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### FW

#### I value morality –implied by the term “ought” in the resolution, which denotes a moral obligation.

#### It is government’s duty to protect the well-being of its citizens.

#### Thus my Value Criterion is minimizing structural violence

#### Moral perspectives are determined by ones relationship to power and society. Any conception of morality ought to take into account the standpoints of those oppressed by social structures.

Jaggar, 2000 – prof of Philosophy at Colorado Boulder [“Ethics Naturalized: Feminism’s Contribution To Moral Epistemology”. Metaphilosophy Vol. 31, No. 5. ]

The dominant ideal of moral rationality as transcending all empirical points of view stands in stark opposition to naturalized approaches that regard moral philosophy as a situated discourse. Because the traditional ideal refuses to acknowledge that individuals’ moral understandings are influenced by their varying social identities and positions, it denies the philosophical relevance of investigations into the ways in which the central concepts, ideals, and methods of the Western ethical tradition have been affected by the gender, ethnic, and economic status of its most prominent interpreters. Margaret Walker observes that, from “the” moral point of view, the fact that Western philosophical ethics has until just recently been almost entirely a product of some men’s – and almost no women’s – thinking is a matter of only historical, not philosophical, interest (Walker 1998). In contemporary moral epistemology, the ideal of point-of-viewlessness discourages exploring ways in which dominant conceptions of moral rationality and justification are shaped by the social identities of philosophers who find it natural to speak of “rationality wars” and “the gladiator theory of truth.” By discrediting such explorations, Walker notes, this ideal insulates itself from any critical examination of its own social origins or functions. It denies that any philosophical significance attaches to the fact that relatively few persons have ever been sanctioned to define moral knowledge and so conceals the fact that Western ethics has functioned as a practice of authority that has often rationalized masculine privilege.

#### Poverty is a form of structural oppression which is the worst harm for two reasons:

#### a. Magnitude – structural violence kills more people

#### b. Probability – it makes all other forms of conflict and violence more probable

**Gilligan 96** professor of Psychiatry at the Harvard Medical School [James, , Director of the Center for the Study of Violence, and a member of the Academic Advisory Council of the National Campaign Against Youth Violence, Violence: Our Deadly Epidemic and its Causes, p 191-196]

The deadliest form of violence is poverty. You cannot work for one day with the violent people who fill our prisons and mental hospitals for the criminally insane without being forcible and constantly reminded of the extreme poverty and discrimination that characterizes their lives. Hearing about their lives, and about their families and friends, you are forced to recognize the truth in Gandhi’s observation that the deadliest form of violence is poverty. Not a day goes by without realizing that trying to understand them and their violent behavior in purely individual terms is impossible and wrong-headed. Any theory of violence, especially a psychological theory, that evolves from the experience of men in maximum security prisons and hospitals for the criminally insane must begin with the recognition that these institutions are only microcosms. They are not where the major violence in our society takes place, and the perpetrators who fill them are far from being the main causes of most violent deaths. Any approach to a theory of violence needs to begin with a look at the structural violence in this country. Focusing merely on those relatively few men who commit what we define as murder could distract us from examining and learning from those structural causes of violent death that are far more significant from a numerical or public health, or human, standpoint. By “structural violence” I mean the increased rates of death, and disability suffered by those who occupy the bottom rungs of society, as contrasted with the relatively lower death rates experienced by those who are above them. Those excess deaths (or at least a demonstrably large proportion of them) are a function of class structure; and that structure is itself a product of society’s collective human choices, concerning how to distribute the collective wealth of the society. These are not acts of God. I am contrasting “structural” with “behavioral violence,” by which I mean the non-natural deaths and injuries that are caused by specific behavioral actions of individuals against individuals, such as the deaths we attribute to homicide, suicide, soldiers in warfare, capital punishment, and so on. Structural violence differs from behavioral violence in at least three major respects. \*The lethal effects of structural violence operate continuously, rather than sporadically, whereas murders, suicides, executions, wars, and other forms of behavioral violence occur one at a time. \*Structural violence operates more or less independently of individual acts; independent of individuals and groups (politicians, political parties, voters) whose decisions may nevertheless have lethal consequences for others. \*Structural violence is normally invisible, because it may appear to have had other (natural or violent) causes. The finding that structural violence causes far more deaths than behavioral violence does is not limited to this country. Kohler and Alcock attempted to arrive at the number of excess deaths caused by socioeconomic inequities on a worldwide basis. Sweden was their model of the nation that had come closes to eliminating structural violence. It had the least inequity in income and living standards, and the lowest discrepancies in death rates and life expectancy; and the highest overall life expectancy in the world. When they compared the life expectancies of those living in the other socioeconomic systems against Sweden, they found that 18 million deaths a year could be attributed to the “structural violence” to which the citizens of all the other nations were being subjected. During the past decade, the discrepancies between the rich and poor nations have increased dramatically and alarmingly. The 14 to 18 million deaths a year caused by structural violence compare with about 100,000 deaths per year from armed conflict. Comparing this frequency of deaths from structural violence to the frequency of those caused by major military and political violence, such as World War II (an estimated 49 million military and civilian deaths, including those by genocide—or about eight million per year, 1939-1945), the Indonesian massacre of 1965-66 (perhaps 575,000) deaths), the Vietnam war (possibly two million, 1954-1973), and even a hypothetical nuclear exchange between the U.S. and the U.S.S.R. (232 million), it was clear that even war cannot begin to compare with structural violence, which continues year after year. In other words, every fifteen years, on the average, as many people die because of relative poverty as would be killed by the Nazi genocide of the Jews over a six-year period. This is, in effect, the equivalent of an ongoing, unending, in fact accelerating, thermonuclear war, or genocide, perpetrated on the weak and poor every year of every decade, throughout the world. Structural violence is also the main cause of behavioral violence on a socially and epidemiologically significant scale (from homicide and suicide to war and genocide). The question as to which of the two forms of violence—structural or behavioral—is more important, dangerous, or lethal is moot, for they are inextricably related to each other, as cause to effect.

