# 1NC Loyola R1 !!!!

## 1

### ESpec

#### Interpretation – the Affirmative must present a delineated enforcement mechanism for the Plan. There is no normal means since terms are negotiated contextually among member states.

WTO No Date "Whose WTO is it anyway?" <https://www.wto.org/english/thewto_e/whatis_e/tif_e/org1_e.htm> //Elmer

**When WTO rules impose disciplines** on countries’ policies, **that is the outcome of negotiations among WTO members.** The rules are **enforced** **by** the **members themselves** **under agreed procedures that they negotiated**, **including the possibility of trade sanctions**. But those sanctions are imposed by member countries, and authorized by the membership as a whole. This is quite different from other agencies whose bureaucracies can, for example, influence a country’s policy by threatening to withhold credit.

#### Violation: they don’t

#### Standards

#### 1] Shiftiness- They can redefine the 1AC’s enforcement mechanism in the 1AR which allows them to recontextualize their enforcement mechanism to wriggle out of DA’s since all DA links are predicated on type of enforcement i.e. sanctions bad das, domestic politics das off of backlash, information research sharing da if they put monetary punishments, or trade das.

#### 2] Real World - Policy makers will always specify how the mandates of the plan should be endorsed. It also means zero solvency, absent spec, states can circumvent the Aff’s policy since there is no delineated way to enforce the affirmative which means there’s no way to actualize any of their solvency arguments.

#### ESpec isn’t regressive or arbitrary- it’s an active part of the WTO is central to any advocacy about international IP law since the only uniqueness of a reduction of IP protections is how effective its enforcement is.

#### Fairness and education are voters – its how judges evaluate rounds and why schools fund debate

#### DTD – it’s key to norm set and deter future abuse

#### Neg theory is DTD - 1ARs control the direction of the debate because it determines what the 2NR has to go for – DTD allows us some leeway in the round by having some control in the direction

#### Competing interps – Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation – it also collapses since brightlines operate on an offense-defense paradigm

#### No RVIs – A – Going all in on theory kills substance education which outweighs on timeframe B - Discourages checking real abuse which outweighs on norm-setting C – Encourages theory baiting – outweighs because if the shell is frivolous, they can beat it quickly D – its illogical for you to win for proving you were fair – outweighs since logic is a litmus test for other arguments

#### NC theory first - 1] Abuse was self-inflicted- They started the chain of abuse and forced me down this strategy 2] Norming- We have more speeches to norm over whether it’s a good idea 3] It was introduced first so it comes lexically prior.

#### Neg abuse outweighs Aff abuse – 1] Infinite prep time before round to frontline 2] 2AR judge psychology and 1st and last speech 3] Infinite perms and uplayering in the 1AR.

#### Reasonability on 1AR shells – 1AR theory is very aff-biased because the 2AR gets to line-by-line every 2NR standard with new answers that never get responded to– reasonability checks 2AR sandbagging by preventing really abusive 1NCs while still giving the 2N a chance.

#### DTA on 1AR shells - They can blow up blippy 20 second shells in the 2AR while I have to split my time and can’t preempt 2AR spin which necessitates judge intervention and means 1AR theory is irresolvable so you shouldn’t stake the round on it.

#### No new 1ar theory paradigm issues- A] the 1NC has already occurred with current paradigm issues in mind so new 1ar paradigms moot any theoretical offense B] introducing them in the aff allows for them to be more rigorously tested which o/w’s on time frame since we can set higher quality norms.

#### No 1AR theory – intervention, any 2ar responses to counterstandards are new forcing you to intervene to assign credence, judge internvetion o/w destroys the core purpose of the activity which is debaters debating

## 2

### Consult WHO

#### Counterplan Text – Member states of the World Trade Organization ought to consult the World Health Organization on whether or not to [reduce intellectual property protections for medicines]. 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 **did not even 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 needs to play 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.

## 3

### Modi Adventurism

#### India’s COVID crisis has killed Modi’s appetite for international adventurism, but increasing vaccine production reverses the trend.

Singh ’21 (Sushant; senior fellow with the Centre for Policy Research in India; 5-3-2021; “The **End** of Modi’s **Global Dreams**”; Foreign Policy; https://foreignpolicy.com/2021/05/03/india-vishwaguru-modi-second-wave-soft-power-self-sufficiency/; Accessed: 8-27-2021)

