## 1

#### 1] Interpretation - Reduce means permanent reduction – it’s distinct from “waive” or “suspend.”

**Reynolds 59** (Judge (In the Matter of Doris A. Montesani, Petitioner, v. Arthur Levitt, as Comptroller of the State of New York, et al., Respondents [NO NUMBER IN ORIGINAL] Supreme Court of New York, Appellate Division, Third Department 9 A.D.2d 51; 189 N.Y.S.2d 695; 1959 N.Y. App. Div. LEXIS 7391 August 13, 1959, lexis)

Section 83's counterpart with regard to nondisability pensioners, section 84, prescribes a reduction only if the pensioner should again take a public job. The disability pensioner is penalized if he takes any type of employment. The reason for the difference, of course, is that in one case the only reason pension benefits are available is because the pensioner is considered incapable of gainful employment, while in the other he has fully completed his "tour" and is considered as having earned his reward with almost no strings attached. It would be manifestly unfair to the ordinary retiree to accord the disability retiree the benefits of the System to which they both belong when the latter is otherwise capable of earning a living and had not fulfilled his service obligation. If it were to be held that withholdings under section 83 were payable whenever the pensioner died or stopped his other employment the whole purpose of the provision would be defeated, i.e., the System might just as well have continued payments during the other employment since it must later pay it anyway.  [\*\*\*13] The section says "reduced", does not say that monthly payments shall be temporarily suspended; it says that the pension itself shall be reduced. The plain dictionary meaning of the word is to diminish, lower or degrade. The word "reduce" seems adequately to indicate permanency.

#### It’s temporary – we read blue

**Meredith 21**. [(Sam Meredith is a Correspondent at CNBC in London, covering international politics, energy and business news) “Rich countries are refusing to waive the rights on Covid vaccines as global cases hit record levels,” CNBC, April 22, 2021. <https://www.cnbc.com/2021/04/22/covid-rich-countries-are-refusing-to-waive-ip-rights-on-vaccines.html>] TDI

LONDON — The U.S., Canada and U.K. are among some of the high-income countries actively **blocking a patent-waiver proposal** designed to **boost the global production of Covid-19 vaccines.** It comes as coronavirus cases worldwide surge to their highest level so far and the World Health Organization has repeatedly admonished a “**shocking imbalance” in the distribution of vaccines amid the pandemic.** Members of the World Trade Organization will meet virtually in Geneva, Switzerland on Thursday to hold informal talks on whether to temporarily waive intellectual property and patent rights on Covid vaccines and treatments. The landmark proposal, which was jointly submitted by India and South Africa in October, has been backed by more than 100 mostly developing countries. It aims to facilitate the manufacture of treatments locally and boost the global vaccination campaign. Six months on, the proposal continues to be **stonewalled by a small number of governments** — including the U.S., EU, U.K., Switzerland, Japan, Norway, Canada, Australia and Brazil. “In this Covid-19 pandemic, we are once again **faced with issues of scarcity**, which can be addressed through diversification of manufacturing and supply capacity and ensuring the **temporary waiver of relevant intellectual property**,” Dr. Maria Guevara, international medical secretary at Medecins Sans Frontieres, said in a statement on Wednesday. “It is about saving lives at the end, not protecting systems.” The **urgency and importance of waiving certain intellectual property rights amid the pandemic have been underscored** by the WHO, health experts, civil society groups, trade unions, former world leaders, international medical charities, Nobel laureates and human rights organizations. Why does it matter? The waiver, if adopted at the General Council, the WTO’s highest-level decision-making body, could **help countries around the world overcome legal barriers** preventing them from producing their own Covid vaccines and treatments. Advocates of the proposal have conceded the waiver is not a “silver bullet,” but argue that **removing barriers** toward the development, production and approval of vaccines is **vital in the fight to prevent, treat and contain the coronavirus.**

#### Plan Text in a Vacuum is a useless guideline since words are contextually defined based on function – the only basis for determining Topicality should be if the implementation of the Plan as per their 1AC solvency evidence follows the directional meaning of the Topic’s intent – anything else allows the 1AR to re-contextualize what the Plan says forcing the 1NC to predict infinite 1AR spin since they’re not tied to their evidence.

#### 3] Vote neg for limits and neg ground – re-instatement under any infinite number of conditions doubles aff ground – every plan becomes either temporary or permanent – you cherry-pick the best criteria and I must prep every aff while they avoid core topic discussions like reduction-based DAs which decks generics like Pharma Innovation and Bio-Tech.

