through patent pooling or joint ownership of patents. Furthermore, a number of commercial companies have filed patent applications in respect of research and development into the SARS virus. There will be a need for cooperation between the public and private sectors in developing genetic tests, vaccines, and pharmaceutical drugs that deal with the SARS virus. There is also a need to reform the patent system to deal with international collaborative research networks — such as that created to combat the SARS virus. Several proposals have been put forward. There has been a renewed debate over whether patents should be granted in respect of genes and gene sequences. Some commentators have maintained that the SARS virus should fall within the scope of patentable subject matter — to promote research and development in the field. However, a number of critics of genetic technology have argued that the SARS virus should not be patentable because it is a discovery of nature, and a commercialisation of life. There has been a discussion over the lack of harmonisation over the criteria of novelty and inventive step between patent regimes. As Peter Yu comments, ‘[w]hile [the] US system awards patents to those who are the first to invent, the European system awards patents to those who are the first to file an application’.231 There have been calls for the requirement of utility to be raised. There have also been concerns about prior art, secret use and public disclosure. Representative Lamar Smith of Texas has put forward the CREATE Act, which recognises the collaborative nature of research across multiple institutions. Such reforms are intended to ensure that the patent system is better adapted to deal with the global nature of scientific inquiry. The race to patent the SARS virus also raises important questions about international treaties dealing with access to essential medicines. The public health epidemic raises similar issues to other infectious diseases — such as AIDS, malaria, tuberculosis, influenza, and so forth. The WHO made a public statement about its position on the patenting of the SARS virus. It has stated that it will continue to monitor developments in this field. Arguably, there is a need for the WHO to play a larger role in the debate over patent law and access to essential medicines. Not only could it mediate legal disputes over patents in respect of essential medicines, it could be a vocal advocate in policy discussions. The WTO has also played an important role in the debate over patent law and access to essential medicines. A number of public interest measures could be utilised to secure access to patents relating to the SARS virus including compulsory licensing, parallel importation and research exceptions. The appearance of the SARS virus shows that there should be an open-ended interpretation of the scope of diseases covered by the Doha Declaration on the TRIPS Agreement and Public Health. Important lessons should be learned from the emergence of the SARS virus, and the threat posed to global health. As the World Health Report 2003 notes: SARS will not be the last new disease to take advantage of modern global conditions. In the last two decades of the 20th century, new diseases emerged at the rate of one per year, and this trend is certain to continue. Not all of these emerging infections will transmit easily from person to person as does SARS. Some will emerge, cause illness in humans and then disappear, perhaps to recur at some time in the future. Others will emerge, cause human illness and transmit for a few generations, become attenuated, and likewise disappear. And still others will emerge, become endemic, and remain important parts of our human infectious disease ecology.232 Already, in 2004, there have been worries that pharmaceutical drug companies and patent rights are impeding efforts to prevent an outbreak of bird flu — avian influenza.233 There is a need to ensure that the patent system is sufficiently flexible and adaptable to cope with the appearance of new infectious diseases.234

#### WHO Cred key to Global Right to Health – medicine access is critical.

* Note the Bottom Paragraph is at the bottom of the PDF – I put a paragraph break to indicate it as such – no words are missing.

Bluestone 3, Ken. "Strengthening WHO's position should be a priority for the new Director-General." The Lancet 361.9351 (2003): 2. (Senior Policy Adviser, Voluntary Service Overseas (VSO))//Elmer

To meet these challenges, WHO must strengthen its resolve to maintain its **independence and lead its member states**, **even at the risk of causing controversy**. A meaningful example is the role that WHO can have in **ensuring access to medicines** for the world’s poorest people. WHO is the only global institution that has the **remit to drive this agenda forward**, yet has failed to do so convincingly. The new Director-General must support and reinvigorate the advocacy efforts of the organisation and provide a proper counterbalance to the interests of the pharmaceutical industry and wealthy member states. As the new Director-General takes office, they will face the dual challenge of **seeing that** the broadest possible public health interpretation of the World Trade Organization’s Doha Agreement on Trade Related Aspects on Intellectual Property Rights (TRIPS) **is not lost, and** of seizing an opportunity to bring about an international framework for sustainable and predictable tiered pricing of medicines. Without the active intervention of a public health advocate at the level of WHO, there is a risk that both of these initiatives **could founder.** Some people in positions of power still do not have high expectations of WHO or its new Director-General. But for the world’s poorest people, the overwhelming majority of whom live in developing countries, this person’s legacy could literally make the difference between life and death. Ken Bluestone Senior Policy Adviser, Voluntary Service Overseas (VSO)