India’s prime minister advanced a **muscular foreign policy**, but his mishandling of the pandemic is an **embarrassing step back**. In December 2004, when an earthquake and tsunami struck Asia, then-Indian Prime Minister Manmohan Singh decided it was high time for India to stop accepting aid from other countries to deal with disasters and rely on itself instead. “We feel that we can cope with the situation on our own,” he said, “and we will take their help if needed.” It was a pointed political statement about India’s growing economic heft, and it wasn’t the last. Singh’s government offered aid to the United States in the wake of Hurricane Katrina in 2005 and to China after the 2008 Sichuan earthquake. Seen as a matter of national pride, an indicator of self-sufficiency, and a snub to nosy aid givers, the practice continued under Indian Prime Minister Narendra Modi despite pressure to change course during floods in the southern state of Kerala in 2018. Modi, who has consistently campaigned on **virulent nationalism** captured by the slogan “Atmanirbhar Bharat” (or self-reliant India), has been forced to abruptly change policy. Last week, with images of people dying on roads without oxygen and crematoriums for pet dogs being used for humans’ last rites as the second wave of the COVID-19 pandemic overwhelmed the country, his government accepted offers of help from nearly 40 other nations. Its diplomats have lobbied with foreign governments for oxygen plants and tankers, the arrival of medicines, and other supplies hailed on social media. “We have given assistance; we are getting assistance,” said Harsh Vardhan Shringla, the country’s top diplomat, to justify the embarrassing U-turn. “It shows an interdependent world. It shows a world that is working with each other.” The world may be working with each other, but it is not working for Modi in the **realm of foreign policy**. Rather, this is a moment of reckoning, triggered by the rampaging coronavirus. After seven years as prime minister, Modi’s **hyper-nationalistic** domestic agenda—including his ambition of making the country a “Vishwaguru” (or **master to the world**)—now lies in tatters. India, which has been envisaged since former U.S. President Donald Trump’s administration became the Quadrilateral Security Dialogue’s lynchpin and focused other efforts in the Indo-Pacific strategy to counter China, will have to work harder to justify that role. Meanwhile, China has redoubled its efforts in India’s neighborhood since the second wave began, strengthening its existing ties with South Asian countries and contrasting its strength and reliability with India’s limitations. No doubt, New Delhi will be able to regain a certain sense of normalcy in a few months, but the **mishandling of the pandemic** has dealt it a weaker hand in **ongoing backchannel talks with Islamabad** and border negotiations with Beijing. But even **longer-lasting damage** has been done to India’s soft power, which was already dented under Modi’s authoritarian regime. This is a big problem for the government as it was soft power that allowed New Delhi to assert itself for a seat at the global high table to begin with. Front page images and video clips of constantly burning pyres and dying patients may recede from the foreground with time, but rebuilding India’s diplomatic heft and geopolitical prominence will need more than the passage of months and years. It will take a concerted effort, and S. Jaishankar, Modi’s chosen man to be India’s foreign minister, has so far appeared unequal to the task. In March, when the second wave of the pandemic started unfolding in India, Jaishankar’s ministry was busy issuing official statements and organizing social media storms against popstar Rihanna and climate change activist Greta Thunberg. On Thursday, at the peak of the health crisis, Jaishankar’s focus in a meeting with all the Indian ambassadors to various global capitals was on countering the so-called “one-sided” narrative in international media, which said Modi’s government had failed the country by its “incompetent” handling of the second pandemic wave. Until recently, Jaishankar was also the most enthusiastic promoter of the government’s Vaccine Maitri (or “Vaccine Friendship”) program, under which New Delhi supplied around 66.4 million doses of the India-made AstraZeneca vaccine to 95 countries in packing boxes marked prominently with large pictures of Modi. These vaccines were either commercially contracted, given as bilateral grants, or transferred under the World Health Organization’s COVID-19 Vaccines Global Access (COVAX) scheme for poorer countries. Meanwhile, India’s own vaccination rollout has been **dismal**. Around 2 percent of Indians have been fully vaccinated, despite the country being the world’s biggest vaccine manufacturer—a misstep that has emerged as one of the key culprits for India’s uncontrolled second wave. Having exported doses in a quest for personal glory, Modi is now awaiting 20 million doses of AstraZeneca vaccines from the United States after abruptly reversing 16 years of policy, as indicated in its disaster management documents, against **accepting bilateral aid**. It is bad enough that India is getting help from traditional partners like the United States and Russia, but it is also accepting supplies coming from China, with which India’s relationship has been increasingly strained under Modi. And it must have been particularly galling to the prime minister that **even Pakistan** made an offer to help with medical supplies and equipment. So woeful is India’s situation that it has started importing 88,000 pounds of medical oxygen daily from the tiny Himalayan kingdom of Bhutan. Most Indians acknowledge their country was in an economic recession last year, and accepting bilateral aid is more of a compulsion than a choice. But how will they reconcile that with the fact that work on a $2 billion project to reconstruct a government office complex in the national capital, including building a new residence for Modi, continues unabated as an “essential service” during the pandemic? Modi boasted of having made India a **Vishwaguru** and personally enhancing national prestige through his numerous global trips. His ultranationalist supporters had started assuming India was already a **global power** in the same league as the United States and China. This feeling tied in with his domestic political positioning. Hindutva, or homogenized Hindu nationalism, was offered as the ideology that had made this supremacy possible. But now Modi’s supporters find their dreams of a **global power shattered.** They must instead confront the harsh reality of being citizens of a so-called “third world country,” which is dependent once again on the largesse of others. As the Indian economy continues to be hammered by the pandemic, there is little Modi can offer economically to his base. The edifice of **nationalist** pride, prestige, and **global respect** built by Modi on his so-called foreign-policy prowess has been demolished by the pandemic. The pandemic has hurt India in other ways too. Australia, a member of the Quadrilateral Security Dialogue (or Quad), has imposed a ban on its citizens from returning home, threatening five-year prison sentences, if they have spent time in India. In its first leaders’ summit in March, the grouping decided to provide a billion doses of the COVID-19 vaccine to the Indo-Pacific region by 2022. The vaccines were to be produced in India, funded by the United States and Japan, and distributed by Australia, in what was seen as the showpiece initiative to move the Quad away from its security-centric approach and soften its reputation as an anti-China grouping. With India struggling to produce vaccines for its own citizens hit by the pandemic, it is unlikely the Quad will be able to keep its scheme on schedule. In the bargain, New Delhi’s position as the lynchpin of the Quad stands considerably diminished. If India stumbles, the American dream of the Quad can never become a reality. Beijing has already moved in to take advantage of India’s misfortune to strengthen its ties with other South Asian countries. Last Tuesday, the Chinese foreign minister held a meeting with his counterparts from Afghanistan, Bangladesh, Nepal, Pakistan, and Sri Lanka for cooperation against COVID-19. India was absent from the meeting. And although Afghanistan, Bangladesh, Nepal, and Sri Lanka have received some vaccine supplies from India and expect more, these countries are now looking toward Beijing for doses after New Delhi failed to keep up its commercial and COVAX commitments. In the race between the two Asian giants to be an attractive and reliable partner in South Asia, India seems to have finished behind China. China has also pressed its advantage along its restive border with India. After an initial disengagement in Ladakh, India, China refused to pull back any further from other Indian-held territories it had moved into last summer. It stonewalled Indian attempts to discuss these areas in the last round of talks between the two sides, and it has constructed permanent military infrastructure and deployed troops close to the disputed border. If there were ever a time for India to demonstrate its strength, it would be now. But the second wave of COVID-19 has forced **the opposite**. A similar impact will be felt during New Delhi’s ongoing backchannel talks with Islamabad, where Pakistan will likely try to take **full advantage** of any **chinks in India’s armor**. India cannot afford to walk away from those talks as it has already been forced to engage with Islamabad due to its own inability to handle a two-front threat from China and Pakistan. An economy and a country ravaged by the pandemic makes the dual threat an even more **challenging proposition** for India—and hands Pakistan an unexpected advantage in the talks.