#### Minimizing structural violence is essential to preventing conflict – focusing only on international conflicts ignores the root cause of violence

**Barash 2000** - **Professor of Psychology, University of Washington** (David P. “Approaches to Peace: A Reader in Peace Studies”, 2000, http://www.questia.com/read/111756263?title=Approaches%20to%20Peace%3a%20%20A%20Reader%20in%20Peace%20Studies, AD: 7/9/9)

The pursuit of positive peace nonetheless leads to certain agreed principles, one of which is a minimization of violence, not only the overt violence of war, but also what has been called “structural violence,” a condition that is typically built into many social and cultural institutions. A slave-holding society may be at “peace” in that it is not literally at war, but it is also rife with structural violence. Structural violence has the effects of denying people important rights such as economic opportunity, social and political equality, a sense of fulfillment and self-worth, and access to a healthy natural environment. When people starve to death, or even go hungry, a kind of violence is taking place. Similarly, when human beings suffer from diseases that are preventable, when they are denied a decent education, housing, an opportunity to play, to grow, to work, to raise a family, to express themselves freely, to organize peacefully, or to participate in their own governance, a kind of violence is occurring, even if bullets or clubs are not being used. Society visits violence on human rights and dignity when it forcibly stunts the optimum development of each human being, whether because of race, religion, sex, sexual preference, age, ideology, and so on. In short, structural violence is another way of identifying oppression, and positive peace would be a situation in which structural violence and oppression are minimized. In addition, social injustice is important not only in its contribution to structural violence, but also as a major contributor to war, often in unexpected ways. For many citizens of the United States and Europe, as well as privileged people worldwide, current lifestyles are fundamentally acceptable. Hence, peace for them has come to mean the continuation of things as they are, with the additional hope that overt violence will be prevented. For others – perhaps the majority of our planet – change of one sort or another is desired. And for a small minority, peace is something to fight for! A Central American peasant was quoted in the New York Times as saying “I am for peace, but not peace with hunger.” There is a long tradition suggesting that injustice is a primary cause of war. The French philosopher Denis Diderot, for example, was convinced that a world of justice and plenty would mean a world free of tyranny and war. Hence, in his 18th-century treatise, the *Encyclopedia,* Diderot sought to establish peace by disseminating all the world’s technical information, from bee-keeping to iron forging. And, of course, similar efforts continue today, although few advocates of economic and social development claim that the problem of violence can be solved simply by spreading knowledge or even by keeping everyone’s belly full.

#### With this I affirm Resolved: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.

#### Before entering my arguments, I would like to discuss the following definitions

#### First is Intellectual property

Nath 11[Saha, Chandra Nath, and Sanjib Bhattacharya. “Intellectual Property Rights: An Overview and Implications in Pharmaceutical Industry.” Journal of Advanced Pharmaceutical Technology &amp; Research, Medknow Publications Pvt Ltd, Apr. 2011, www.ncbi.nlm.nih.gov/pmc/articles/PMC3217699/. Quality Assurance Department, Claris Lifesciences Ltd., Ahmedabad, Gujarat, India 1Pharmacognosy Division, Bengal School of Technology (A College of Pharmacy), Sugandha, Hooghly, West Bengal, India Address for correspondence: Sanjib Bhattacharya, Pharmacognosy Division, Bengal School of Technology (A College of Pharmacy), Delhi Road] CC

**In general terms,** intellectual property is any product of the human intellect that the law protects from unauthorized use by others**.** The ownership of intellectual property inherently creates a limited monopoly in the protected property. Intellectual property is traditionally comprised of four categories: patent, copyright, trademark, and trade secrets.

### Contention 1 is Under resourced countries

#### The Western patent model is inaccessible for under resourced countries.

[Rutenberg 13 Isaac Rutenberg; Rutenberg is director of the Centre for Intellectual Property and Information Technology Law, Strathmore Law School, Nairobi, Kenya; 10‑29‑ 2013; ”Faking it: time to rethink intellectual property in developing countries”; https://www.theguardian.com/global‑development‑professionals‑network/2013/oct/29/ intellectual‑property‑rights‑google, Guardian] CC

In Kenya, where I live and work, the patent office, which is among the most active of patent offices on the African continent, has issued a total of 589 patents since the office opened in 1991. Compare that with the 5,500 patents issued by the US patent office in a single week in July this year. An even scarier statistic is that, of the 50 or so patents granted in Kenya each year, between zero and five (on average) are granted to local Kenyan organisations or individuals. The remaining patents are granted to foreign firms, most of which are pharmaceutical companies. The minimal number of issued patents is not due to a lack of innovation or entrepreneurship in Kenya. These are both present in abundance and the type of innovation that I've seen is typically of a kind that would be suitable for patent protection. Instead, the lack of patents is due to a lack of patent expertise in the private sector, and a lack of funds available to hire expensive patent drafting services from firms in Europe, South Africa, or India. Advertisement Without access to proper patent drafting, it is difficult for the Kenyan patent office to find applications that are suitable for granting as patents, and the ability of local inventors to obtain patents is severely diminished. Subsequently, without patents, the ability of local inventors to attract foreign investment and partnerships, and to build companies that are based on intellectual property (IP) assets, are also severely diminished. In patent-laden countries such as the US, Japan and blocs like the EU, it is common for patent lawyers to have science and law degrees. Patent lawyers with similar qualifications are found only in South Africa, in Africa. Accordingly, the skills needed to protect innovations via well-drafted patents are scarce, almost non-existent. One way to solve this problem is to train more people in Kenya and other countries in Africa in the skill of drafting and obtaining patents. I spend much of my time offering such skills-training but it is a long-term commitment (it can take a year or more) and with very little to show in the short term, there seems little incentive to acquire these skills. It doesn't take long given the context before one starts asking some fundamental questions: is the western notion of patent rights the best system for Kenya? Could it be that a different system would do a better job of promoting innovation – which is ostensibly the raison d'être of the patent system? Is it reasonable to expect Kenyan entrepreneurs, businesses, and inventors to play in the same patent system with corporate giants such as Google, IBM, and Pfizer? These are questions that not only apply to Kenya but also to much of the developing world. In a recent article Nagla Rizk, a prominent Egyptian IP scholar in the area of copyright, argued: "In developing countries poor people frequently find themselves in the dilemma of having to choose between the expensive original and the unlawful copy. It comes as no surprise that the less privileged would have stronger tendencies toward the illegal. Here, the need for novel business models that balance the needs of knowledge creators and users becomes evident, especially given the vast development of enabling technologies." Most countries today (including Kenya) have so-called 'Trips-compliant' intellectual property laws. Trips – Trade-Related Aspects of Intellectual Property Rights – is a framework that applies to all World Trade Organisation member countries and compliance requires IP laws that largely resemble those of developed countries. So although there are minor variations from country to country, the IP laws of developing countries look (or will someday look) like those in the US or Europe. What this means is that there is very little opportunity for countries to tailor their IP laws to meet their individual needs, unless they wish to withdraw from the WTO. It is often argued that the existence of IP laws incentivises innovation (as the monopolisation of knowledge or products create profits for those who own the IP rights) but considering the low number of patents in Kenya, the current high level of innovation cannot be attributed to incentives offered by the western-style patent regime that is in place. Copycat businesses are a way of life here, and while they are fatal to some businesses, they are not always (or even usually) an insurmountable hurdle. Consider that M-Pesa, the most successful mobile money transfer system in the world and hugely profitable, must compete with at least three other nearly identical systems. Despite the benefits of WTO membership and of safeguarding one's intellectual property, the fact is that on balance, the western patent model is not yet helpful to most Kenyan – or African – entrepreneurs. The day may come when this is no longer the case, and in the meantime there is no doubt that more Africans should be exploiting the existing system. Still, the dream is for the day when foreign investment in African-owned patent assets will exceed foreign aid. Isaac Rutenberg is director of the Centre for Intellectual Property and Information Technology Law, Strathmore Law School, Nairobi, Kenya. He tweets as @iruten This content is brought to you by Guardian Professional. To get more articles like this direct to your inbox, sign up free to become a member of the Global Development Professionals Network … we have a small favour to ask. Tens of millions have placed their trust in the Guardian’s high-impact journalism since we started publishing 200 years ago, turning to us in moments of crisis, uncertainty, solidarity and hope. More than 1.5 million readers, from 180 countries, have recently taken the step to support us financially – keeping us open to all, and fiercely independent. With no shareholders or billionaire owner, we can set our own agenda and provide trustworthy journalism that’s free from commercial and political influence, offering a counterweight to the spread of misinformation. When it’s never mattered more, we can investigate and challenge without fear or favour. Unlike many others, Guardian journalism is available for everyone to read, regardless of what they can afford to pay. We do this because we believe in information equality. 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#### Millions are dying from medicines that could become accessible without IPP