New leader should re-establish WHO’s credibility The credibility of WHO’s advocacy of the right to health for all has been eroded in recent years. A large reason is WHO’s **failure to challenge the pharmaceutical** industry on access to medicines for people with HIV/AIDS and other diseases. WHO’s collaboration with the industry in the “Accelerated Access” programme on antiretroviral medicines sounds good. In fact, the programme has served as a cover for the organisation’s frequent acceptance of industry arguments for restricting treatment access. To re-establish WHO’s credibility, the new Director-General must lead the organisation to stand consistently with those most deprived of health services. Kenneth Roth, Executive Director, Human Rights Watch.

#### Right to Health solves Nationalist Populism.

Friedman 17 Eric Friedman March 2017 “New WHO Leader Will Need Human Rights to Counter Nationalistic Populism” <https://www.hhrjournal.org/2017/03/new-who-leader-will-need-human-rights-to-counter-populism/> (JD, Project Leader of the Platform for a Framework Convention on Global Health at the O’Neill Institute for National and Global Health Law at the Georgetown University Law Center in Washington, DC)//Elmer

The need for WHO leadership on human rights—and for global leadership on health and human rights beyond WHO—has always been present, yet has become ever more pressing. A reactionary, nationalist populism has been gaining momentum, particularly in the United States and parts of Europe, and some of its most disturbing features, such as xenophobia and disregard for international law and institutions, are surfacing elsewhere. Persisting health challenges—such as immense national and global health inequities, with universal health coverage and the Sustainable Development Goals offering some hope of lessening them—and growing threats such as outbreaks of infectious disease, worsening antimicrobial resistance, and climate change demand the type of leadership that the right to health entails. In this immensely challenging environment, WHO needs to become a 21st century institution that has the gravitas and credibility to carve a path through these obstacles towards global health justice. The next WHO Director-General, to be elected in May, must lead the organization there. The right to health can light the way ahead, with reforms to, and driven by, WHO. These reforms must develop an internal governance that is far more welcoming of civil society, with WHO member states significantly increasing contributions so work on the social determinants of health can expand, and with enhanced transparency and accountability. Furthermore, reforms are needed so that WHO leads on global health equity and human rights, including through national health equity strategies and, above all, the Framework Convention on Global Health (FCGH). The FCGH could help bring the right to health to the next level by capturing core aspects of the right to health, such as: 1) participation and accountability, setting clear standards for people’s participation in health policy-making at all levels, and establishing multi-layered health accountability frameworks with standards to which all nations would be held; 2) equity, including by catalyzing national health equity strategies—which must be developed through broad participation, itself a potentially empowering process—and advancing data disaggregation and more equitable financing; 3) financial resources, with global norms on national and international health financing responsibilities; and 4) respecting and promoting the right to health in all policies, from setting standards on health impact assessments—including participatory processes in developing them, human rights standards, an equity focus, and follow-up processes—to firmly ensuring the primacy of the right to health in other legal regimes that may undermine. From an earlier WHO treaty, the Framework Convention on Tobacco Control, we know the power of international law to significantly advance health, with the transformative power of legally binding global health norms. As a treaty, the FCGH would increase political accountability and accountability through the courts, while helping protect health other treaty-based international regimes, such as trade. It would also be a bold assertion of global solidarity for global justice, as so urgently needed, “demonstrating that the community of nations are indeed stronger together.” One candidate for the WHO Director-General election, David Nabarro, has recognized the value and civil society support that FCGH has already received, and the need to further explore the treaty (mentioned at 1:46:38 mark). A good first step would be establishing a WHO working group on the FCGH, with broad participation, particularly from states, civil society, and representatives of communities most affected by health inequities, along with relevant international agencies. We see signs of resistance of the dangerous nationalist populism, from protests that persist and judicial checks on one of the administration’s vilest acts (an immigration and refugee travel ban, with its effects falling heaviest on Muslims) in the United States to the rejection of the far-right candidate in the elections in the Netherland. Such resistance can prevent some of the worst impacts on the right to health, from discrimination against migrants to cuts to programs vital for health. Meanwhile, let’s construct an edifice for the future of health and human rights, even as we stand against its destruction. WHO, right to health, and FCGH leadership ought to be a core part of that endeavor.