#### **Revitalized risk-taking risks Indo-Pak confrontations – those go nuclear.**

Roblin ‘20 [Sebastien; university instructor for the Peace Corps in China, master’s degree in conflict resolution from Georgetown University; 3-16-2020; "Yes a Pakistani-Indian Nuclear War Would Kill People All Over the Planet"; National Interest; https://nationalinterest.org/blog/buzz/yes-pakistani-indian-nuclear-war-would-kill-people-all-over-planet-133642; accessed 3-17-2020]

Such assessments are not only shockingly callous but shortsighted. In fact, several studies have modeled the global impact of a “limited” ten-day nuclear war in which India and Pakistan each exchange fifty 15-kiloton nuclear bombs equivalent in yield to the Little Boy uranium bomb dropped on Hiroshima. Their findings concluded that spillover would in no way be “limited,” directly impacting people across the globe that would struggle to locate Kashmir on a map. And those results are merely a conservative baseline, as India and Pakistan are estimated to possess over 260 warheads. Some likely have yields exceeding 15-kilotons, which is relatively small compared to modern strategic warheads. Casualties Recurring terrorist attacks by Pakistan-sponsored militant groups over the status of India’s Muslim-majority Jammu and Kashmir state have repeatedly led to threats of a conventional military retaliation by New Delhi. Pakistan, in turn, maintains it may use nuclear weapons as a first-strike weapon to counter-balance India’s superior conventional forces. Triggers could involve the destruction of a large part of Pakistan’s military or penetration by Indian forces deep into Pakistani territory. Islamabad also claims it might authorize a strike in event of a damaging Indian blockade or political destabilization instigated by India. India’s official policy is that it will never be first to strike with nuclear weapons—but that once any nukes are used against it, New Dehli will unleash an all-out retaliation. The Little Boy bomb alone killed around 100,000 Japanese—between 30 to 40 percent of Hiroshima’s population—and destroyed 69 percent of the buildings in the city. But Pakistan and India host some of the most populous and densely populated cities on the planet, with population densities of Calcutta, Karachi and Mumbai at or exceeding 65,000 people per square mile. Thus, even low-yield bombs could cause tremendous casualties. A 2014 study estimates that the immediate effects of the bombs—the fireball, over-pressure wave, radiation burns etc.—would kill twenty million people. An earlier study estimated a hundred 15-kiloton nuclear detonations could kill twenty-six million in India and eighteen million in Pakistan—and concluded that escalating to using 100-kiloton warheads, which have greater blast radius and overpressure waves that can shatter hardened structures, would multiply death tolls four-fold. Moreover, these projected body counts omit the secondary effects of nuclear blasts. Many survivors of the initial explosion would suffer slow, lingering deaths due to radiation exposure. The collapse of healthcare, transport, sanitation, water and economic infrastructure would also claim many more lives. A nuclear blast could also trigger a deadly firestorm. For instance, a firestorm caused by the U.S. napalm bombing of Tokyo in March 1945 killed more people than the Fat Man bomb killed in Nagasaki. Refugee Outflows The civil war in Syria caused over 5.6 million refugees to flee abroad out of a population of 22 million prior to the conflict. Despite relative stability and prosperity of the European nations to which refugees fled, this outflow triggered political backlashes that have rocked virtually every major Western government. Now consider likely population movements in event of a nuclear war between India-Pakistan, which together total over 1.5 billion people. Nuclear bombings—or their even their mere potential—would likely cause many city-dwellers to flee to the countryside to lower their odds of being caught in a nuclear strike. Wealthier citizens, numbering in tens of millions, would use their resources to flee abroad. Should bombs beginning dropping, poorer citizens many begin pouring over land borders such as those with Afghanistan and Iran for Pakistan, and Nepal and Bangladesh for India. These poor states would struggle to supports tens of millions of refugees. China also borders India and Pakistan—but historically Beijing has not welcomed refugees. Some citizens may undertake risky voyages at sea on overloaded boats, setting their sights on South East Asia and the Arabian Peninsula. Thousands would surely drown. Many regional governments would turn them back, as they have refugees of conflicts in Vietnam, Cambodia and Myanmar in the past. Fallout Radioactive fallout would also be disseminated across the globe. The fallout from the Chernobyl explosion, for example, wounds its way westward from Ukraine into Western Europe, exposing 650,000 persons and contaminating 77,000 square miles. The long-term health effects of the exposure could last decades. India and Pakistan’s neighbors would be especially exposed, and most lack healthcare and infrastructure to deal with such a crisis. Nuclear Winter Studies in 2008 and 2014 found that of one hundred bombs that were fifteen-kilotons were used, it would blast five million tons of fine, sooty particles into the stratosphere, where they would spread across the globe, warping global weather patterns for the next twenty-five years. The particles would block out light from the sun, causing surface temperatures to decrease an average of 2.7 degrees Fahrenheit across the globe, or 4.5 degrees in North American and Europe. Growing seasons would be shortened by ten to forty days, and certain crops such as Canadian wheat would simply become unviable. Global agricultural yields would fall, leading to rising prices and famine. The particles may also deplete between 30 to 50 percent of the ozone layer, allowing more of the sun’s radiation to penetrate the atmosphere, causing increased sunburns and rates of cancer and killing off sensitive plant-life and marine plankton, with the spillover effect of decimating fishing yields.

## 4

### Info Sharing

#### The World Trade Organization ought to increase intellectual property protections for insert aff’s medicine. The United States ought to designate intellectual property protections on insert aff’s medicine as adversely affecting the international transfer of technology.

#### Member states can waive IP rights if they hamper the international flow of medical technology.

WTO ’21 (World Trade Organization; 2021; “Obligations and exceptions”; World Trade Organization; Accessed: 8-30-2021; exact date not provided, but copyright was updated in 2021)

Article 8 Principles […] 2. Appropriate measures, provided that they are consistent with the provisions of this Agreement, **may be needed** to prevent the abuse of intellectual property rights by right holders or the resort to practices which unreasonably restrain trade or **adversely affect** the **international transfer of technology**. SECTION 8: CONTROL OF ANTI-COMPETITIVE PRACTICES IN CONTRACTUAL LICENCES Article 40 1. Members agree that some licensing practices or conditions pertaining to intellectual property rights which restrain competition may have **adverse effects on trade** and **may impede** the **transfer and dissemination** of technology. 2. Nothing in this Agreement **shall prevent** Members from specifying in their legislation licensing practices or conditions that may in particular cases constitute an abuse of intellectual property rights having an adverse effect on competition in the relevant market. As provided above, a Member **may adopt**, consistently with the other provisions of this Agreement, **appropriate measures** to **prevent or control** such practices, which may include for example exclusive grantback conditions, conditions preventing challenges to validity and coercive package licensing, in the light of the relevant laws and regulations of that Member. […]

#### Designating IP protections as antithetical to the global health system revitalizes info-sharing.

Youde ’16 (Jeremy; writer for World Politics Review; 4-29-2016; “Technology **Transfer** Is a **Weak Link** in the Global Health System”; World Politics Review; <https://www.worldpoliticsreview.com/articles/18639/technology-transfer-is-a-weak-link-in-the-global-health-system>; Accessed: 8-30-2021)

