## 1

#### The aff says “[Corona escalates security threats that cause extinction]” this apocalyptic rhetoric links to securitization which leads to endless war

Neocleous 2012

Mark, Professor of the Critique of Political Economy, Politics and History @ Brunel University, London, “‘Don’t Be Scared, Be Prepared’: Trauma-Anxiety-Resilience,” Alternatives: Global, Local, Political 2012 37: 188 originally published online 13 June 2012, <https://journals.sagepub.com/doi/abs/10.1177/0304375412449789?journalCode=alta>

The idea of trauma is now deeply engrained in our political, cultural, and intellectual universe. What in the seventeenth century was a surgeon’s term to describe a physical wound, transformed in the nineteenth century to include psychic ailments comparable to shock, morphed into ‘‘shell shock’’ and ‘‘nervous trauma’’ by the end of World War I (WWI) and from there eventually became a psychiatric category now used to describe experience of war, genocide, and catastrophe. The history of the category could be described as moving from the idea of physical damage to the mental health system and on to the social management of major disasters.1 This is most obviously true in the discourse surrounding war and conflict—at some point in the future, note the editors of one collection of essays on the trauma of war, historians looking back at the wars of the 1980s, 1990s, and early twentieth century will notice ‘‘trauma projects’’ appearing alongside food, health, and shelter interventions.2 Yet the historians will also see a highly traumatized society in general, as trauma has become the discourse through which not only catastrophic events are articulated, but through which virtually all sufferings are expressed: ‘‘That was really traumatic!’’ is now thought to be an appropriate response to any event that would once have been described as ‘‘rather unpleasant’’ or ‘‘quite difficult.’’ It is this everydayness, or naturalness, of trauma talk that I want to engage here. When categories and concepts take on an increasing appearance of being the natural categories through which we are encouraged to think, critical theory needs to be on the alert. Such is the case with trauma. My main purpose is to explore what all this trauma talk might be doing, ideologically and politically. Such a task places us on the terrain of the relationship between security and anxiety. A glance at any security text, from the most mundane government pronouncement to the most sophisticated literature within academic ‘‘security studies,’’ reveals that through the politics of security runs a political imagination of fear and anxiety. I want to first explore this relation before connecting it with the question of trauma. In so doing I suggest that the management of trauma and anxiety has become a way of mediating the demands of an endless security war: a war of security, awar for security, awar through security; a war whose permanence and universality has been established to match the permanence and universality of our supposed desire for security. The article therefore has nothing to say about ‘‘governing traumatic events.’’ Rather, it seeks to understand the emergence of a hypertrophied concept of trauma and the proliferation of discourses of anxiety as ideological mechanisms deployed for the security crisis of endless war; deployed, I will argue, as a training in resilience. As such, I want to suggest that the language of trauma and anxiety, and the training in resilience that is associated with these terms, weds us to a deeply conservative mode of thinking, with the superficial ‘‘humanitarianism’’ supposedly captured in the discourse of trauma in fact functioning as a means of cutting off political alternatives.

#### The affirmative focus on disease creates lifeless bodies that can be used and destroyed in pursuit of the perfect body

Gomel 2k(Elana Gomel, English department head at Tel Aviv University, Winter 2000, published in Twentieth Century Literature Volume 46, “https://go.gale.com/ps/i.do?id=GALE%7CA75141042&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=0041462X&p=AONE&sw=w&userGroupName=anon%7E64a2d2d “<http://www.findarticles.com/p/articles/mi_m0403/is_4_46/ai_75141042>)