#### Populism is an existential threat.

de Waal 16 Alex de Waal 12-5-2016 “Garrison America and the Threat of Global War” <http://bostonreview.net/war-security-politics-global-justice/alex-de-waal-garrison-america-and-threat-global-war> (Executive Director of the World Peace Foundation at the Fletcher School at Tufts University)//Elmer

Polanyi recounts how economic and financial crisis led to global calamity. Something similar could happen today. In fact we are already in a steady unpicking of the liberal peace that glowed at the turn of the millennium. Since approximately 2008, the historic decline in the number and lethality of wars appears to have been reversed. Today’s wars are not like World War I, with formal declarations of war, clear war zones, rules of engagement, and definite endings. But they are wars nonetheless. What does a world in global, generalized war look like? We have an unwinnable “war on terror” that is metastasizing with every escalation, and which has blurred the boundaries between war and everything else. We have deep states—built on a new oligarchy of generals, spies, and private-sector suppliers—that are strangling liberalism. We have emboldened middle powers (such as Saudi Arabia) and revanchist powers (such as Russia) rearming and taking unilateral military action across borders (Ukraine and Syria). We have massive profiteering from conflicts by the arms industry, as well as through the corruption and organized crime that follow in their wake (Afghanistan). We have impoverishment and starvation through economic warfare, the worst case being Yemen. We have “peacekeeping” forces fighting wars (Somalia). We have regional rivals threatening one another, some with nuclear weapons (India and Pakistan) and others with possibilities of acquiring them (Saudi Arabia and Iran). Above all, today’s generalized war is a conflict of destabilization, with big powers intervening in the domestic politics of others, buying influence in their security establishments, bribing their way to big commercial contracts and thereby corroding respect for government, and manipulating public opinion through the media. Washington, D.C., and Moscow each does this in its own way. Put the pieces together and a global political market of rival plutocracies comes into view. Add virulent reactionary populism to the mix and it resembles a war on democracy. What more might we see? Economic liberalism is a creed of optimism and abundance; reactionary protectionism feeds on pessimistic scarcity. If we see punitive trade wars and national leaders taking preemptive action to secure strategic resources within the walls of their garrison states, then old-fashioned territorial disputes along with accelerated state-commercial grabbing of land and minerals are in prospect. We could see mobilization against immigrants and minorities as a way of enflaming and rewarding a constituency that can police borders, enforce the new political rightness, and even become electoral vigilantes. Liberal multilateralism is a system of seeking common wins through peaceful negotiation; case-by-case power dealing is a zero-sum calculus. We may see regional arms races, nuclear proliferation, and opportunistic power coalitions to exploit the weak. In such a global political marketplace, we would see middle-ranking and junior states rewarded for the toughness of their bargaining, and foreign policy and security strategy delegated to the CEOs of oil companies, defense contractors, bankers, and real estate magnates. The United Nations system appeals to leaders to live up to the highest standards. The fact that they so often conceal their transgressions is the tribute that vice pays to virtue. A cabal of plutocratic populists would revel in the opposite: applauding one another’s readiness to tear up cosmopolitan liberalism and pursue a latter-day mercantilist naked self-interest. Garrison America could opportunistically collude with similarly constituted political-military business regimes in Russia, China, Turkey, and elsewhere for a new realpolitik global concert, redolent of the early nineteenth-century era of the Congress of Vienna, bringing a façade of stability for as long as they collude—and war when they fall out. And there is a danger that, in response to a terrorist outrage or an international political crisis, President Trump will do something stupid, just as Europe’s leaders so unthinkingly strolled into World War I. The multilateral security system is in poor health and may not be able to cope. Underpinning this is a simple truth: the plutocratic populist order is a future that does not work. If illustration were needed of the logic of hiding under the blanket rather than facing difficult realities, look no further than Trump’s readiness to deny climate change. We have been here before, more or less, and from history we can gather important lessons about what we must do now. The importance of defending civility with democratic deliberation, respecting human rights and values, and maintaining a commitment to public goods and the global commons—including the future of the planet—remain evergreen. We need to find our way to a new 1945—and the global political settlement for a tamed and humane capitalism—without having to suffer the catastrophic traumas of trying everything else first.