In mid-April, a spokesperson for the Ugandan government admitted that the country’s only functioning cancer treatment machine had broken earlier that month. The radiotherapy machine, donated by China to Uganda in 1995 and housed at Mulago Hospital in Kampala, is now considered beyond repair. While the government did acquire a second radiotherapy machine in 2013, it has not been operational because of delays in allocating 30 billion shillings—just shy of $9 million—to construct a new building to house it. The funding delay has lifted, but the machine won’t be up and running for at least six months. The government has announced plans to airlift some cancer patients to Nairobi for treatment, but that plan will only accommodate 400 of the estimated 17,000 to 33,000 cancer patients who need treatment annually in Uganda. This breakdown of technology is a human tragedy for the cancer patients from Uganda as well as elsewhere in East Africa that the radiotherapy machine helped treat. Beyond the personal level, though, the episode illustrates a larger shortcoming in global health. Total annual development assistance for health is approximately $36 billion, but that funding is overwhelmingly concentrated on specific infectious diseases. Noncommunicable diseases like cancer receive relatively little international funding—only 1.3 percent in 2015, and the dollar amount has declined since 2013. Funds to strengthen health systems, geared toward building and supporting a resilient health care system, are similarly low, making up only 7.3 percent of development assistance in 2015. Noncommunicable diseases kill more people every year than infectious diseases and accidents do, but this balance is not reflected in global health spending. ... These shortcomings also speak to larger problems in global health around issues of **technology transfers** and long-term **commitments** to keep that technology working. It’s one thing to provide necessary medical technologies in the first place; it’s another to ensure that those technologies are accessible and operational going forward. Despite the **importance** of technology transfers, questions of **long-term support** for them have received relatively little attention from the global health regime. As noncommunicable diseases like cancer cause an even-higher proportion of deaths each year, it will become all the more **imperative** that the international community address this gap in **sharing** and funding **crucial health care** technology. This does not mean that there are no efforts to facilitate technology transfers around the world. The Fogarty International Center, a part of the U.S. National Institutes of Health, has had an [Office of Technology Transfer](http://www.fic.nih.gov/News/GlobalHealthMatters/march-april-2014/Pages/technology-transfer-nih-ott.aspx) since 1989 to make medical innovations developed in the United States more widely available. The World Health Organization (WHO) also has a [Technology Transfer Initiative](http://www.who.int/phi/programme_technology_transfer/en/) to improve access to health care technologies in developing countries. These efforts are laudable, but their interpretation of technology transfer is almost entirely rooted in access to pharmaceuticals and vaccines. To be sure, that is a very important issue—but it only deals with one narrow element of technology transfer. The problems of global health technology transfers illustrated in Uganda underscore a larger issue: the need for a so-called fourth industrial revolution, what has been described as “blurring the real world with the technological world.” This idea gained prominence earlier this year when it served as the theme for the World Economic Forum in Davos. For global health, this means embracing technology to find low-cost ways to promote health, spread education, and reach communities whose access to the health care infrastructure is weak. It expands on the notion of telemedicine and eHealth to make it more encompassing. According to health care entrepreneur Jonathan Jackson, the fourth industrial revolution could change global health by encouraging a shift in focus “from healthcare to health promotion.” Moving from high-cost treatment to low-cost prevention, he has argued, will have significant and far-reaching positive economic implications for developing countries around the world. Its inspiring sense of technological optimism notwithstanding, this sort of approach cannot be the sole focus of technology transfers in global health. Prevention is indeed important, but the fact of the matter remains that people will get sick—and those sick people will need treatment. Mobile applications and electronic access to health care providers can be useful, but they cannot replace a radiotherapy machine. Understanding the root causes of noncommunicable diseases goes far beyond individual choices and intersects with the larger political, economic and social context, so we cannot assume that cybertechnology alone can stop cancer. It is also important to remember that the results of greater technological innovation and integration won’t be free. Sub-Saharan African states, on average, spend $200 per person per year on health care. Even if technology allows costs to decline, they are still likely to be out of reach for many people in most of these countries—in the same way that the purchase and maintenance of medical technologies are prohibitively expensive in these same states today. Technology in and of itself is not useful unless it can be maintained over the long term. This, then, is a weak link in the larger global health system: How do we ensure access to life-prolonging medical technologies beyond pharmaceuticals and vaccines in a sustainable way? Consider two ideas. First, development assistance for health must orient more of its resources toward treating noncommunicable diseases and strengthening health systems. These are the areas in which these technologies are likely to be used, but are not currently supported by the international system. The changing nature of health and disease will only make them even more important in the years to come. Second, longer-term funding commitments would provide a greater opportunity to incorporate medical technologies into health care systems sustainably. Machines will break down, and technologies will fail. That is inevitable. But the global health regime, from the WHO and its regional organizations like the Regional Office for Africa to major donors like the **U**nited **S**tates government and the Bill and Melinda Gates Foundation, needs to figure out how to ensure that these problems do not put **lives in peril**. Technology alone will not improve global health unless it is properly supported and funded.