In the secular apocalyptic visions that have proliferated wildly in the last 200 years, the world has been destroyed by nuclear wars, alien invasions, climatic changes, social upheavals, meteor strikes, and technological shutdowns. These baroque scenarios are shaped by the eroticism of disaster. The apocalyptic desire that finds satisfaction in elaborating fictions of the End is double-edged. On the one hand, its ultimate object is some version of the crystalline New Jerusalem, an image of purity so absolute that it denies the organic messiness of life. [1] On the other hand, apocalyptic fictions typically linger on pain and suffering. The end result of apocalyptic purification often seems of less importance than the narrative pleasure derived from the bizarre and opulent tribulations of the bodies being burnt by fire and brimstone, tormented by scorpion stings, trodden like grapes in the winepress. In this interplay between the incorporeal purity of the ends and the violent corporeality of the means the apocalyptic body is born. It is a body whose mortal sickness is a precondition of ultimate health, whose grotesque and excessive sexuality issues in angelic sexlessness, and whose torture underpins a painless--and lifeless--millennium.The apocalyptic body is perverse, points out Tina Pippin, unstable and mutating from maleness to femaleness and back again, purified by the sadomasochistic "bloodletting on the cross," trembling in abject terror while awaiting an unearthly consummation (122). But most of all it is a suffering body, a text written in the script of stigmata, scars, wounds, and sores. Any apocalypse strikes the body politic like a disease, progressing from the first symptoms of a large-scale disaster through the crisis of the tribulation to the recovery of the millennium. But of all the Four Horsemen, the one whose ride begins most intimately, in the private travails of individual flesh, and ends in the devastation of the entire community, is the last one, Pestilence. The contagious body is the most characteristic modality of apocalyptic corporeality. At the same time, I will argue, it contains a counterapocalyptic potential, resisting the dangerous lure of Endism, the ideologically potent combination of "apocalyptic terror", a nd "millennial perfection" (Quinby 2). This essay, a brief sketch of the poetics and politics of the contagious body, does not attempt a comprehensive overview of the historical development of the trope of pestilence. Nor does it limit itself to a particular disease, along the lines of Susan Sontag's classic delineation of the poetics of TB and many subsequent attempts to develop a poetics of AIDS. Rather, my focus is on the general narrativity of contagion and on the way the plague-stricken body is manipulated within the overall plot of apocalyptic millennialism, which is a powerful ideological current in twentieth-century political history, embracing such diverse manifestations as religious fundamentalism, Nazism, and other forms of "radical desperation" (Quinby 4--5). Thus, I consider both real and imaginary diseases, focusing on the narrative construction of the contagious body rather than on the precise epidemiology of the contagion. All apocalyptic and millenarian ideologies ultimately converge on the utopian transformation of the body (and the body politic) through suffering. But pestilence offers a uniquely ambivalent modality of corporeal apocalypse. On the one hand, it may be appropriated to the standard plot of apocalyptic purification as a singularly atrocious technique of separating the damned from the saved. Thus, the plague becomes a metaphor for genocide, functioning as such both in Mein Kampf and in Camus's The Plague.[2] On the other hand, the experience of a pandemic undermines the giddy hopefulness of Endism. Since everybody is a potential victim, the line between the pure and the impure can never be drawn with any precision. Instead of delivering the climactic moment of the Last Judgment, pestilence lingers on, generating a limbo of common suffering in which a tenuous and moribund but all-embracing body politic springs into being. The end is indefinitely postponed and the disease becomes a metaphor for the process of livi ng. The finality of mortality clashes with the duration of morbidity. Pestilence is poised on the cusp between divine punishment and manmade disaster. On the one hand, unlike nuclear war or ecological catastrophe, pandemic has a venerable historical pedigree that leads back from current bestsellers such as Pierre Quellette's The Third Pandemic (1996) to the medieval horrors of the Black Death and indeed to the Book of Revelation itself. On the other hand, disease is one of the central tropes of biopolitics, shaping much of the twentieth-century discourse of power, domination, and the body. Contemporary plague narratives, including the burgeoning discourse of AIDS, are caught between two contrary textual impulses: acquiescence in a (super) natural judgment and political activism. Their impossible combination produces a clash of two distinct plot modalities. In his contemporary incarnations the Fourth Horseman vacillates between the voluptuous entropy of indiscriminate killing and the genocidal energy directed at specific categories of victims. As Richard Dellamora points out in his gloss on Derrida, apocalypse in general may be used "in order to validate violence done to others" while it may also function as a modality of total resistance to the existing order (3). But my concern here is not so much with the difference between "good" and "bad" apocalypses (is total extinction "better" than selective genocide?) as with the interplay of eschatology and politics in the construction of the apocalyptic body.