#### 4] Paradigm Issues –

#### a] Topicality is Drop the Debater – it’s a fundamental baseline for debate-ability.

#### b] Use Competing Interps – 1] Topicality is a yes/no question, you can’t be reasonably topical and 2] Reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation.

#### c] No RVI’s - 1] Forces the 1NC to go all-in on Theory which kills substance education, 2] Encourages Baiting since the 1AC will purposely be abusive, and 3] Illogical – you shouldn’t win for not being abusive.

#### Reject 1AR theory- A] 7-6 time skew means it’s endlessly aff

## 2

**US dominance is secured in biotech now, but China’s closing the gap fast – that allows geopolitical and economic advantages**

Scott **Moore** **2020** [(Director of the Penn Global China Program at the University of Pennsylvania. Previously, Moore was a Young Professional and Water Resources Management Specialist at the World Bank Group, and Environment, Science, Technology, and Health Officer for China at the U.S.) “China’s Role In The Global Biotechnology Sector And Implications For U.S. Policy” https://www.brookings.edu/wp-content/uploads/2020/04/FP\_20200427\_china\_biotechnology\_moore.pdf]TDI

EXECUTIVE SUMMARY Even by the standards of emerging technologies, **biotechnology has the potential to utterly transform geopolitics, economics**, and society in the 21st century. Yet while the United States has long been the world leader in most segments of the global biotechnology sector, **China is fast becoming a significant player**. This brief assesses the implications of China’s changing role in biotechnology for the United States, which span national security, data security, and economic competitiveness. On current trends the United States is likely to remain the world leader in most biotechnology areas. **However, the gap between China and the U.S. is narrowing in the biotechnology sector,** and U.S. policymakers must boost public investment, liberalize immigration and foreign student visa policies, and enact regulatory reforms to ensure America remains competitive. At the same time, areas like vaccine development and regulation of emerging technologies like synthetic biology present rich opportunities for Sino-U.S. cooperation. INTRODUCTION Thanks to extensive government funding for biomedical research, an unparalleled ability to translate basic research into commercial products and applications, and strong intellectual property protections, the United States has been the dominant global player in developing and commercializing biotechnology for decades.1 This dominance is reflected in the fact that United States accounted for almost half of all biotechnology patents filed worldwide from 1999 to 2013.2 However, in the intervening years, and just as in the case of artificial intelligence and other emerging technologies, other nations, including South Korea and Singapore, have invested heavily in developing their biotechnology sectors and industries. These efforts pale, however, in comparison to those of China, and the sheer size and scale of the Chinese biotechnology industry pose a range of economic, security, and regulatory issues for American policymakers. The determination of China’s one-party state to become a leading player in biotechnology is reflected by the rapid growth in investment in the sector. Some estimates claim that collectively, **China’s** central, local, and provincial **governments have invested over $100 billion in life sciences** research and development. Regardless of the true figure, official encouragement has led to a torrid place of investment. In just the two-year period from 2015 to 2017, venture capital and private equity investment in the sector totaled some $45 billion.3 The value of commercial deals concluded in the fields of biology, medicine and medical machine technology, meanwhile increased from 25.8 billion renminbi (RMB), or $3.6 billion, in 2011 to over 75 billion RMB ($10.6 billion) in 2017.4 Annual research and development expenditures by Chinese pharmaceutical firms, the foundation of the biotechnology sector, rose from some 39 billion RMB in 2014 ($5.5 billion) to over 53 billion RMB (US$7.5 billion) by 2017. Expenditure on new product development among these firms, an important indicator of future growth potential, increased from just over 40 billion RMB ($5.6 billion) to almost 60 billion ($8.4 billion).5 By Western standards, some of these figures are still low. Swiss drugmaker Roche, the world leader in biotechnology research and development, spent some $11 billion in 2018 alone.6 As these figures suggest, the development of China’s biotechnology sector paints a nuanced picture for U.S. policymakers. On one hand, the sector’s rapid growth, and high-level commitment to continued investment, means that China will inevitably become an increasingly important player in the global biotechnology sector, **with implications for national security, economic competitiveness, and regulation**. An executive from In-Q-Tel, the U.S. government’s inhouse national security venture capital fund, warned Congress in a November 2019 hearing, for example, that China “intends to own the biorevolution… and they are building the infrastructure, the talent pipeline, the regulatory system, and the financial system they need to do that.”7 The CEO of European drugmaker AstraZeneca has similarly opined that “Much of [China’s] innovation in the last three to four years has been ‘me too,’ but now on the horizon we can see firstin-class innovation.”8 Yet on the other hand, while China’s biotechnology sector will almost certainly continue to grow in scale, sophistication, and competitiveness, there is little reason to believe on current trends that the United States will lose its edge in the sector. Indeed, the biggest risk to the global competitiveness of the U.S. biotechnology industry likely comes from the prospect of declining public investment and reduced mobility for world-class researchers and industry professionals. Moreover, the COVID-19 crisis underscores both the importance of continued investment in biotechnology and the many challenges to promoting effective international cooperation on global health security. This brief first examines the key policies and actors in China’s biotechnology sector, then offers an assessment of the sector’s current capabilities and future trends, and finally further explores the implications of developments in Chinese biotechnology for U.S. policy.