Pheage 17 [Pheage, Tefo. “Dying from Lack of MEDICINES | Africa Renewal.” United Nations, United Nations, Mar. 2017, [www.un.org/africarenewal/magazine/december-2016-march-2017/dying-lack-medicines](http://www.un.org/africarenewal/magazine/december-2016-march-2017/dying-lack-medicines).] CC

Approximately 1.6 million Africans died of malaria, tuberculosis and HIV-related illnesses in 2015. These diseases can be prevented or treated with timely access to appropriate and affordable medicines, vaccines and other health services. But less than 2% of drugs consumed in Africa are produced on the continent, meaning that many sick patients do not have access to locally produced drugs and may not afford to buy the imported ones. Without access to medicines, Africans are susceptible to the three big killer diseases on the continent: malaria, tuberculosis and HIV/AIDS. Globally, 50% of children under five who die of pneumonia, diarrhoea, measles, HIV, tuberculosis and malaria are in Africa, according to the World Health Organisation (WHO). The organisation defines having access to medicine as having medicines continuously available and affordable at health facilities that are within one hour’s walk of the population. In some parts of Zimbabwe, for example, some nurses give painkillers to sick patients as a “treat-all drug,” says Charles Ndlovu, a Zimbabwean living in Botswana. Some of his family members have been treated in hospitals in Zimbabwe. With most medicines unavailable, the nurses have little choice. Dave Puo, from Mpumalanga in South Africa, says that in his country, “when you seek medical attention, you are often informed that there is no medication and advised to go to the big hospitals,” which the majority of the poor cannot afford. “The system does not care about your [empty] pockets.” Inhibiting factors About 80% of Africans, mostly those in the middle-income bracket and below, rely on public health facilities, reported the World Bank in 2013. With public health facilities suffering chronic shortages of critical drugs, many patients die of easily curable diseases. Several factors inhibit access to medicines, but the major ones, according to the WHO, are the shortage of resources and the lack of skilled personnel. “Low-income countries experience poor availability of essential medicines in health facilities, substandard-quality treatments, frequent stock-outs and suboptimal prescription and use of medicines,” says the world health body. Africa’s inefficient and bureaucratic public sector supply system is often plagued by poor procurement practices that make drugs very costly or unavailable. Added to these are the poor transportation system, a lack of storage facilities for pharmaceutical products and a weak manufacturing capacity. Africa’s capacity for pharmaceutical research and development (R & D) and local drug production still has a long way to go, say experts. Only 37 out of 54 African states have some level of pharmaceutical production. Except South Africa, which boasts some active local pharmaceutical ingredients, most countries rely on imported ingredients. The result is that Africa imports 70% of its pharmaceutical products, with India alone accounting for nearly 18% of imports in 2011. Pharmaceutical imports in Africa include up to 80% of the antiretroviral drugs (ARVs) used to treat HIV/AIDS, according to trade data. “Many African governments spend a disproportionate amount of their scarce resources on procuring medicines,” writes Carlos Lopes, former executive secretary of the United Nations Economic Commission for Africa. To produce medicines, a country must abide by Current Good Manufacturing Practices (CGMP), which are enforced by the United States and other governments to ensure the quality of manufacturing processes and facilities. Many African countries do not have the technical, financial or human resources required for high-scale drug production. But Egypt, Morocco, South Africa and Tunisia have made progress in local pharmaceutical productions. Morocco is Africa’s second-largest pharmaceutical producer (after South Africa), and has 40 pharmaceutical manufacturing companies that supply 70% of products for local consumption and also exports to neighbouring countries. Countries such as Ghana, Kenya, Nigeria and Tanzania are currently developing production capacity. Suspicions Many African political leaders and development experts believe that the world’s biggest pharmaceutical companies are reluctant to offer technical support to African manufacturers. For example, in 2001, 39 international pharmaceutical companies dragged the South African government to court to challenge its plans to manufacture and import cheap, generic HIV/AIDS drugs. The companies claimed that South Africa’s plans breached their patent rights. Although they later withdrew the matter from court following pressure from groups that advocate for international access to medicines, South Africa’s late president Nelson Mandela accused the companies of exploiting the developing world by charging exorbitant fees for HIV/AIDS drugs. “That is completely wrong and must be condemned,” he said at the time. There is evidence, however, that local production improves access and brings down the cost of medicines. “Ever since the high-tech generic drug production [facility], Cinpharm-Cameroon, was set up, it is relatively easier for Cameroonians to have access to medicines,” says Mr. Lopes. “Now a low-wage earner can access a course of antibiotics at a lower price than a Kenyan counterpart.” Worth $24 million, Cinpharm-Cameroon produces 40 different drugs. The Trade Related Aspects of Intellectual Property Rights (TRIPS) regulation of the World Trade Organization (WTO), in force since 1986, curtails the right of companies to manufacture generic drugs, forcing countries to rely on brand-name products. However, the WTO in 2006 granted developing countries a 10-year waiver to manufacture generic drugs using the intellectual property rights of big pharmaceutical companies overseas. Despite US objections, the waiver, which expired this year, was extended until two-thirds of WTO members decide to remove it. Experts believe that is unlikely to happen, as the US appears to be the only big country insisting on its removal. WHO director-general Dr. Margaret Chan remarked in 2010 that the debate on access to medicine is often clouded by suspicions: “Suspicions that the rules governing international trade in pharmaceutical products are rigged to favour the rich and powerful; that economic interests will trump health concerns.” The debate, Dr. Chan added, is complicated by deep mistrust. “Countries unskilled in trade negotiations fear they will be tricked or duped. Countries fear that pharmaceutical companies will use unfair tactics, really, every trick in the book, to reduce competition from lower-priced generics.” Dr. Chan added that, while the ethical argument of not depriving people of access to life-saving medicines is a reasonable one, the for-profit pharmaceutical companies respond to market forces. “What incentives does this industry have to fix prices according to their affordability among the poor?” Progress in some countries Availability of medicines is one thing, but affordability is another important factor. Countries such as Ghana and South Africa have made efforts to make drugs affordable through insurance schemes, but these efforts have been largely feeble. Overall, insurance schemes cover less than 8% of the population of sub-Saharan Africa and do not cover prescription medicines on an outpatient basis. To underscore the problem of affordability, WHO notes that treating a child for malaria in Uganda with artemisinin combination therapy will cost a household the equivalent of 11 days’ income. In Kenya, a seven-day treatment course of ciprofloxacin antibiotic could cost a month’s wages. Despite obvious difficulties, some countries are making strides in improving access to medicine. Botswana is among the countries that could be malaria-free by the year 2020, reports WHO. Director-general of Botswana’s health ministry Shenaaz el Halabi told Africa Renewal, “We have seen a tremendous improvement in our health care system in recent years.” Ethiopia has made considerable progress too, particularly in the control of HIV and treatment of malaria, tuberculosis and other diseases. “Ethiopia’s increased investments in expanding effective health coverage—it rose to 95% in 2013 to 2014—has already improved health indicators in the population, reducing child mortality and HIV/AIDS, malaria and tuberculosis,” states WHO. Recourse to traditional medicines Faced with difficulties in accessing modern medicines, many Africans resort to ritual and herbal remedies, known across diverse African societies as traditional medicine. But Ali Arazeem Abdullahi, a sociology professor at the University of Ilorin, Nigeria, cautions that “it is a general belief in medical circles [in Africa] that traditional medicine defies scientific procedures in terms of objectivity, measurement, codification and classification.” Acknowledging there are quacks that should be checkmated, Professor Abdullahi called for p