#### The alt is to reject the 1AC’s securitization representations—this opens new possibilities, like challenging dominations as well as allowing the starting of questioning about current frameworks

Burke, School of Political Science and International Studies, University of Queensland 2002 [Anthony, Alternatives 27] https://www.jstor.org/stable/40645035?seq=1#metadata\_info\_tab\_contents

It is perhaps easy to become despondent, but as countless struggles for freedom, justice, and social transformation have proved, a sense of seriousness can be tempered with the knowledge that many tools are already available—and where they are not, the ef­fort to create a productive new critical sensibility is well advanced. There is also a crucial political opening within the liberal problematic itself, in the sense that it assumes that power is most effec­tive when it is absorbed as truth, consented to and desired—which creates an important space for refusal. As Colin Gordon argues, Foucault thought that the very possibility of governing was condi­tional on it being credible to the governed as well as the govern­ing. This throws weight onto the question of how security works as a technology of subjectivity. It is to take up Foucault's challenge, framed as a reversal of the liberal progressive movement of being we have seen in Hegel, not to discover who or what we are so much as to refusewhat we are. Just as security rules subjectivity as both a totalizing and individualizing blackmail and promise, it is at these levels that we can intervene. We can critique the machinic frame­works of possibility represented by law, policy, economic regulation, and diplomacy, while challenging the way these institutions deploy language to draw individual subjects into their consensual web. This suggests, at least provisionally, a dual strategy. The first as­serts the space for *agency,* both in challenging available possibilities for being and their larger socioeconomic implications. Roland Bleiker formulates an idea of agency that shifts away from the lone (male) hero overthrowing the social order in a decisive act of re­bellion to one that understands both the thickness of social power and its "fissures," "fragmentation," and "thinness." We must, he says, "observe how an individual may be able to escape the discur­sive order and influence its shifting boundaries. ... By doing so, discursive terrains of dissent all of a sudden appear where forces of domination previously seemed invincible." Pushing beyond security requires tactics that can work at many-levels—that empower individuals to recognize the larger social, cul­tural, and economic implications of the everyday forms of desire, subjection, and discipline they encounter, to challenge and rewrite them, and that in turn contribute to collective efforts to transform the larger structures of being, exchange, and power that sustain (and have been sustained by) these forms. As Derrida suggests, this is to open up aporetic possibilities that transgress and call into question the boundaries of the self, society, and the international that security seeks to imagine and police. The second seeks new ethical principles based on a critique of the rigid and repressive forms of identity that security has heretofore offered. Thus writers such as Rosalyn Diprose, William Con­nolly, and Moira Gatens have sought to imagine a new ethical rela­tionship that thinks difference not on the basis of the same but on the basis of a dialogue with the other that might, allow space for the unknown and unfamiliar, for a "debate and engagement with the other's law and the other's ethics"—an encounter that involves a transformation of the self rather than the other. Thus while the sweep and power of security must be acknowledged, it must also be refused: at the simultaneous levels of individual identity, social order, and macroeconomic possibility, it would entail another kind of work on "ourselves"—a political refusal of the One, the imagination of an other that never returns to the same. It would be to ask if there is a world *after* security, and what its shimmering possi­bilities might be.

#### Don’t weigh

#### a] Fiat is illusory—nothing happens when you vote for the plan, rejecting their securitization rhetoric it k2 preventing securitized mindsets

#### b] Reps first

#### Reps are a pre-requisite to policy actions

Doty, 1996 (Roxanne Lynn Doty, Assistant Professor of Political Science at Arizona State University, “Imperial Encounters” 5-6)

This study begins with the premise that representation is an inherent and important aspect of global political life and therefore a critical and legitimate area of inquiry. International relations are inextricably bound up with discursive practices-that put into circulation representations that are taken as "truth." The goal-of-analyzing these practices is not to reveal essential truths that have been obscured, but rather to examine bow certain representations underlie the production of knowledge and, identities and how these representations make various courses of action possible. AS Said (1979: 21) notes, Mere is no such thing as a delivered presence, but there is a re-presence, or representation. Such an assertion does not deny the existence of the material world, but rather suggests that material objects and subjects are constituted as such within discourse. SO, for example, when U.S. troops march into Grenada, this is certainly "real: though the march of troops across a piece of geographic space is in itself singularly uninteresting and socially irrelevant outside of the representations that produce meaning. It is only when "American" is attached to the troops and "Grenada” to the geographic space that meaning is created. What the physical behavior itself is, though, is still far from certain until discursive practices constitute it as an "invasion; a 'show of force," "training exercise, “a "rescue, “and SO on. What is "really" going on in such a situation is inextricably linked to the discourse within which it is located. To attempt a neat separation between discursive and nondiscursive practices, understanding the former as purely linguistic, assumes a series of Dichotomies – thought/reality appearance essence, mind matter, word/world, subjective/objective - that a critical genealogy calls into Question. Against this, the perspective taken here affirms the material and performative character of discourse. 'In suggesting that global politics, and specifically the aspect that has to do with relations between the North and the South, is linked to representational practices 1 am suggesting that the issues and concerns that constitute these relations occur within a 'reality' whose content has for the most part been defined by the representational practices of the ‘first world'. Focusing on discursive practices enables one to examine how the processes that produce "truth" and "knowledge" work and how they are articulated with the exercise of political, military, and economic power.