**The aff’s waiving of IP doesn’t solve but it does give away sensitive national security information that allows China to lead ahead in biotech**

Josh **Rogin 4-8**. [(Washington Post Columnist covering National Security Issues.) “Opinion: The wrong way to fight vaccine nationalism” https://www.washingtonpost.com/opinions/global-opinions/the-wrong-way-to-fight-vaccine-nationalism/2021/04/08/9a65e15e-98a8-11eb-962b-78c1d8228819\_story.html ] TDI

Americans will not be safe from covid-19 until the entire world is safe. That basic truth shows why vaccine nationalism is not only immoral but also counterproductive. But the simplest solutions are rarely the correct ones, **and some countries are using the issue to advance their own strategic interests**. The Biden administration must reject the effort by some nations to turn our shared crisis into their opportunity. As the inequities of vaccine distribution worldwide grow, a group of more than 50 developing countries led by India and South Africa is pushing the World Trade Organization to dissolve all international intellectual property protections for pandemic-related products, which would include vaccine research patents, manufacturing designs and technological know-how. The Trump administration rejected the proposal to waive the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for the pandemic when it was introduced in October. Now, hundreds of nongovernmental organizations and dozens of Democratic lawmakers are pushing the Biden administration to support the proposal. But many warn **the move would result in the United States handing over a generation of advanced research** — much of it funded by the U.S. taxpayer — **to** our country’s greatest competitors, above all **China**. In Congress, there’s justified frustration with the United States’ failure to respond to China’s robust vaccine diplomacy, in which Beijing has conditioned vaccine offers to pandemic-stricken countries on their ignoring security concerns over Chinese telecom companies or abandoning diplomatic recognition of Taiwan. There’s also a lot of anger at Big Pharma among progressives for profiting from the pandemic. “We are in a race against time, and unfortunately Big Pharma is standing in the way of speedily addressing this problem,” Rep. Jan Schakowsky (D-Ill.), who supports the effort to waive intellectual property protections, told me in an interview. “I think the real security issue is that while the United States balks in making sure that we help ourselves, that these adversaries will just jump right in.” Schakowsky argued that alternative measures for helping poor countries manufacture vaccines are simply not moving fast enough to save lives and that the United States has a duty to respond. House Speaker Nancy Pelosi (D-Calif.) personally conveyed her support for the waiver to President Biden, Schakowsky said. But Big Pharma is just one piece of the puzzle. Countries such as India and South Africa have been trying to weaken WTO intellectual property protections for decades. **The mRNA technology that underpins the Pfizer and Moderna vaccines was funded initially by the Defense Advanced Research Projects Agency and has national security implications.** Inside the Biden administration, the National Security Council has already convened several meetings on the issue. The waiver is supported by many global health officials in the White House and at the U.S. Agency for International Development, who believe the United States’ international reputation is suffering from its perceived “America First” vaccine strategy. On Wednesday, U.S. Trade Representative Katherine Tai spoke with WTO Director General Ngozi Okonjo-Iweala about the waiver issue. USTR is convening its own interagency meetings on the issue, which many see as a move to reassert its jurisdiction over WTO matters. If and when this does get to Biden’s desk, he will also hear from national security officials who believe that waiving TRIPS would result in the forced transfer of national security-sensitive technology to China, **a country that strives to dominate the biotechnology** ***field*** as part of its Made in China 2025 strategy. **Once countries such as China have this technology, they will apply their mercantilist industrial models to ensure their companies dominate these strategically important industries, potentially erasing thousands of U.S. jobs.** “We would be delivering a competitive advantage to countries that are increasingly viewed as our adversaries, at taxpayer expense, when there are other ways of doing this,” said Mark Cohen, senior fellow at the University of California at Berkeley Law School. **A preferable approach would be to build more vaccine-manufacturing capacity** in the United States and then give those vaccines to countries in need, said Cohen. The U.S. pharmaceutical industry would surely benefit, but **that’s preferable to being dependent on other countries when the next pandemic hits.** “If there’s anything that the pandemic has taught us, it’s that we need to have a robust supply chain, for ourselves and for the world generally,” Cohen said. What’s more, it’s not clear that waiving the TRIPS agreement for the pandemic would work in the first place. Bill Gates and others involved in the current vaccine distribution scheme have argued that it would not result in more vaccines, pointing out that licensing agreements are already successfully facilitating cooperation between patent-holding vaccine-makers and foreign manufacturers. Critics respond that such cooperation is still failing to meet the urgent needs in the developing world. Vaccine equity is a real problem, but waiving intellectual property rights is not the solution. If the current system is not getting shots into the arms of people in poor countries, we must fix that for their sake and ours. But the pandemic and our responses to it have geopolitical implications, whether we like it or not. **That means helping the world and thinking about our strategic interests at the same time.**