#### International collaboration’s key to check future pandemics – otherwise, extinction.

Dulaney ’20 [Michael; digital journalist with the ABC June 2020; "'A question of when, not if': Another pandemic is coming – and sooner than we think", No Publication; https://www.abc.net.au/news/science/2020-06-07/a-matter-of-when-not-if-the-next-pandemic-is-around-the-corner/12313372, accessed 4-12-2021]

And as recently as September last year — just a few months before COVID-19 was detected in China — an independent watchdog set up by the WHO warned the world was "grossly" unprepared for the "very real threat" of a pandemic. But even more alarming is what the new coronavirus indicates about the future. Researchers say human impacts on the natural world are causing new infectious diseases to emerge more frequently than ever before, meaning the next pandemic — one perhaps even worse than COVID-19 — is only a matter of time. "We know that it's a probability, not a possibility," Dr Reid says. "The roulette wheel will start to spin again. "If you don't resolve the conditions that generated the problem, then we sit waiting for the next probability equation to come through. "And it will, and sadly it's possible that it's in our lifetime." The growing threat to human health Nearly all emerging pathogens like COVID-19 come from "zoonotic transfer" — essentially, when a virus present in animals jumps to infect humans. The US Centers for Disease Control and Prevention estimates three out of every four new infectious diseases, and nearly all pandemics, emerge this way. Researchers have counted around 200 infectious diseases that have broken out more than 12,000 times over the past three decades. On average, one new infectious disease jumps to humans every four months. Animal species like civet cats (SARS), camels (MERS), horses (Hendra), pigs (Nipah) and chimpanzees (HIV) have all been implicated in the spread of new viruses at different times.

## Case

### Advantage

#### We’ll group both – 1AC Econ Advantage assumes they win an IL to solving covid so defense to the IL applies.

#### 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.

#### 2] Hurts Innovation

**Value Ingenuity 20** [Value Ingenuity, (The Value Ingenuity project is telling the story of innovation, its roots, its impact, its social and moral imperatives, and the public policy prescriptions that will assure a continued upward trajectory for the generations to follow. Our objective is to advance globally a shared purpose of mutual investment in sustainable innovation.)]. "WTO IP Waiver Would Undermine Covid Innovation." 10-2-2020, Accessed 8-5-2021. https://www.valueingenuity.com/2021/05/18/wto-ip-waiver-would-undermine-covid-innovation/ // duongie

A TRIPS waiver for vaccines would do nothing to help — and could in fact hurt — the effort to produce billions of vaccine doses and get them in arms. Supply of these high-tech products is ramping up quickly, with about 10 billion doses projected to be produced by the end of 2021 — we shouldn’t distract attention away from that all-important goal. IP is not a barrier to vaccine access. It already enabled the creation of three vaccines, in record-breaking time, that have received FDA authorization. IP is also safely facilitating international partnerships (275+ to date) to share technology and information more easily with trusted partners across borders. An IP waiver could lead to untested and unregulated copycats. Some nations are looking to manufacture sophisticated vaccines without permission, exacerbating the shortage of the critical materials (raw materials, tubing, vials etc.) and increasing vaccine hesitancy due to the development of unsafe products and medicines. The proposal jeopardizes U.S. manufacturing & jobs. Allowing other countries to take and commercialize American-made technologies conflicts with President Biden’s goal to build up American infrastructure and create manufacturing jobs. In the U.S. alone, biopharmaceutical companies support 4 million jobs across all 50 states, with many more across innovation ecosystems in labs, finance, and SMEs. Waiving IP undermines America’s leadership in the life sciences. We should not be forfeiting IP to countries looking to undermine America’s global leadership in biomedical technology and innovation. IP protections enabled decades of R&D by biopharmaceutical research companies, allowing them to move quickly and effectively against COVID-19. Business welcomes the Biden Administration’s support for the global vaccine program, COVAX. This type of program can have a significant positive, practical impact on global rollout of vaccines and therapies without disrupting the incredible IP-enabled progress that has been made to date to defeat the pandemic. Its effects will be