olitical will to rebrand and standardize traditional medicine practices. Experts believe that Africa’s solutions to improving citizen access to medicine could lie in stimulating local production, developing the right policies and infrastructure, and training and retaining its medical talents.

Hassan 10 [Hassan, Emmanuel et. all. RAND has been synonymous with high-quality, objective research and analysis on issues at the top of the national and international policy agendas. "Intellectual Property And Developing Countries." RAND. 2010. https://www.rand.org/pubs/technical\_reports/TR804.html]CC

In most developing countries, patent protection for pharmaceuticals is available but not used. Nevertheless, those countries remain affected, because they tend to rely on exports from countries where there is more patent protection. Firms may adopt the view that it is not worth the expense of obtaining and maintaining protection in countries that express small market demand and pose a limited threat of imitation. In a study of 53 African countries and 15 antiretroviral drugs, patenting prevalence was found to be only 21.6 per cent of the possible total (Attaran and GillespieWhite, 2001). On their own, such findings may suggest that patenting does not constrain access. However, the picture changes when one considers that these countries import from others that may have significant market demand of their own, and do have the technological capability to imitate. Patenting in those countries is much more prevalent, such that 13 out of the 15 antiretroviral drugs are patent-protected in South Africa (WHO, 2002a). The ability of countries such as South Africa to imitate and export to countries that cannot do so for themselves will be curtailed if strong patent rights are tightly enforced there. Thus, even if TRIPS is enforced selectively in only a few key countries, such as South Africa and other imitation (generic) exporters, the immediate outlook is bleak for countries that appear to rely on importing generic drugs as their principal means for addressing public health challenges. They will be forced to seek other channels (discussed below) to reduce the price of accessing medicines.

### Contention 2 is Covid

#### Other potential pandemics prove IPP is ineffective for countries outside of US

Lindsey 21[Brink Lindsey, Brink Lindsey is Vice President and Director of the Open Society Project at the Niskanen Center. Previously he was the Cato Institute's vice president for research. From 1998 to 2004, he was director of Cato's Center for Trade Policy Studies, helping to make it a leading voice for free trade, and also editor of Cato Unbound, a monthly web magazine. He was a senior fellow with the Kauffman Foundation from 2010 to 2012.An attorney with extensive experience in international trade regulation, Lindsey was formerly director of regulatory studies at Cato and senior editor of Regulation magazine. 6-3-2021, "Why intellectual property and pandemics don’t mix," Brookings, <https://www.brookings.edu/blog/up-front/2021/06/03/why-intellectual-property-and-pandemics-dont-mix/>] CC