**China will convert biotechnology gains to military advantages, undermining US primacy – specifically true in the context of vaccines**

Mercy A. **Kuo 2017** [(Executive Vice President at Pamir Consulting.) “The Great US-China Biotechnology and Artificial Intelligence Race” <https://thediplomat.com/2017/08/the-great-us-china-biotechnology-and-artificial-intelligence-race/>] TDI

Trans-Pacific View author Mercy Kuo regularly engages subject-matter experts, policy practitioners, and strategic thinkers across the globe for their diverse insights into the U.S. Asia policy. This conversation with Eleonore Pauwels – Director of Biology Collectives and Senior Program Associate, Science and Technology Innovation Program at the Wilson Center in Washington D.C. – is the 104th in “The Trans-Pacific View Insight Series.” Explain the motivation behind Chinese investment in U.S. genomics and artificial intelligence (AI). With large public and private investments inland and in the U.S., China plans to become the next AI-Genomics powerhouse, which indicates that these technologies will soon converge in China. China’s ambition is to lead the global market for precision medicine, **which necessitates acquiring strategic tech**nological and human capital in both genomics and AI. And the country excels at this game. A sharp blow in this U.S.-China competition happened in 2013 when BGI purchased Complete Genomics, in California, with the intent to build its own advanced genomic sequencing machines, therefore securing a technological knowhow mainly mastered by U.S. producers. There are significant economic incentives behind China’s heavy investment in the increasing convergence of AI and genomics. This golden combination will drive precision medicine to new heights by developing a more sophisticated understanding of how our genomes function, leading to precise, even personalized, cancer therapeutics and preventive diagnostics, such as liquid biopsies. By one estimate, the liquid biopsy market is expected to be worth $40 billion in 2017. Assess the implications of iCarbonX of Shenzhen’s decision to invest US$100 million in U.S.-company PatientsLikeMe relative to AI and genomic data collection. iCarbonX is a pioneer in AI software that learns to recognize useful relationships between large amounts of individuals’ biological, medical, behavioral and psychological data. Such a data-ecosystem will deliver insights into how an individual’s genome is mutating over time, and therefore critical information about this individual’s susceptibilities to rare, chronic and mental illnesses. In 2017, iCarbonX invested $100 million in PatientsLikeMe, getting a hold over data from the biggest online network of patients with rare and chronic diseases. If successful, this effort could turn into genetic gold, making iCarbonX one of the wealthiest healthcare companies in China and beyond. The risk factor is that iCarbonX is handling more than personal data, but potentially vulnerable data as the company uses a smartphone application, Meum, for customers to consult for health advice. Remember that the Chinese nascent genomics and AI industry relies on cloud computing for genomics data-storage and exchange, creating, in its wake, new vulnerabilities associated with any internet-based technology. This phenomenon has severe implications. How much consideration has been given to privacy and the evolving notion of personal data in this AI-powered health economy? And is our cyberinfrastructure ready to protect such trove of personal health data from hackers and industrial espionage? In this new race, will China and the U.S. have to constantly accelerate their rate of cyber and bio-innovation to be more resilient? Refining our models of genomics data protection will become a critical biosecurity issue. Why is Chinese access to U.S. genomic data a national security concern? **Genomics** and computing research **is inherently dual-use, therefore a strategic advantage in a nation’s security arsenal.** Using AI systems to understand how the functioning of our genomes impacts our health **is of strategic importance for biodefense.** This knowledge will lead to increasing developments at the forefront of medical countermeasures, **including vaccines**, antibiotics, and targeted treatments relying on virus-engineering and microbiome research. Applying deep learning to genomics data-sets could help geneticists learn how to use genome-editing (CRISPR) to efficiently engineer living systems, but also to treat and, even “optimize,” human health, **with potential applications in military enhancements**. A $15 million partnership between a U.S. company, Gingko Bioworks, and DARPA aims to genetically design new probiotics as a protection for soldiers against a variety of stomach bugs and illnesses. China could be using the same deep learning techniques on U.S. genomics data to better comprehend how to develop, patent and manufacture tailored cancer immunotherapies in high demand in the United States. Yet, what if Chinese efforts venture into understanding how to impact key genomics health determinants relevant to the U.S. population? **Gaining access to increasingly large U.S. genomic data-sets gives China a knowledge advantage into leading the next steps in bio-military research.** Could biomedical data be used to develop bioweapons? Explain. Personalized medicine advances mean that personalized bio-attacks are increasingly possible. The combination of AI with biomedical data and genome-editing technologies will help us predict genes most important to particular functions. Such insights will contribute to knowing how a particular disease occurs, how a newly-discovered virus has high transmissibility, but also why certain populations and individuals are more susceptible to it. Combining host susceptibility information with pathogenic targeted design, **malicious actors could engineer pathogens that are tailored to overcome the immune system or the microbiome of specific populations.**