even more effective as trade barriers are removed and all countries allow vaccines to be exported internationally. GOOD TO KNOW: Today 57% of all new medicines globally come from the United States with its world-class IP ecosystem, and private companies in the life sciences community make up more than 80% of the investment in the research and development of those new drugs. The U.S. biopharmaceutical industry directly and indirectly supports over 4 million American jobs. SCIENTISTS, ACADEMICS, ADVOCATES AND POLITICAL LEADERS SKEPTICAL OF WAIVING IP RIGHTS “The goal is noble, but the demand [for an IP waiver] is more slogan than solution … patents on vaccines are not the central bottleneck, and even if turned over to other nations, would not quickly result in more shots. This is because vaccine manufacturing is exacting and time-consuming. Look at the production difficulties encountered by Emergent BioSolutions, a vaccine manufacturer in Baltimore, where 15 million doses were contaminated. That was caught before the shots were distributed, but one can imagine the horrific consequences of a failure to maintain quality control elsewhere in the world.” WASHINGTON POST EDITORIAL BOARD, May 4, 2021 “The goal is noble, but the demand [for an IP waiver] is more slogan than solution … patents on vaccines are not the central bottleneck, and even if turned over to other nations, would not quickly result in more shots. This is because vaccine manufacturing is exacting and time-consuming. Look at the production difficulties encountered by Emergent BioSolutions, a vaccine manufacturer in Baltimore, where 15 million doses were contaminated. That was caught before the shots were distributed, but one can imagine the horrific consequences of a failure to maintain quality control elsewhere in the world.” WALL STREET JOURNAL EDITORIAL BOARD, May 6, 2021 “The U.S. decision to support a temporary waiver of intellectual-property protections for Covid-19 vaccines won’t end debate on the issue, much less end the pandemic. Reaching a formal agreement could take months and even then may not accelerate vaccine production; opposition from countries such as Germany could yet doom any compromise.” BLOOMBERG EDITORIAL BOARD, May 12, 2021 “The collaboration that’s happened in the midst of this pandemic I think points to the ways in which IP has actually not been a barrier, but a facilitator of critical, cutting-edge innovation […] I don’t think that waiving IP rights will suddenly enable other countries to ramp up the manufacturing of complex vaccines.” SEN. CHRIS COONS (D-DE), CSIS: April 22, 2021 “There are only so many vaccine manufacturers in the world […] people are very careful about the safety of vaccines […] The thing that is holding us back is not IP. There is no idle factory with regulatory approval that makes magically safe vaccines […] we have all the rights from the vaccine companies and the work is going at full speed” BILL GATES, Sky News: April 25, 2021 “There are enough manufacturers, it just takes time to scale up. And by the way, I have been blown away by the cooperation between the public and private sectors in the last year, in developing these vaccines.” ADAR POONAWALLA, CEO SERUM INSTITUTE OF INDIA, February 14, 2021 “These [vaccines] are complex to make so just waiving IP and patents isn’t going to help […] you can only get trade secrets and knowhow with the cooperation of the originator companies, and they don’t have the bandwidth to do this in every part of the world … the only immediate solution is for rich countries to donate or sell their surplus vaccine to COVAX or other countries.” JAYASHREE WATAL, GEORGETOWN LAW PROFESSOR & FORMER WTO IP COUNSELOR, April 22, 2021 “It is also unclear whether a waiver of IP rights will make a difference […] Furthermore, as others have pointed out, IP rights are only a piece of what is needed to produce vaccines. There is currently a global shortage of raw materials and proper manufacturing facilities.” SAPAN KUMAR, LAW FOUNDATION PROFESSOR OF LAW AT THE UNIVERSITY OF HOUSTON LAW CENTER, May 9, 2021 “This is technology that’s every bit as critical as munitions and encryption codes […] It’s a platform technology that can be used to make all manner of treatments going forward, including vaccines.” DAVID KAPPOS, FORMER U.S. PATENT AND TRADEMARK OFFICE FOR PRESIDENT OBAMA, April 22, 2021 “The notion that we would then turn around and go to the World Trade Organization and basically endorse a policy of DARPA-funded technology transfer to China is just inconceivable. You’re basically aiding and abetting China’s ‘Made in China 2025’ plans for technological dominance.” CLETE WILLEMS, FORMER SPECIAL ASSISTANT TO THE PRESIDENT FOR INTERNATIONAL TRADE, INVESTMENT, AND DEVELOPMENT, April 22, 2021.