## 2

#### Interp: Debaters must open source or cite all broken constructive positions with highlighting from TOC bid tournaments on the 2021-2022 NDCA LD wiki after they read them in round.

#### Violation: They haven’t disclosed for this tournament

#### Graphical user interface, text, application Description automatically generated

#### Standards

#### 1] Levels the playing field--

Antonucci 05 [Michael (Debate coach for Georgetown; former coach for Lexington High School); “[eDebate] open source? resp to Morris”; December 8; http://www.ndtceda.com/pipermail/edebate/2005-December/064806.html //]

a. Open source systems are preferable to the various punishment proposals in circulation. It's better to share the wealth than limit production or participation. Various flavors of argument communism appeal to different people, but banning interesting or useful research(ers) seems like the most destructive solution possible. Indeed, open systems may be the only structural, rule-based answer to resource inequities. Every other proposal I've seen obviously fails at the level of enforcement. Revenue sharing (illegal), salary caps (unenforceable and possibly illegal) and personnel restrictions (circumvented faster than you can say 'information is fungible') don't work. This would - for better or worse. b. With the help of a middling competent archivist, an open source system would reduce entry barriers. This is especially true on the novice or JV level. Young teams could plausibly subsist entirely on a diet of scavenged arguments. A novice team might not wish to do so, but the option can't hurt. c. An open source system would fundamentally change the evidence economy without targeting anyone or putting anyone out of a job. It seems much smarter (and less bilious) to change the value of a professional card-cutter's work than send the KGB after specific counter-revolutionary teams.

#### 2] Clash—tests internal links negs get to dig into the aff case and actually understand link scenarios a] K2 neg strat, you cant respond to arguments you don’t understand b] k2 education

#### 3] Evidence ethics—disclosure is the only way to verify ethically cut cards, 4 minutes of prep time is too short, a] ev ethics is part of being a good academic that’s a voter b] miscutting means no limits on lit—affs become unpredictable ruins neg strat

#### 4] Cites don’t cut it a] no highlighting makes positions unpredictable, undermines clash and ev ethics b] new debaters wont learn by example

#### Voters

#### Education is a voter—it’s the only takeaway from debate

#### Access is a voter—access is k2 fairness, not everyone has a fair shot and equitable education

#### If they make debate impossible drop them, this would just be a waste of time

#### No RVI a] debaters will bait theory for RVI’s making LD worse b] you don’t get a cookie for being fair

#### Competing interps a] Reasonability is arbitrary and requires judge intervention b] competing interps is a race to the top for the best norms

## 3

#### Innovation high and evergreening is false – postdates your ev and we have stats

Ezell 20. Stephen Ezell, July 2020, “Ensuring U.S. Biopharmaceutical Competitiveness,” Information Technology and Innovation Foundation, <http://www2.itif.org/2020-biopharma-competitiveness.pdf> sean!

Medicines are critical to health. Since 2000, the FDA has approved more than 500 new medicines. 2 As of 2020, biopharmaceutical companies in the United States have more than 3,400 drugs under clinical development, accounting for almost half of the estimated 8,000 medicines under development globally (1,100 of which are being developed to treat various forms of cancers).3 And while some have asserted that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is that most of the drugs currently under development seek to tackle some of the world’s most intractable diseases, including Alzheimer’s, cancer, and communicable diseases. This includes 130 coronavirus vaccines under development globally as well as 144 active trials of coronavirus therapeutic agents, and another 457 development programs for new therapeutic agents, which the FDA is tracking through its Coronavirus Treatment Acceleration Program.4 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA’s Center for Drug Evaluation and Research (CDER) approved 41 new medicines (the most since 1996 at that point), many of which were first-in-class medicines, meaning they represent a possible new pharmacological class for treating a medical condition.5 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases. In 2018, CDER approved a record 59 novel drugs, and in 2019, 48 novel drugs, making 2019 the third-largest approval class in the past 25 years.6 As of 2020, 74 percent of medicines in clinical development in the United States are potentially first-in-class medicines, including 86 percent for Alzheimer’s, 70 percent for various forms of cancer, and 73 percent for cardiovascular diseases