### Framing

#### On butler- util holds all people in mind and tries to maximize benefits for each of them.

#### Your card is about ethical frameworks like Kant not util, so it doesn’t apply to util. Second this isn’t a justification for your framing, it just says that some debates put oppression in the backseat but we don’t insofar as we will read reasons why the plan causes oppression

#### The wynter card just says that we have to include marginalized people in our moral circles- util does this- we include everyone in our moral circle

#### Wise says the the debate space should give equal voice to marginalized debaters, which I agree with, but it makes no claims about how the framework in round has to be structural violence.

### Case

#### Stronger not Weaker Patent Laws are critical to preventing counterfeit drugs.

Lybecker 16 Kristina Lybecker 6-27-2016 "Counterfeit Medicines and the Role of IP in Patient Safety" <https://www.ipwatchdog.com/2016/06/27/counterfeit-medicines-ip-patient-safety/id=70397/> (Dr. Kristina M. Lybecker is an Associate Professor of Economics at Colorado College in Colorado Springs, where she is also the Associate Chair of the Department of Economics and Business and the Gerald L. Schlessman Professor of Economics.)//Elmer

As the author of the chapter on illicit trade in counterfeit medicines within the OECD report, I worry that global policymakers may be working against each other when it comes to **battling counterfeit drugs**, especially **in** the context of **i**ntellectual **p**roperty **rights**. While the Senate Hearing and the OECD report **highlight** the **importance of strong IP protection in combating** the **growing threat of counterfeit goods**, their efforts coincide with an initiative by the UN Secretary-General that has the potential to greatly worsen the problems of counterfeit pharmaceuticals. UN Secretary General Ban Ki Moon’s High Level Panel on Access to Medicines proposes “to review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies.”[2] The High Level Panel is **a thinly veiled attempt to** **undermine** the **i**ntellectual **p**roperty **rights** architecture **that incentivizes pharmaceutical innovation and protects patients from counterfeit medicines.** While patents and other forms of intellectual property rights are widely recognized as fostering pharmaceutical innovation, **they also serve to inhibit counterfeiting**. The World Health Organization has determined that **counterfeiting** is **facilitated where** “**there is weak drug regulatory control and enforcement**; there is a scarcity and/or erratic supply of basic medicines; there are extended, **relatively unregulated markets and distribution chains**, both in developing and developed country systems; price differentials create an incentive for drug diversion within and between established channels; there is lack of effective intellectual property protection; due regard is not paid to quality assurance”.[3] [Kristina] According to INTERPOL estimates, approximately 30 percent of drugs sold worldwide are counterfeit.[4] However, as is the case with many other counterfeit trade statistics, the origins of this figure are somewhat uncertain, as is the methodology used to make the calculation. Perhaps the most widely-cited statistic originates from the World Health Organization, which estimates that 10 percent of the global market for pharmaceuticals is comprised of counterfeits and reports place the share in some developing countries as high as 50-70%.[5] While difficult to measure, estimates do exist on the extent of the market for counterfeit drugs and the harm done to human health. As noted in my chapter in the OECD report, “INTERPOL estimates that more than one million people die each year from counterfeit drugs.[6] While counterfeit drugs seem to primarily originate in Asia, Asian patients are also significantly victimized by the problem. A 2005 study published in PLoS Medicine estimate that **192,000 people are killed in China each year by counterfeit medicines**.[7] According to work done by the International Policy Network, an estimated **700,000 deaths from malaria and tuberculosis are attributable to fake drugs**. [8] The World Health Organization presents a much more modest number noting that malaria claims one million lives annually and as many as 200,000 may be attributed to counterfeit medicines which would be avoidable if the medicines available were effective, of good quality and used correctly.[9] Even this number is double that presented by academic researchers Amir Attaran and Roger Bate who claim that each year more than of 100,000 people around the world may die from substandard and counterfeit medications.