#### Turns the Aff – Delta Variant proves current vaccines aren’t enough – we need new innovations.

Guarino 8-18 Ben Guarino 8-18-2021 “Vaccines show declining effectiveness against infection overall but strong protection against hospitalization amid delta variant” <https://archive.is/pvuzL#selection-747.0-750.0> (Education: University of Pennsylvania, BSE in bioengineering; New York University, MA in journalism)//Elmer

**Results** from a trio of studies, published in the CDC’s weekly report, **motivated** the **Biden** administration **to** **consider** **booster shots**. **Three studies published** Wednesday by the Centers for Disease Control and Prevention **show** that **protection against the** **coronavirus from vaccines** **declined** in the midsummer months **when** the more contagious **delta variant rose** to dominance in the United States. At the same time, protection against hospitalization was strong for weeks after vaccination, indicating the shots will generate immune fighters that stave off the worst effects of the virus and its current variations. Data from these studies persuaded the Biden administration to develop a plan for additional doses to bolster the immune systems of people vaccinated months earlier. The trio of reports, published Wednesday in the Morbidity and Mortality Weekly Report, the CDC’s scientific digest, also **reinforce** the **idea** that **vaccines** **alone will be unable to lift the nation out of the pandemic**. Masks and other precautions should be part of “a layered approach centered on vaccination,” wrote researchers from the New York State Department of Health and the University at Albany School of Public Health in their study of vaccine effectiveness across New York state. All three reports measure vaccine effectiveness, which compares the rates of infection or hospitalization among vaccinated people with the rates among people who had not been vaccinated. Until now, evaluations of vaccine effectiveness amid delta largely relied on observations from outside the United States. A recent New England Journal of Medicine study concluded the Pfizer vaccine was 88 percent effective against infections that caused symptoms in England. Others, such as **a study in Israel**, **found** **larger declines in protection against infection**. One U.S. report that has not yet gone through peer review, collecting data from Mayo Clinic Health System facilities in five states, **found** a **drop in** the **Pfizer**-BioNTech **vaccine’s** **effectiveness** **against delta infections to 42 percent**. The other mRNA vaccine, made by Moderna, was 76 percent effective. The new study from New York is the first to assess vaccine protection against coronavirus infection across the entirety of a U.S. state amid delta. The study authors found a modest drop in effectiveness: It descended from 92 percent in May to 80 percent in late July. Twenty percent of new infections and 15 percent of hospitalizations from covid-19, the disease caused by the coronavirus, were among vaccinated people. The second of the three studies published Wednesday by the CDC found effectiveness against infection declined for nursing home residents after delta emerged. It dropped from 75 percent in March through May to 53 percent in June and July. Vaccination for visitors and staff is crucial, the study authors wrote, and “additional doses of COVID-19 vaccine might be considered for nursing home and long-term care facility residents.” The third report, an analysis of patients at 21 hospitals in 18 states, found sustained protection against hospitalization. Effectiveness was steady at 86 percent, even in the midsummer months when delta outcompeted other variants of concern. For adults who do not have compromised immune systems, that effectiveness stood at 90 percent.