#### IP protections motivate innovators to take risks – that means long term development and prolif

Bacchus '20 (James Bacchus; James Bacchus is a member of the Herbert A. Stiefel Center for Trade Policy Studies, the Distinguished University Professor of Global Affairs and director of the Center for Global Economic and Environmental Opportunity at the University of Central Florida. He was a founding judge and was twice the chairman—the chief judge—of the highest court of world trade, the Appellate Body of the World Trade Organization in Geneva, Switzerland.; 12-16-2020; "An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines"; https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#, Cato Institute, accessed 7-21-2021; JPark)

With the belief that medicines should be “public goods,” there is literally no support in some quarters for the application of the WTO TRIPS Agreement to IP rights in medicines. Any protection of the IP rights in such goods is viewed as a violation of human rights and of the overall public interest. This view, though, does not reflect the practical reality of a world in which many medicines would simply not exist if it were not for the existence of IP rights and the protections they are afforded. Technically, IP rights are exceptions to free trade. A long‐​standing general discussion in the WTO has been about when these exceptions to free trade should be allowed and how far they should be extended. The continuing debate over IP rights in medicines is only the most emotional part of this overall conversation. Because developed countries have, historically, been the principal sources of IP rights, this lengthy WTO dispute has largely been between developed countries trying to uphold IP rights and developing countries trying to limit them. The debate over the discovery and the distribution of vaccines for COVID-19 is but the latest global occasion for this ongoing discussion. The primary justification for granting and protecting IP rights is that they are incentives for innovation, which is the main source for long‐​term economic growth and enhancements in the quality of human life. IP rights spark innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.”18 The knowledge from innovations inspired by IP rights spills over to inspire other innovations. The protection of IP rights promotes the diffusion, domestically and internationally, of innovative technologies and new know‐​how. Historically, the principal factors of production have been land, labor, and capital. In the new pandemic world, perhaps an even more vital factor is the creation of knowledge, which adds enormously to “the wealth of nations.” Digital and other economic growth in the 21st century is increasingly ideas‐​based and knowledge intensive. Without IP rights as incentives, there would be less new knowledge and thus less innovation. In the short term, undermining private IP rights may accelerate distribution of goods and services—where the novel knowledge that went into making them already exists. But in the long term, undermining private IP rights would eliminate the incentives that inspire innovation, thus preventing the discovery and development of knowledge for new goods and services that the world needs. This widespread dismissal of the link between private IP rights and innovation is perhaps best reflected in the fact that although the United Nations Sustainable Development Goals for 2030 aspire to “foster innovation,” they make no mention of IP rights.19

## 4

#### Counterplan: The World Trade Organization ought to

#### -Increase covax support

#### -prioritize trade facilitation

#### -commit to aid for LDC’s

#### -invest in pandemic preparedness

[Violeta Gonzalez](https://www.devex.com/news/authors/1581504) 8-1-2021, "Opinion: 4 ways to promote vaccine equity through trade," Devex, https://www.devex.com/news/opinion-4-ways-to-promote-vaccine-equity-through-trade-100457