[10]” [11] **Given** the devastating **impact of counterfeit medicines** on patients and the importance of intellectual property protection in combating pharmaceutical counterfeiting, **it is troubling that the UN** High Level Panel **seems poised to** prevent a series of recommendations that will **undermine public health under the guise of enhancing access**. **Without** the assurance of **quality medicines, access is meaningless**. Moreover, while **falsely** **presenting i**ntellectual **p**roperty **r**ights **as the primary obstacle** to global health care, the High Level Panel downplays a host of other factors that prevent developing country patients from getting the drugs they need: inadequate medical infrastructure, insufficient political will, a shortage of clinical trials in nations where neglected diseases are endemic, poverty, and insufficient market incentives. If the United Nations is serious about addressing the critical need for access to medicines, the Secretary General must come to terms with the reality surrounding the challenges of access to medicine. Although the international patent system may be in need of improvement, it is overly simplistic to blame drug patents, international trade agreements and the global pharmaceutical industry for the access problem. The problem is far more nuanced and complicated than portrayed by the High Level Panel. As the WHO, OECD and Senator Hatch recognize, intellectual property rights are part of the solution. To truly address the access problem, we must move beyond blaming IPRs and begin the difficult work of grappling with structural deficiencies and poverty.

#### Counterfeit drugs kill one million people a year AND exacerbate other health crises.

Greenberger 20 Phyllis E. Greenberger 12-3-2020 "Counterfeit Medicines Kill People" <https://www.healthywomen.org/health-care-policy/counterfeit-medicines-kill-people/who-suffers-because-of-counterfeit-drugs> (HealthWomen’s Senior Vice President of Science & Health Policy)//Elmer

**Over 1 million people die each year from fake drugs**. COVID-19 Have you ever had a hard time getting a prescription filled? Or maybe you've had to wrestle with your insurance provider to get them to pay for a medication vital for your health? Worse, maybe you're one of the 27.5 million uninsured Americans who find it difficult to get health care, let alone obtain the prescription drugs you may need. If you've had any of these experiences, then perhaps you've turned to the internet to buy medications that would require a prescription. While legal online pharmacies do exist, many online pharmacies are fraudulent, selling counterfeit medications, and millions of people have fallen victim to these scammers. Make no mistake: **Counterfeit medicine is not real**. The **active ingredients** that help you stay healthy may be **missing** **or diluted** to levels that are no longer potent. This **can be dangerous and even life-threatening**, as people rely on their medications to keep them well, and sometimes even alive. Many counterfeit medicines aren't even drugs at all, but rather **snake oil cures that make people sick** — they may even **contain** **dangerous ingredients such as heavy metals, highway paint or even rat poison.** The World Health Organization (WHO) estimates that over 1 million people die each year from these substandard drugs. It's estimated that more than 10% of all pharmaceuticals in the global supply chain are counterfeit in normal times, and during COVID-19, the increased use of telehealth and the appearance of fraudulent doctors has led to a surge in drug fraud. In October of this year, Peter Pitts, president of the Center for Medicine in the Public Interest, a nonpartisan research organization, said pharmaceutical fakery was a "spreading cancer." Counterfeiting is a major problem that requires the federal government to step up to slow — and eventually prevent — its spread. It's also vital that consumers know exactly what's at stake when taking these fake drugs. Who suffers because of counterfeit drugs? Expensive prescription medications and generic drugs in nearly every therapeutic class may be counterfeited. Out of $4.3 billion worth of counterfeit medications seized between 2014 and 2016, 35% were marked as antibiotics. Some of the other most common culprits in counterfeit medicine are used to "treat" HIV/AIDS, erectile dysfunction and weight loss. No matter what condition or disease the counterfeit medication is intending to treat, the outcome can be disastrous. **Counterfeit medications exacerbate other existing health crises**. The United States, for example, is in the midst of an opioid epidemic that is killing 130 people per day. As of 2018, counterfeit drugs containing illegally imported fentanyl (a powerful opioid) had contributed to this tragedy by causing deaths in 26 states. The U.S. Department of Justice found that, in at least one case, these counterfeit drugs had been sold through a fraudulent online pharmacy.