the Biden administration announced that it would support waiving intellectual property protections for COVID-19 vaccines under the World Trade Organization’s Agreement on Trade-Related Intellectual Property Rights (TRIPS). Predictably, the move drew fiery condemnation from drug companies. In addition, many disinterested observers criticized the support for a TRIPS waiver as empty symbolism, arguing that vaccine patents are not the major obstacle hindering the currently flagging drive to make vaccines available around the world. Waiving patent protections is certainly no panacea. What is needed most urgently is a massive drive of technology transfer, capacity expansion, and supply line coordination to bring vaccine supply in line with global demand. Dispensing with patents in no way obviates the need for governments to fund and oversee this effort. Brink Lindsey Brink Lindsey Vice President - Niskanen Center lindsey\_brink Although focusing on these immediate constraints is vital, we cannot confine our attention to the short term. First of all, the COVID-19 pandemic is far from over. Although Americans can now see the light at the end of the tunnel thanks to the rapid rollout of vaccines, most of the world isn’t so lucky. The virus is currently raging in India and throughout South America, overwhelming health care systems and inflicting suffering and loss on a horrific scale. And consider the fact that Australia, which has been successful in suppressing the virus, recently announced it was sticking to plans to keep its borders closed until mid-2022. Criticisms of the TRIPS waiver that focus only on the next few months are therefore short-sighted: this pandemic could well drag on long enough for elimination of patent restrictions to enable new vaccine producers to make a positive difference. Furthermore, and probably even more important, this is almost certainly not the last pandemic we will face. Urbanization, the spread of factory-farming methods, and globalization all combine to increase the odds that a new virus will make the jump from animals to humans and then spread rapidly around the world. Prior to the current pandemic, the 21st century already saw outbreaks of SARS, H1N1, MERS, and Ebola. Everything we do and learn in the current crisis should be viewed from the perspective of getting ready for next time. THE NATURE OF THE PATENT BARGAIN When we take the longer view, we can see a fundamental mismatch between the policy design of intellectual property protection and the policy requirements of effective pandemic response. Although patent law, properly restrained, constitutes one important element of a well-designed national innovation system, the way it goes about encouraging technological progress is singularly ill-suited to the emergency conditions of a pandemic or other public health crisis. Securing a TRIPS waiver for COVID-19 vaccines and treatments would thus establish a salutary precedent that, in emergencies of this kind, governments should employ other, more direct means to incentivize the development of new drugs. Here is the basic bargain offered by patent law: encourage the creation of useful new ideas for the long run by slowing the diffusion of useful new ideas in the short run. The second half of the bargain, the half that imposes costs on society, comes from the temporary exclusive rights, or monopoly privileges, that a patent holder enjoys. Under U.S. patent law, for a period of 20 years nobody else can manufacture or sell the patented product without the permission of the patent holder. This allows the patent holder to block competitors from the market, or extract licensing fees before allowing them to enter, and consequently charge above-market prices to its customers. Patent rights thus slow the diffusion of a new invention by restricting output and raising prices. The imposition of these short-run costs, however, can bring net long-term benefits by sharpening the incentives to invent new products. In the absence of patent protection, the prospect of easy imitation by later market entrants can deter would-be innovators from incurring the up-front fixed costs of research and development. But with a guaranteed period of market exclusivity, inventors can proceed with greater confidence that they will be able to recoup their investment. For the tradeoff between costs and benefits to come out positive on net, patent law must strike the right balance. Exclusive rights should be valuable enough to encourage greater innovation, but not so easily granted or extensive in scope or term that this encouragement is outweighed by output restrictions on the patented product and discouragement of downstream innovations dependent on access to the patented technology. Unfortunately, the U.S. patent system at present is out of balance. Over the past few decades, the expansion of patentability to include software and business methods as well as a general relaxation of patenting requirements have led to wildly excessive growth in these temporary monopolies: the number of patents granted annually has skyrocketed roughly fivefold since the early 1980s. One unfortunate result has been the rise of “non-practicing entities,” better known as patent trolls: firms that make nothing themselves but buy up patent portfolios and monetize them through aggressive litigation. As a result, a law that is supposed to encourage innovation has turned into a legal minefield for many would-be innovators. In the pharmaceutical industry, firms have abused the law by piling up patents for trivial, therapeutically irrelevant “innovations” that allow them to extend their monopolies and keep raising prices long beyond the statutorily contemplated 20 years. Patent law is creating these unintended consequences because policymakers have been caught in an ideological fog that conflates “intellectual property” with actual property rights over physical objects. Enveloped in that fog, they regard any attempts to put limits on patent monopolies as attacks on private property and view ongoing expansions of patent privileges as necessary to keep innovation from grinding to a halt. In fact, patent law is a tool of regulatory policy with the usual tradeoffs between costs and benefits; like all tools, it can be misused, and as with all tools there are some jobs for which other tools are better suited. A well-designed patent system, in which benefits are maximized and costs kept to a minimum, is just one of various policy options that governments can employ to stimulate technological advance—including tax credits for R&D, prizes for targeted inventions, and direct government support. PUBLIC HEALTH EMERGENCIES AND DIRECT GOVERNMENT SUPPORT For pandemics and other public health emergencies, patents’ mix of costs and benefits is misaligned with what is needed for an effective policy response. The basic patent bargain, even when well struck, is to pay for more innovation down the road with slower diffusion of innovation today. In the context of a pandemic, that bargain is a bad one and should be rejected entirely. Here the imperative is to accelerate the diffusion of vaccines and other treatments, not slow it down. Giving drug companies the power to hold things up by blocking competitors and raising prices pushes in the completely wrong direction. What approach to encouraging innovation should we take instead? How do we incentivize drug makers to undertake the hefty R&D costs to develop new vaccines without giving them exclusive rights over their production and sale? The most effective approach during a public health crisis is direct government support: public funding of R&D, advance purchase commitments by the government to buy large numbers of doses at set prices, and other, related payouts. And when we pay drug makers, we should not hesitate to pay generously, even extravagantly: we want to offer drug companies big profits so that they prioritize this work above everything else, and so that they are ready and eager to come to the rescue again the next time there’s a crisis.

#### Vaccine distribution to developing countries critical to stop new variants

Charlotte Patrick, 8-21, 21**, [**The West is hoarding the vaccine at its own peril, <https://www.salon.com/2021/08/21/booster-shots-pose-risk-to-developing-countries/>, Charlotte Kilpatrick is a Franco-American journalist in London covering intellectual property and access to medicine.]CC

This week, US health officials recommended offering booster shots to all Americans who received either the Pfizer or Moderna vaccines. As of September 20th, Americans will be urged to get a third vaccine eight months after their second, with priority given to health care workers and the vulnerable.  On its surface, this seems like good news and sound medical advice. Studies have shown that antibody levels from the vaccines begin to wane after a few months, and headlines tell of crowded hospitals in areas of low vaccination rates. Beyond that, many of those who have had their shots have become increasingly frustrated at the unvaccinated for prolonging the pandemic. Under these circumstances, booster shots provide a feeling of security in an insecure world.  But while the frustration with the unvaccinated and fear for one’s safety are understandable, administering booster shots to every American adult will deepen what global health officials are referring to as the rising “vaccine apartheid” between rich and poor countries**. I**t is predicted thatby the end of 2021 rich countries will have an estimated one billion unused doses while the 50 least developed countries in the world, home to 20% of the global population, have so far received just 2% of all vaccines. The inequality in vaccine distribution is not just a moral failure on the part of Western nations – it is also bad health policy that risks prolonging the pandemic by giving the virus fertile ground to spread and mutate**.**One of the most dangerous variants in the pandemic so far is the delta mutation which was first identified in India in December of 2020. According to the Centers for Disease Control and Prevention (CDC), delta is twice as contagious as previous strains of the virus, and early data suggests that it causes more severe symptoms in unvaccinated people. Data from Reuters shows it took over a year for the world to record its first 100 million cases of COVID-19; but with the rise of the delta variant, it only took six months to record another 100 million.  As bad as delta is in the US, mortality rates are skyrocketing in other parts of the world with low vaccination rates. In the first two weeks of August, Southeast Asia recorded nearly twice as many deaths as North America. On the week ending August 1st, the World Health Organization announced Africa recorded its highest official death toll from COVID-19 with cases rising 20% in a single week. It would be impossible to get an accurate figure of the official death toll because the continent has very limited testing capacity and not every death is recorded. The real numbers are expected to be much higher. Also — and this point is key — only 4% of those living in Africa have received any vaccines at **all**. Nigeria, a country with high population density, has fully vaccinated just 0.65% of its population. For comparison, the US has fully vaccinated 70% of its adult population and the UK 76% of those 16 and older. At current rates, people in developing countries will have to wait until 2023 before they can get vaccinated.  The reason the disparity exists between rich and poor countries is because a handful of rich nations gobbled up all the doses of the vaccines through advanced purchasing agreements (APAs). In May, Pfizer announced it had reached an agreement with the European Union to supply 1.8 billion doses on top of the 600 million doses that had already been procured in earlier agreements. On July 23rd, the Biden administration announced it bought an additional 200 million doses of the Pfizer vaccine on top of the 300 million already secured from the company. Between potential and current negotiations the US has procured 8 vaccines per American citizen, and the EU almost 10 vaccines per person**.** Drug companies are adamant that they have done all they can to ensure equitable distribution of vaccines. The CEO of Pfizer, Albert Bourla, said in an open letter to his colleagues that equal access has been the company’s “North Star since day one”, and that in the early days of the pandemic the company reached out to all countries with vaccine contracts, but for some reason only the rich ones took them up on their offer. It was later revealed that the pharma giant had demanded that some Latin American countries put up sovereign assets such as embassies and military bases as a guarantee against the cost of any future legal challenges. If the global community wants to reduce the risk of mutations it will have to vaccinate more people