As of Monday, only [1.1 % of people in low-income countries](https://ourworldindata.org/covid-vaccinations) had received at least one COVID-19 vaccine dose. This is making it harder to battle a third wave of infections, as the highly transmissible [delta variant](https://news.un.org/en/story/2021/07/1095152) spreads across many nations. In the [World Health Organization](https://www.devex.com/organizations/world-health-organization-who-30562)’s Africa region — where a [high number](https://www.uneca.org/sites/default/files/com/2021/E2100045-English-CoM21-Progress-in-the-implementation-of-the-priority-areas-of-the-Programme-of-Action-for-the-Least-Developed-Countries-for-the-Decade-2011-2020_Istanbul-Programme-of-Action.pdf) of LDCs are located — COVID-19 fatalities [surged 44.2%](https://apps.who.int/iris/bitstream/handle/10665/342715/OEW28-0511072021.pdf) over one week in July. The coronavirus is [devastating](https://www.un.org/development/desa/dpad/2021/major-study-on-covid-19-impact-on-ldcs-released/) many LDCs’ already fragile economies and causing poverty and inequality to rise. Without equitable access to vaccines, [global economic recovery cannot be sustained](https://www.wto.org/english/news_e/news21_e/gc_05may21_e.htm) and progress toward the Sustainable Development Goals will be derailed. While trade alone cannot eradicate vaccine unequity or its negative consequences for the [economy](https://news.un.org/en/story/2021/05/1091732) and [vulnerable groups](https://observatoryihr.org/news/covid-19-vaccine-distribution-highlights-social-inequality/), it has a powerful contribution to make. Here are four actions that would make an impact: 1. Increase COVAX support Vaccine equity can only be achieved if the global community eschews vaccine nationalism. High-resource countries should [ramp up donations](https://www.devex.com/news/wto-chief-to-g-20-donate-2-3b-more-covid-19-vaccine-doses-100306) through the vaccine-sharing initiative COVAX and commit to securing a swift, workable resolution to ongoing debates around [technology transfers and intellectual property waivers](https://www.devex.com/news/wto-council-offers-hope-for-trips-vaccine-proposal-100125). While countries in the G-7 group of nations have [pledged to increase their support](https://www.who.int/news/item/13-06-2021-g7-announces-pledges-of-870-million-covid-19-vaccine-doses-of-which-at-least-half-to-be-delivered-by-the-end-of-2021) for COVAX, the initiative has faced hurdles in the form of [supply bottlenecks](https://www.devex.com/news/india-crisis-puts-covax-150-million-doses-behind-schedule-99860), [export restrictions](https://unctad.org/news/export-restrictions-do-not-help-fight-covid-19), and [logistical weaknesses](https://www.devex.com/news/the-cold-chain-storage-challenge-99869). Many currently available COVID-19 vaccines have short shelf lives and must be stored at low temperatures. LDCs can only benefit from donated doses if they have fast and efficient processing at their borders, modern transportation systems, and access to cold chain infrastructure. 2. Prioritize trade facilitation Accelerating implementation of the [World Trade Organization](https://www.devex.com/organizations/world-trade-organization-wto-44694)’s 2017 [Trade Facilitation Agreement](https://www.wto.org/english/tratop_e/tradfa_e/tradfa_e.htm) is critical for helping LDCs overcome these challenges. A total of [154 WTO members](https://www.tfafacility.org/ratifications) now support the agreement, which pledges investment in the simplification and modernization of the movement, release, and customs clearance of goods globally. It also aims to help low-income countries overcome these same barriers through technical assistance and capacity building. The [Global Alliance for Trade Facilitation](https://www.devex.com/organizations/global-alliance-for-trade-facilitation-102992) has made good progress in identifying barriers to vaccine equity and introducing solutions. In [Mozambique](https://www.tradefacilitation.org/article/two-new-mozambique-projects-aim-to-ease-access-to-vaccines-medical-products/), for example, the alliance is working to digitalize pre-shipment authorization for vaccine imports — a process that can take as long as two weeks, during which vaccine doses must be kept in storage. This digitalization should help Mozambique decrease wait times, improve shipment traceability, and reduce storage and inventory management costs. Yet more work remains to help governments overcome [challenges associated with implementing](https://www.wto-ilibrary.org/trade-facilitation-and-customs-valuation/world-trade-report-2015_f2985d96-en) the Trade Facilitation Agreement, such as changing domestic legislation and involving the private sector. Lower-income countries and LDCs have flagged a need around human resources and training, legal assistance, and the acquisition of information and communication technologies. 3. Commit to Aid for Trade For LDCs to participate fairly in global vaccine supply chains — as importers or exporters of inputs and finished products — they need financial and technical assistance to strengthen their [productive capacity](https://www.devex.com/news/cepi-ceo-concerted-effort-needed-to-build-lmic-vaccine-manufacturing-100013), streamline their cross-border standards and processes, and improve their logistics infrastructure and [technological know-how](https://www.wto.org/english/news_e/news21_e/dgno_21may21_e.htm). The Aid for Trade initiative exists to provide that support — but can only deliver if donor countries maintain or increase their official development assistance, or ODA. Preliminary figures from the [Organisation for Economic Co-operation and Development](https://www.devex.com/organizations/organisation-for-economic-co-operation-and-development-oecd-29872) show that [Development Assistance Committee](https://www.devex.com/organizations/development-assistance-committee-dac-100607) members [expanded their ODA by $10 billion](https://www.devex.com/news/what-to-make-of-the-2020-dac-stats-99641) between 2019 and 2020, mostly as part of their COVID-19 response. However, with several government donors having reprogrammed their aid budgets to focus on immediate health priorities, [fears are growing](https://www.weforum.org/agenda/2021/01/helping-small-businesses-build-resilience/) that their overall ODA may also be slashed — and, with this, their support for Aid for Trade. The generosity of some countries provides hope. Norway, for example, recently stepped up to help plug such gaps with [45 million Norwegian kroner](https://www.wto.org/english/news_e/news21_e/if_22jun21_e.htm) of additional funding for the WTO-backed [Enhanced Integrated Framework](https://www.devex.com/organizations/enhanced-integrated-framework-eif-78046), a global Aid for Trade program that aims to reduce poverty. 4. Invest in preparedness In 2019, only [$374 million](http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2020/FGH_2019_Interior_Final_Online_2020.09.18.pdf) — or less than 1% — of the world’s total development assistance for health was spent on pandemic preparedness. Within months, the consequences of that underinvestment became clear. Integrating lower-income countries and LDCs into global and regional [pharmaceutical value chains](https://unctad.org/news/unctad-report-says-least-developed-countries-position-improve-access-medicines-through-local-0) is vital for ensuring the world is better prepared next time. Directing increased aid to help these countries become [producers and exporters](https://www.bloomberg.com/news/articles/2021-07-26/africa-must-build-vaccine-production-capacity-wto-chief-says) of medical equipment and vaccines has never been more needed. LDCs would not only receive more of the [vaccines and therapeutics they need now](https://trade4devnews.enhancedif.org/en/op-ed/access-denied-ensuring-vaccines-worlds-poorest-countries) but could actively contribute to the global response when the next pandemic inevitably hits.