#### the Plan is perceptively seen as bolstering the WTO since its by all WTO Members.

#### WTO collapse solves extinction

Hilary 15 John Hilary 2015 “Want to know how to really tackle climate change? Pull the plug on the World Trade Organisation” <http://www.independent.co.uk/voices/want-to-know-how-to-really-tackle-climate-change-pull-the-plug-on-the-world-trade-organisation-a6774391.html> (Executive Director, War on Want)//Elmer

Yet this grandiose plan soon fell victim to its own ambition. The WTO’s first summit after the launch of the Doha Round collapsed in acrimonious failure. The next was marked by pitched battles in the streets of Hong Kong as riot police fought Asian farmers desperately trying to save their livelihoods from the WTO’s free trade agenda. The WTO slipped into a coma. Government ministers must decide this week whether to turn off its life support. The answer is surely yes. It was the WTO’s poisonous cocktail of trade expansion and market deregulation that led to the economic crisis of 2008. Years of export-led growth resulted in a crisis of overproduction that could only be sustained with mountains of debt. The parallel deregulation of financial services meant that this debt soon turned out to be toxic, and the world’s banking system went into freefall. Nor is the WTO fit for purpose on ecological grounds. If last week’s climate talks in Paris taught us anything, it is that we must rethink the model of ever-expanding production and consumption in order to avoid planetary meltdown. Global capitalism may need limitless expansion in order to survive, but the planet is already at the very limits of what it can take. The choice is ours. Worst of all, it is the WTO’s ideology of unrestricted trade and corporate domination that lies behind all the bilateral trade deals that are proliferating at the moment, including the infamous Transatlantic Trade and Investment Partnership (TTIP). We need a radically different model of regulated trade and controlled investment if we are to have any chance of breaking the cycle of economic and ecological crisis. For the planet to survive, the WTO must die.

#### The WTO ensures structural poverty of the Global South – multiple warrants.

Walker 11 Aurelie Walker 11-14-2011 "The WTO has failed developing nations" <https://www.theguardian.com/global-development/poverty-matters/2011/nov/14/wto-fails-developing-countries> (trade policy advisor at the Fairtrade Foundation. Aurelie has specialised in EU trade relations with Africa, the Caribbean and the Pacific. She has worked as trade negotiator for an East African government, as advisor to business and government in Southern Africa on the Economic Partnership Agreement negotiations and for European Institutions and think tanks. Aurelie now advocates on behalf on Fairtrade producers on international trade issues)//Elmer