in all corners of the world. This would create a wider shield against the virus and prevent the risk of more mutations that could be potentially vaccine resistant. The poorest countries in the world receive most of their doses through the COVAX scheme, which was set up last year as a means for rich countries to donate vaccines and money to poor ones. The initial goal was to supply two billion doses by the end of 2021, and an additional 1.8 billion by early 2022. As of writing, UNICEF reports COVAX has only shipped 209 million doses to 138 countries. To put that number into perspective, that is enough doses to fully vaccinate only half the population of Nigeria. An obvious way that the US and other developed countries can help reduce the risk of another mutation is by donating more vaccines instead of inoculating its populations with a third round of doses. Rich countries can also step up to the plate by forcing pharma companies to share their patents and trade secrets so that other countries can manufacture vaccines for themselves instead of relying on hand out donations from COVAX**.** In October of last year, India and South Africa proposed an intellectual property waiver at the World Trade Organization for all COVID vaccines and therapies. In May, Joe Biden announced his support of the waiver (only for vaccines). The proposal has been held back in committee meetings and no decision is expected until the fall. Even if the waiver is approved it will not be enough on its own to increase global supply of doses unless pharma companies are compelled to give up the trade secrets to the vaccines.  Four days after Pfizer announced it had data supporting the need for booster shots, director general of the WHO, Tedros Adhanom Ghebreyesus, accused the global community of making conscious decisions that failed to protect the most in need. “We’re in the midst of a growing two-track pandemic where the haves and have-nots, within and between countries, are increasingly divergent,” Ghebreyesus said. He added that Pfizer and Moderna need to prioritize vaccines for low- and middle-income countries before giving third shots to rich ones. As recent cases in New Zealand have shown, isolationism and travel bans are not enough to keep dangerous mutations from infecting a population. What the world needs is a more equitable distribution of vaccines and regional global manufacturing capacities so that no single country is reliant on another for medicine. There are choices we can make to help curb this pandemic but booster shots is not one of them.

#### Only 1.3% of people in developing countries have been vaccinated, supply is the key problem

Bloomberg Law 21[Bloomberg Law, August 18, 2021, Biden Booster Shot Plan Collides With Global Production Strain, https://news.bloomberglaw.com/ip-law/biden-booster-shot-plan-collides-with-global-production-strain]CC

Covax, the vaccine-pooling scheme, had planned to make at least 640m doses available worldwide by now; it has so far delivered 163m**.** Its target was to ensure each nation could protect at least 20% of its population – health workers and high-risk groups – by the end of this year. But in low-income countries, only around 1.3% of people have been vaccinated, according to the United Nations Development Programme. For many places, the main obstacle to vaccination remains supply, not demand. While richer nations agonise over how to cajole or induce those at low risk from COVID to protect themselves and others by having vaccines, they are denying doses to high-risk people elsewhere – even at the risk of wasting doses entirely.

#### High costs of vaccines in the developing world threaten to undermine their entire heath care systems

Bloomberg Law 2[Bloomberg Law, August 18, 2021, Biden Booster Shot Plan Collides With Global Production Strain, <https://news.bloomberglaw.com/ip-law/biden-booster-shot-plan-collides-with-global-production-strain>] CC

To attain the goal of immunizing 70% of the population against COVID-19, HICs have to increase their healthcare spending by an estimated 0.8%. In staggering contrast LICs will on average have to increase healthcare spending by 56.6% to reach this same goal. This cost is likely to increase over time as pharmaceutical companies increase the cost of COVID-19 vaccines and rollout of booster doses in wealthy countries further drive-up vaccine demand and squeezes the market. The ripple effects of COVID-19 vaccine inequity are huge and threaten almost every facet of healthcare especially in countries with already very fragile health systems. The reality we are facing is seeing decades of progress on childhood immunizations, infant mortality, maternal mortality, Malaria, Tuberculosis and HIV control etc. erased by the collective failure of global leadership to address the pandemic.

#### Government incentive solves, we have a moral obligation to do good for the world

Lindsey 2 [Brink Lindsey, Brink Lindsey is Vice President and Director of the Open Society Project at the Niskanen Center. Previously he was the Cato Institute's vice president for research. From 1998 to 2004, he was director of Cato's Center for Trade Policy Studies, helping to make it a leading voice for free trade, and also editor of Cato Unbound, a monthly web magazine. He was a senior fellow with the Kauffman Foundation from 2010 to 2012.An attorney with extensive experience in international trade regulation, Lindsey was formerly director of regulatory studies at Cato and senior editor of Regulation magazine. 6-3-2021, "Why intellectual property and pandemics don’t mix," Brookings, <https://www.brookings.edu/blog/up-front/2021/06/03/why-intellectual-property-and-pandemics-dont-mix/>] CC