## 5

#### Text: The International Monetary Fund and the World Bank should pay reparations to indebted nations in the form of debt repudiation and a $650 billion COVID-19 aid package allocated to health infrastructure

#### Redirecting the IMF aid package is key to pulling developing nations out of medical disasters—that solves the aff

Kiderlin 8/3/21

(Sophie Kiderlin, Markets Fellow for Business Insider, PoliSci + IR@University of Bath. “The IMF has approved a $650 billion Covid-19 aid package, mainly going to rich countries - but it's urging them to share.” August 3, 2021. https://markets.businessinsider.com/news/currencies/imf-covid-pandemic-relief-aid-reserves-rich-countries-sdr-support-2021-8)//HW-CC

The International Monetary Fund has given the green light for a COVID-19 aid package worth $650 billion, the majority of which will go to rich countries - but it is encouraging them to share some of the funds. The aid, confirmed on Monday, is the IMF's biggest-ever distribution of monetary reserves and is meant to support countries struggling with debt and other financial fallout related to the pandemic. Members will be given Special Drawing Rights, or SDRs, in line with current quotas of holdings on August 23. Backed by major currencies such as the US dollar and the yen, SDRs are effectively the IMF's reserve assets. "This is a historic decision - the largest SDR allocation in the history of the IMF and a shot in the arm for the global economy at a time of unprecedented crisis," Kristalina Georgieva, managing director of the IMF, said in a statement. Of the $650 billion total package, around $275 billion is earmarked for emerging and developing countries, meaning $375 billion should go to more developed nations. Those richer members in strong economic positions will be able to reallocate parts of their reserves to other countries through the IMF, should they wish to do so. "We will also continue to engage actively with our membership to identify viable options for voluntary channeling of SDRs from wealthier to poorer and more vulnerable member countries to support their pandemic recovery and achieve resilient and sustainable growth," Georgieva said. The Covid-19 pandemic has put a substantial strain on economies worldwide, as productivity suffered and activity fell during lockdown restrictions. Governments faced increased costs in providing healthcare, vaccinations and protecting their citizens from the virus. Global stocks plunged last year as the impact of the pandemic landed, but are staging a recovery as coronavirus-related restrictions ease. Economies have been rebounding at different speeds and to different degrees. Those countries that saw lower COVID-19 caseloads or higher vaccination rates have made quicker progress than those still grappling with rising cases and deaths, where vaccination rates are low. Developed countries with bigger markets and more economic strength tend to fall into the first category, while emerging and developing countries are mainly in the latter.