Ten years ago, a new World Trade Organisation that put developing country needs at the centre of the international trade negotiation agenda was proposed. The Ministerial Declaration adopted at the start of the Doha Development Round of trade negotiations, on 14 November 2001, was a promising response to the anti-globalisation riots of the 1990s. But the **WTO** membership **has failed to deliver** the promised **pro-development changes**. Finding "development" in the Doha Development Round today is like looking for a needle in a haystack. **Developing countries** have been **completely sidelined** **by** the **economic** **and political interests of global powers**. Here are 10 examples of how the WTO has failed the poor: 1. **Cotton**: the Fairtrade Foundation revealed last year how the $47bn in **subsidies** **paid to rich-country producers** in the past 10 years **has created barriers for** the **15 million cotton farmers across west Africa** **trying to trade their way out of poverty**, **and** how **5 million** of the **world's poorest farming families** have been **forced out of business** and into deeper poverty because of those subsidies. 2. **Agricultural subsidies**: beyond cotton, WTO members have failed even to agree how to reduce the huge subsidies **paid to rich world farmers**, whose overproduction continues to **threaten** the **livelihoods of developing world farmers**. 3. **Trade agreements**: the WTO has also failed to clarify the deliberately ambiguous rules on concluding trade agreements that allow the poorest countries to be manipulated by the rich states. In Africa, in negotiations with the EU, countries have been forced to eliminate tariffs on up to 90% of their trade because no clear rules exist to protect them. 4. Special treatment: the rules for developing countries, called "special and differential treatment" rules, were meant to be reviewed to make them more precise, effective and operational. But the WTO has failed to work through the 88 proposals that would fill the legal vacuum. 5. Medicine: the poorest in developing countries are unable to access affordable medicine because members have failed to clarify ambiguities between the need for governments to protect public health on one hand and on the other to protect the intellectual property rights of pharmaceutical companies. 6. **Legal costs**: the WTO pledged to improve access to its **expensive** and **complex legal system**, but has failed. In 15 years of dispute settlement under the WTO, 400 cases have been initiated. No African country has acted as a complainant and only one least developed country has ever filed a claim. 7. Protectionist economic policies: one of the WTO's five core functions agreed at its inception in 1995 was to achieve more coherence in global economic policy-making. Yet the **WTO** **failed to curb** the speedy **increase in** the number of **protectionist measures** applied **by G20 countries** in response to the global economic crisis over the past two years – despite G20 leaders' repeated affirmations of their "unwavering" commitment to resist all forms of protectionist measures. 8. Natural disaster: the **WTO fails to alleviate suffering** when it has the opportunity to do so. **In** the case of **natural disaster**, the **membership** will have **taken** almost **two years to** agree and **implement** temporary **trade concessions for Pakistan,** where severe flooding displaced 20 million people in 2010 and caused $10bn of damage. Those measures, according to the International Centre for Trade and Sustainable Development, would have boosted Pakistan's exports to the EU by at least €100m this year. 9. Decision-making: the WTO makes most of its decisions by consensus – and achieving consensus between 153 countries is nearly impossible. But this shows another failure of the WTO: to break the link between market size and political weight that would give small and poor countries a voice in the trade negotiations. 10. Fair trade: 10 years after the start of the Doha Development Round, governments have failed to make trade fair. As long as small and poor countries remain without a voice, the role of campaigning organisations, such as Traidcraft and Fairtrade Foundation, which are working together to eliminate cotton subsidies, will remain critical. The WTO has failed to live up to its promises over the past decade, which reveals a wider systemic problem in the global community. True and lasting solutions to global economic problems can only come when the model of global competitiveness between countries becomes one of genuine cooperation.

#### You first card in contention 1 is about vaccines, but the plan can’t solve covid.

#### 1] Lack of key supplies

Tepper 21 James Tepper, 4/10 [James Tepper, (James M. Tepper is an American neuroscientist currently a Board of Governors Professor of Molecular and Behavioral Neuroscience and Distinguished Professor at Rutgers University and an Elected Fellow of the American Association for the Advancement of Science.)]. "Global Covid vaccine rollout threatened by shortage of vital components." Guardian, 4-1-2021, Accessed 8-8-2021. https://www.theguardian.com/world/2021/apr/10/global-covid-vaccine-rollout-threatened-by-shortage-of-vital-components // duongie