#### 3] Skill Disparities and Trade Secrets – Moderna proves IP isn’t the root cause.

Silverman 3-15 Rachel Silverman 3-15-2021 "Waiving vaccine patents won’t help inoculate poorer nations" <https://www.washingtonpost.com/outlook/2021/03/15/vaccine-coronavirus-patents-waive-global-equity/> (Rachel Silverman is a policy fellow at the Center for Global Development)//Duong

Reality is more complicated, however. Because of the technical complexity of manufacturing coronavirus vaccines, waiving intellectual-property rights, by itself, would have **little effect**. It could even backfire, with companies using the move as an excuse to disengage from global access efforts. There are more effective ways to entice — and to pressure — companies to license and share their intellectual property and the associated know-how, without broadly nullifying patents. The Moderna vaccine illustrates the limits of freeing up intellectual property. Moderna announced in October that it would **not enforce IP rights** on its coronavirus vaccine — and yet it has **taken no steps to share information** about the vaccine’s design or manufacture, citing commercial interests in the underlying technology. Five months later, production of the Moderna vaccine remains entirely under the **company’s direct control** within its owned and contracted facilities. Notably, Moderna is also the only manufacturer of a U.S.- or British-approved vaccine not yet participating in Covax, a global-aid-funded effort (including a pledged $4 billion from the United States) to purchase vaccines for use in low- and middle-income countries. It is true, however, that activist pressure — including threats to infringe upon IP rights — can encourage originators to enter into voluntary licensing arrangements. So the global movement to liberate the vaccine patents may be useful, even if some advocates make exaggerated claims about the effects of waivers on their own. We focused on covid. Now our other patients are suffering. One reason patent waivers are unlikely to help much in this case is that vaccines are harder to make than ordinary drugs. Because most drugs are simple chemical compounds, and because the composition of the compounds is easily analyzable, competent chemists can usually reverse-engineer a production process with relative ease. When a drug patent expires, therefore — or is waived — generic companies can readily enter the market and produce competitive products, lowering prices dramatically. Vaccines, in contrast, are complex biological products. Observing their contents is insufficient to allow for imitation. Instead, to produce the vaccine, manufacturers need access to the developer’s “soft” IP — the proprietary recipe, cell lines, manufacturing processes and so forth. While some of this information is confidentially submitted to regulators and might theoretically be released in an extraordinary situation (though not without legal challenge), manufacturers are at an enormous disadvantage without the originator’s cooperation to help them set up their process and kick-start production. Even with the nonconsensual release of the soft IP held by the regulator, the process of trial and error would cause long delays in a best-case scenario. Most likely, the effort would end in expensive failure. Manufacturers also need certain raw ingredients and other materials, like glass vials and filtration equipment; overwhelming demand, paired with disruptive export restrictions, has constricted the global availability of some of these items.

#### IP reductions are insufficient vaccines are too difficult to reproduce Moderna proves

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#### A vaccine waiver greenlights counterfeit medicine – independently turns Case.

Conrad 5-18 John Conrad 5-18-2021 "Waiving intellectual property rights is not in the best interests of patients" <https://archive.is/vsNXv#selection-5353.0-5364.0> (president and CEO of the Illinois Biotechnology Innovation Organization in Chicago.)//Elmer

The Biden's administration's support for India and South Africa's proposal before the World Trade Organization to temporarily waive anti-COVID vaccine patents to boost its supply will fuel the **development of counterfeit vaccines and weaken the already strained global supply chain**. The proposal will not increase the effective number of COVID-19 vaccines in India and other countries. The manufacturing standards to produce COVID-19 vaccines are **exceptionally complicated**; it is unlike any other manufacturing process. To ensure patient safety and efficacy, only manufacturers with the **proper facilities and training should produce the vaccine, and they are**. Allowing a temporary waiver //

that permits compulsory licensing to allow a manufacturer to export counterfeit vaccines will **cause confusion and endanger public health**. For example, between 60,000 and 80,000 children in Niger with fatal falciparum malaria were treated with a counterfeit vaccine containing incorrect active pharmaceutical ingredients, resulting in more than **100 fatal infections.** Beyond the patients impacted, counterfeit drugs erode public confidence in health care systems and the pharmaceutical industry. Vaccine hesitancy is a rampant threat that feeds off of the distribution of misinformation. Allowing the production of vaccines from improper manufacturing facilities further opens the door for antivaccine hacks to stoke the fear fueling **vaccine hesitance**.