Giving drug companies the power to hold things up by blocking competitors and raising prices pushes in the completely wrong direction. What approach to encouraging innovation should we take instead? How do we incentivize drug makers to undertake the hefty R&D costs to develop new vaccines without giving them exclusive rights over their production and sale? The most effective approach during a public health crisis is direct government support: public funding of R&D, advance purchase commitments by the government to buy large numbers of doses at set prices, and other, related payouts. And when we pay drug makers, we should not hesitate to pay generously, even extravagantly: we want to offer drug companies big profits so that they prioritize this work above everything else, and so that they are ready and eager to come to the rescue again the next time there’s a crisis. It was direct support via Operation Warp Speed that made possible the astonishingly rapid development of COVID-19 vaccines and then facilitated a relatively rapid rollout of vaccine distribution (relative, that is, to most of the rest of the world). And it’s worth noting that a major reason for the faster rollout here and in the United Kingdom compared to the European Union was the latter’s misguided penny-pinching. The EU bargained hard with firms to keep vaccine prices low, and as a result their citizens ended up in the back of the queue as various supply line kinks were being ironed out. This is particularly ironic since the Pfizer-BioNTech vaccine was developed in Germany. As this fact underscores, the chief advantage of direct support isn’t to “get tough” with drug firms and keep a lid on their profits. Instead, it is to accelerate the end of the public health emergency by making sure drug makers profit handsomely from doing the right thing. Patent law and direct support should be seen not as either-or alternatives but as complements that apply different incentives to different circumstances and time horizons. Patent law provides a decentralized system for encouraging innovation. The government doesn’t presume to tell the industry which new drugs are needed; it simply incentivizes the development of whatever new drugs that pharmaceutical firms can come up with by offering them a temporary monopoly. It is important to note that patent law’s incentives offer no commercial guarantees. Yes, you can block other competitors for a number of years, but that still doesn’t ensure enough consumer demand for the new product to make it profitable. DIRECT SUPPORT MAKES PATENTS REDUNDANT The situation is different in a pandemic. Here the government knows exactly what it wants to incentivize: the creation of vaccines to prevent the spread of a specific virus and other drugs to treat that virus. Under these circumstances, the decentralized approach isn’t good enough. There is no time to sit back and let drug makers take the initiative on their own timeline. Instead, the government needs to be more involved to incentivize specific innovations now. As recompense for letting it call the shots (pardon the pun), the government sweetens the deal for drug companies by insulating them from commercial risk. If pharmaceutical firms develop effective vaccines and therapies, the government will buy large, predetermined quantities at prices set high enough to guarantee a healthy return. For the pharmaceutical industry, it is useful to conceive of patent law as the default regime for innovation promotion. It improves pharmaceutical companies’ incentives to develop new drugs while leaving them free to decide which new drugs to pursue – and also leaving them to bear all commercial risk. In a pandemic or other emergency, however, it is appropriate to shift to the direct support regime, in which the government focuses efforts on one disease. In this regime, it is important to note, the government provides qualitatively superior incentives to those offered under patent law. Not only does it offer public funding to cover the up-front costs of drug development, but it also provides advance purchase commitments that guarantee a healthy return. It should therefore be clear that the pharmaceutical industry has no legitimate basis for objecting to a TRIPS waiver. Since, because of the public health crisis, drug makers now qualify for the superior benefits of direct government support, they no longer need the default benefits of patent support. Arguments that a TRIPS waiver would deprive drug makers of the incentives they need to keep developing new drugs, when they are presently receiving the most favorable incentives available, can be dismissed as the worst sort of special pleading. That said, it is a serious mistake to try to cast the current crisis as a morality play in which drug makers wear the black hats and the choice at hand is between private profits and public health. We would have no chance of beating this virus without the formidable organizational capabilities of the pharmaceutical industry, and providing the appropriate incentives is essential to ensure that the industry plays its necessary and vital role. It is misguided to lament that private companies are profiting in the current crisis: those profits are a drop in the bucket compared to the staggering cost of this pandemic in lives and economic damage. RELATED CONTENT Hellen Nanez, who lost 13 relatives to the coronavirus disease (COVID-19) and whose father is being treated for COVID-19 in the Intensive Care Unit, shops ingredients to make handmade soap for sale, in Pisco, Peru, May 8, 2021. Picture taken May 8, 2021. REUTERS/Alessandro Cinque FUTURE DEVELOPMENT COVID-19 is a developing country pandemic Indermit Gill and Philip SchellekensThursday, May 27, 2021 San Salvador, El Salvador.- In the photos taken on March 23, 2021, it shows a vaccination center against the coronavirus. El Salvador began with the immunization of non-health personnel who are more exposed to the virus through their work, including members of the Armed Forces, Civil Protection and teachers. The doses used will be those of the pharmaceutical company Pfizer, whose shipment arrived on Monday. FUTURE DEVELOPMENT How big of a vaccine surplus will the US have? Simon J. EvenettTuesday, May 4, 2021 FILE PHOTO: A health official draws a dose of the AstraZeneca's COVID-19 vaccine manufactured by the Serum Institute of India, at Infectious Diseases Hospital in Colombo, Sri Lanka January 29, 2021. REUTERS/Dinuka Liyanawatte ORDER FROM CHAOS Biden’s misstep in India Thomas WrightFriday, April 30, 2021 What matters isn’t the existence or size of the profits, but how they are earned. We have good reason to want drug makers to profit from vaccinating the world: the comparative price is minuscule, and the incentive effects are a vital safeguard of public health in the event of future crises. What we want to avoid at all costs is putting drug makers in the position where drug companies can profit from standing in the way of rapid global vaccination. That is why intellectual property rights need to be taken out of the equation. Vaccinating the world in any kind of reasonable time frame will require large-scale technology transfer to drug firms in other countries and rapid expansion of their production capacity. And looking beyond the current pandemic to the longer term, we need ample, redundant global vaccine production capacity that is widely distributed around the planet. To achieve these goals as rapidly as possible will require the active cooperation of the U.S. pharmaceutical industry, which is why the direct support model now needs to be extended. What is needed now is an Operation Warp Speed for the world, in which we make it worth current vaccine producers’ while to share their know-how broadly and ramp up global capacity. Here again, we must recognize that the choice isn’t between people on the one hand and profits on the other. Rather, the key to good pandemic response policy is ensuring that incentives are structured so that drug company profit-seeking and global public health are well aligned. That means opting out of the default, decentralized patent bargain in favor of generous but well-focused direct government support. The author did not receive financial support from any firm or person for this article or from any firm or person with a financial or political interest in this article. They are currently not an officer, director, or board member of any organization with an interest in this article.

### Contention 3 is africa

**COVID is pummeling South Africa’s fragile economy and fueling the worst rioting since 1994.**

**Steinhauser and Parkinson 21**. [(Gabriele Steinhauser writes about politics and economics in southern Africa and beyond and helps manage The Wall Street Journal's reporters on the continent. Joe Parkinson is the Wall Street Journal’s Africa Bureau Chief, leading a team of correspondents chronicling business, policy and geopolitical trends across the continent. “Third Covid Wave Upends Fragile South Africa, a Warning for Developing World,” The Wall Street Journal, July 19, 2021. <https://www.wsj.com/articles/covid-pandemic-south-africa-riots-a-warning-for-developing-world-11626711622>] TDI

Wave after wave of coronavirus is **pummeling South Africa’s fragile economy** and its largely unvaccinated population, creating a spiral of death, lockdowns and anger that has **fueled the country’s worst rioting** since the collapse of white minority rule in 1994. At least 215 people died in the violence across South Africa’s two most populous provinces, and more than 3,400 have been arrested. While the looting had quieted by Monday, the situation remains tense in parts of the country. Saaberie Chishty paramedic Farah Williams said that after weeks of back-to-back calls from patients, the phones went quiet last week during the riots. The violence was initially sparked by the arrest of former President Jacob Zuma earlier this month, and has exacerbated a power struggle within the African National Congress, South Africa’s ruling party since Nelson Mandela’s election as the country’s first Black president 27 years ago. President Cyril Ramaphosa has said the unrest was an attempted **insurrection against South Africa’s democracy** and intended to sabotage its economy. The political protest quickly devolved, becoming an outlet for the frustrations of an impoverished majority long **shut out of the country’s economy**. South Africa is struggling to emerge from a **record contraction of 7%** last year. Each surge of Covid-19 and the subsequent lockdowns are **putting more pressure on the divided nation**, where **43% of workers were without a job** at the end of March. “We were sitting on a dormant volcano here, where **all of us might perish** if it erupts,” said Xolani Dube, a political analyst with the Xubera Institute for Research and Development, a nonpartisan think tank in the southeastern city of Durban. “**Now the volcano has erupted**.” The human and economic dislocation in South Africa, where just 2.8% of people have been fully vaccinated against Covid-19, shows how difficult it will be for many **emerging economies to recover from the pandemic.** The violence in South Africa—as well as in countries including Colombia and Sudan—offers a stark example of how diminishing incomes and the rising cost of food are adding to more than a year of pandemic suffering, **exacerbating political instability.** The World Bank estimates that more than 160 million people will have been pushed into poverty as a result of Covid by the end of 2021, widening the gap between the world’s richest and poorest nations. The pandemic has **led 41 million people to the brink of famine**, according to the World Food Program.