#### Funding medical programs avoids brain drains and creates innovation

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(Iris Mantovani and Martin Wermelinger, march 2020 “Can FDI improve the resilience of health systems?” [https://www.oecd.org/investment/Can-FDI-improve-the-resilience-of-health-systems.pdf) LN](https://www.oecd.org/investment/Can-FDI-improve-the-resilience-of-health-systems.pdf)%20LN)

Despite highly polarised views for and against FDI in healthcare, there remain considerable gaps in the knowledge base underpinning these views. Most of the literature is based on theories, conjectures and anecdotal evidence, precluding a full assessment of the net benefits of FDI in the health sector that puts forward clear and informed policy recommendations (Zimny, 2013[34]; Blouin et al., 2006[35]; Smith, 2004[36]). Nevertheless, examining the key points considered in the literature is useful for raising policy questions and identifying areas for future research. The main risks and opportunities related to FDI in healthcare infrastructure and services can be summarised along three broad and inter-related dimensions: capacity, quality, and equity (Table 4). The most immediate appeal of FDI (and private investment more generally) in the health sector is debt-free investment that increases physical capacity and infrastructure and alleviates pre-existing shortages in the supply of healthcare. This increased capacity may be particularly beneficial in low-income countries that suffer from underinvestment in health infrastructure, as it eases pressures on public finances, and can potentially offer specialised medical services that were previously unavailable locally. Greater domestic capacity can thereby reduce the need for medical travel and reliance on imports of health services. In countries in which highly qualified doctors are underpaid, FDI in health services and infrastructure may further diminish or reverse potential international brain drains of qualified medical staff.

Counter to this point, the capacity of public health services maybe suffer, as the presence of foreign investors that offer higher wages and better equipment may entice qualified personnel away from public (and private domestic) facilities, creating or aggravating an internal brain drain (Smith, 2004[36]). For instance, by one estimate, an increase of 100 000 additional foreign patients in private hospitals in Thailand leads to an internal brain drain of 240-700 medical doctors (Arunanondchai and Fink, 2007[37]). In addition to influencing capacity, FDI can affect the overall quality of host country health services through knowledge spillovers. By spreading innovations in medical technology, drugs and health services, as well as superior management techniques, organisational skills and information systems, and by creating employment opportunities that benefit the health sector and the economy at large, FDI provides an impetus to raise the standards and quality of healthcare (Mackintosh, 2003[39]). The flip side of the coin is that, as a result of heightened internal brain drain from lower-pay public facilities to higher-pay multinationals, with fewer resources, the quality of public health services may deteriorate. Moreover, better health technology of private sector providers may distort government incentives to invest in such technology in the public sector at the expense of more pressing social and public health needs (Smith, 2004[36]). While improving quality and increasing choice for nationals of the host country who can afford private health services, FDI can worsen inequality. Healthcare may become a two-tier system, with high-quality care for the rich and low-quality for the poor. This may or may not worsen access to the health system for patients who rely on public provision or public insurance schemes, depending on the structure of the domestic health sector and the safeguards that are in place to ensure accessibility and affordability. As noted in a study on ASEAN countries, existing health systems, with little FDI, already favour more affluent patients who are covered by private health insurance or can pay for treatment out-of-pocket (Arunanondchai and Fink, 2007[37]). Case study evidence of the impact of FDI on Indian hospital services suggests that private investment can play a complementary role in providing tertiary and speciality care but should not be considered as the substitute of public provisioning of healthcare services (Hooda, 2017[40]). The study concludes that the role of the government is to guarantee cost-effective care to the general population across remotest areas of the country. In short, the impact of FDI in health services and infrastructure for equity, access, costs, and quality of services is in large part dependent on the policies and safeguards governments put in place.

If adequate safeguards are in place, FDI can augment the resources available for investment and alleviate the pressure on the healthcare sector by expanding facilities for all (Chanda, 2002[41]). Nevertheless, health is a public good and FDI objectives in the health sector should be compatible with other social objectives like universal access and affordability. Regulation of the health sector is necessary to achieve these social objectives and advance the Sustainable Development Goals (SDGs). FDI promotion in the health sector is therefore not about deregulating, but better regulating, and sometime even regulating more, for instance to adopt higher quality standards for hospitals and clinics (Cattaneo, 2009[38]). Similarly, FDI promotion is not about challenging the public health sector, which often plays a crucial role in the supply of health services, but complementing the public sector by expanding the range of services available and raising their standards and efficiency.

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