Vaccine-makers around the world face shortages of vital components including large plastic growbags, according to the head of the firm that is manufacturing a quarter of the UK’s jab supply. Stan Erck, the chief executive of Novavax – which makes the second vaccine to be grown and bottled entirely in Britain – told the Observer that the shortage of 2,000-litre bags in which the vaccine cells were grown was a significant hurdle for global supply. His warning came as bag manufacturers revealed that some pharmaceutical firms were waiting up to 12 months for the sterile single-use disposable plastic containers, which are used to make medicines of all kinds, including the Pfizer, Moderna and Novavax Covid-19 vaccines. But Erck and his British partners said they were confident they had enough suppliers to avoid disruption to the supply of Novavax. The vaccine is waiting for approval from the Medicines and Healthcare products Regulatory Agency (MHRA) but the first of 60 million doses ordered by the government are already in production in Teesside. The Fujifilm Diosynth Biotechnologies factory began growing the first cells for the Novavax vaccine in Billingham, County Durham this month and in a few weeks they will fill the bioreactor bag, ready to be transported to GlaxoSmithKline’s plant at Barnard Castle to be put into vials for distribution. “The first hurdle is showing it works and we don’t have that hurdle any more,” Erck said. But he added there were others still to overcome. “There’s the media that the cells have to grow in,” Erck said. “You grow them in these 2,000-litre bags, which are in short supply. Then you pour it out and you have to filter it, and the filters are in short supply. The little things count.” Novavax almost ran out of bags at one of its 20 factories earlier this year, but there had been no delays for the UK operation, according to Martin Meeson, global chief executive of Fujifilm Diosynth. “We started working on our part of the supply chain in summer last year,” he said. “We had to accelerate some of the investment here, but the commitment we made last summer to start manufacturing in February has been fulfilled.” Production of coronavirus vaccines is being ramped up. Production of coronavirus vaccines is being ramped up. Photograph: Christophe Archambault/AP Both Meeson and Erck said the UK’s vaccine taskforce had been helpful in sorting out supply issues so far, but other countries and other medical supplies might be affected. ABEC makes bioreactor bags at two plants in the US and two in Fermoy and Kells in Ireland, and delivered six 4,000-litre bags to the Serum Institute in India last year for its Covid vaccines. Brady Cole, vice-president of equipment solutions at ABEC, said: “We are hearing from our customer base of lead times that are pushing out to nine, 10, even 12 months to get bioreactor bags. We typically run out at 16 weeks to get a custom bioreactor bag out to a customer.” He said ABEC was still managing to fulfil orders at roughly that rate. “The bag manufacturing capacity can’t meet demand right now,” he added. “And on the component side, the tubes and the instruments and so forth that also go into the bag assembly – those lead times are also starting to get stretched as well. But the biggest problem we see is it really is just the ability to get bags in a reasonable amount of time.” ABEC expanded its factories last year and has now started making 6,000-litre bags, which are roughly the size of a minibus. Other firms including MilliporeSigma, part of German company Merck, have also been expanding their manufacturing facilities. American firm Thermo Fisher Scientific expects it will finish doubling its capacity this year. The US government has also blocked exports of bags, filters and other components so it can supply more Pfizer vaccines for Americans. Adar Poonawalla, the chief executive of the Serum Institute of India, said the restrictions were likely to cause serious bottlenecks. Novavax is hoping to avoid delays and “vaccine nationalism” by operating on four continents, with 20 facilities in nine countries. “One year ago, we had exactly zero manufacturing capacity,” Erck said. “We’re self-sufficient. The two main things we need to do are done in the UK. And in the EU we have plants in Spain and the Czech Republic and fill-and-finish in Germany and the Netherlands.” There was no need for vaccines to cross borders to fulfil contracts, he said. The Oxford/AstraZeneca vaccine was hit by a delay to a delivery of 5 million doses from India and a problem with a batch made in Britain, and the company has been dragged into a lengthy row between the UK and the EU over vaccine exports.

#### On your second contention- reducing IP protections wouldn’t solve the wealth gap- it would just make it harder for everyone to get a patent, so inequalities would be the same. The plan doesn’t make IP equitable, it reduces it.

#### We agree racism is bad- but c/a the case turns above, the plan makes it worse