**Africa instability goes nuclear.**

**Mead** **13**. [(Walter Mead is a James Clarke Chace Professor of Foreign Affairs and Humanities, Bard College) “Peace in The Congo? Why the World Should Care,” The American Interest, December 15, 2013. <https://www.the-american-interest.com/2013/12/15/peace-in-the-congo-why-the-world-should-care/>

One of the **biggest questions of the 21st century** is whether this **destructive dynamic** can be contained, or whether the demand for ethnic, cultural and/or religious homogeneity will continue to **convulse world politics**, **drive new generations of conflict**, and **create millions more victims**. The **Congo conflict** is a disturbing piece of evidence **suggest**ing that, in Africa at least, there is potential for this kind of conflict. The Congo war (and the long Hutu-Tutsi conflict in neighboring countries) is not, unfortunately alone. The secession of South Sudan from Sudan proper, the wars in what remains of that unhappy country, the secession of Eritrea from Ethiopia and the rise of Christian-Muslim tension right across Africa (where religious conflict often is fed by and intensifies “tribal”—in Europe we would say “ethnic” or “national”—conflicts) are strong indications that the potential for **huge and destructive conflict** across Africa is very real. But one must look beyond Africa. The Middle East of course is aflame in religious and ethnic conflict. The old British Raj including India, Pakistan, Bangladesh, Burma and Sri Lanka offers countless examples of ethnic and religious conflict that sometimes is contained, and sometimes boils to the surface in horrendous acts of violence. Beyond that, rival nationalisms in East and Southeast Asia are keeping the world awake at night. The Congo war should be a reminder to us all that the **foundations of our world are dynamite**, and that the potential for new conflicts on the **scale of the horrific wars of the 20th century** is very much with us today. The second lesson from this conflict stems from the realization of how much patience and commitment from the international community (which in this case included the Atlantic democracies and a coalition of African states working as individual countries and through various international institutions) it has taken to get this far towards peace. Particularly at a time when many Americans want the US to turn inwards, there are people who make the argument that it is really none of America’s business to invest time and energy in the often thankless task of solving these conflicts. That might be an ugly but defensible position if we didn’t live in such a tinderbox world. Someone could rationally say, yes, it’s terrible that a million plus people are being killed overseas in a horrific conflict, but the war is really very far away and America has urgent needs at home and we should husband the resources we have available for foreign policy on things that have more power to affect us directly. The problem is that these wars **spread**. They may start in places that we don’t care much about (most Americans didn’t give a rat’s patootie about whether Germany controlled the Sudetenland in 1938 or Danzig in 1939) but they tend to spread to places that we do care very much about. This can be because a revisionist great power like Germany in 1938-39 needs to overturn the balance of power in Europe to achieve its goals, or it can be because instability in a very remote place triggers problems in places that we care about very much. Out of Afghanistan in 2001 came both 9/11 and the waves of insurgency and instability that threaten to **rip nuclear-armed Pakistan apart** or **with trigger wider conflict India**. Out of the mess in Syria a witches’ brew of terrorism and religious conflict looks set to complicate the security of our allies in Europe and the Middle East and even the security of the oil supply on which the world economy so profoundly depends. **Africa**, and the potential for upheaval there, is of **more importance to American security** than many people may understand. The line **between Africa and the Middle East** is a soft one. The **weak states** that straddle the southern approaches of the Sahara are **ideal petri dishes** for **Al Qaeda type groups** to form and attract local support. There are **networks** of funding and religious contact that give groups in these countries potential access to **funds**, **fighters**, **training** and **weapons** from the Middle East. A **war in the eastern Congo** might not directly trigger these other conflicts, but it helps to create the **swirling underworld** of arms trading, money transfers, illegal commerce and the rise of a generation of young men who become **experienced fighters**—and know no other way to make a living. It **destabilizes** the environment for neighboring states (like Uganda and Kenya) that play much more direct role in potential crises of greater concern to us.

**The plan solves both scenarios and WTO IP rules are a barrier to scaled-up vaccine production.**

**Pandey 21**. [(Ashutosh Pandey) “Rich countries block India, South Africa's bid to ban COVID vaccine patents,” DW, April 2, 2021. <https://www.dw.com/en/rich-countries-block-india-south-africas-bid-to-ban-covid-vaccine-patents/a-56460175>

The World Trade Organization (WTO) talks on a proposal by India and South Africa to temporarily suspend intellectual property (IP) rules related to COVID-19 vaccines and treatments hit a roadblock on Thursday after wealthy countries balked at the idea, Germany's dpa news agency reported. The two developing countries say the IP waiver will allow drugmakers in poor countries to start production of effective vaccines sooner. India and South Africa had approached the global trade body in October, calling on it to waive parts of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). The suspension of rights such as patents, industrial designs, copyright and protection of undisclosed information would ensure "**timely access to affordable medical products including vaccines and medicines or to scaling-up of research, development, manufacturing and supply of medical products essential to combat COVID**-19," they said. The proposal was vehemently opposed by wealthy nations like the US and Britain as well as the European Union, who said that a ban would stifle innovation at pharmaceutical companies by robbing them of the incentive to make huge investments in research and development. This would be especially counterproductive during the current pandemic which needs the drugmakers to remain on their toes to deal with a mutating virus, they argue. The WTO talks are taking place as some wealthy countries face criticism for **cornering billions** of COVID shots — many times the size of their populations — while **leaving poor countries** struggling for supplies. **Experts say the global scramble for vaccines, or vaccine nationalism, risks prolonging the pandemic.** "We have to recognize that this virus knows no boundaries, it travels around the globe and the response to it should also be global. It should be based on international solidarity," said Ellen 't Hoen, the director of Medicines Law & Policy — a nonprofit campaigning for greater access to medicines. "Many of the large-scale vaccine manufacturers are based in developing countries. All the production capacity that **exists should be exploited**…and that does require the sharing of Not enough production capacity Supporters of the waiver, which include dozens of developing and least-developed countries and NGOs, said the WTO's IP rules were acting as a **barrier to urgent scale-up of production of vaccines** and other much needed medical equipment in poor countries.