**Maintenance of the ILO is key to reduce a host of existential threats – establishes great-power peace.**

**Brands 18**. [(Hal Brands is a Henry Kissinger Distinguished Professor at Johns Hopkins University’s School of Advanced International Studies, Scholar at the American Enterprise Institute. “America’s Global Order Is Worth Fighting For, Bloomberg Opinion, Politics & Policy,” August 14, 2018, Bloomberg. <https://www.bloomberg.com/opinion/articles/2018-08-14/america-s-global-order-is-worth-fighting-for>] TDI

The first argument is **easily disposed** of. Yes, the postwar world has been **thoroughly imperfect**, featuring nuclear arms races, genocides, widespread poverty and other scourges. But the world has **always been** imperfect, and by **any** meaningful **comparison**, the last **seven decades** have been a **veritable golden age**. The **liberal international** economic order has led to an **explosion** of **domestic** and **global prosperity**: According to World Bank data, both U.S. and global **per capita** income have increased **roughly three-fold** (in inflation-adjusted terms) since 1960, with U.S. gross domestic product increasing nearly six-fold. The U.S. **system** of alliances and forward military deployments has **contributed critically** to the **longest period** of **great-power peace** in modern history, and **the incidence of war** and conquest **more broadly** have dropped **dramatically**. The number of **democracies** in the world has **increased** from perhaps a dozen during World War II to well over 100 today; **respect for basic** human rights has also reached **impressive levels**. As a **bevy of scholarship** has shown, the policies that the U.S. has **pursued** and the **international order** it has built have contributed **enormously** and **directly** to these **outcomes**. If the **liberal international order** can’t be considered a **smashing success**, no **international order** could be. The second critique is also overstated. It is true that Washington, like all great powers throughout history, has been willing to bend the rules to get its way. It is hard to reconcile Cold War-era interventions in Guatemala, Chile and other countries with a professed solicitude for human rights and democracy; the Iraq War of 2003 is only one instance in which the U.S. brushed aside the concerns of international organizations such as the U.N. Security Council. Likewise, when the U.S. government determined that the Bretton Woods system of monetary relations no longer suited its interests in the 1970s, it terminated that scheme and insisted on creating a more favorable one. But again, the proper standard here is not sainthood but reality. And the U.S. has **generally** enlisted its power in the **service** of **universal values** such as **democracy** and **human rights**; it has, more often than not, promoted **a positive-sum** international system in which **like-minded** nations can be **secure** and **wealthy**. This goes back to the very beginning of the liberal order: Washington did not seek to hold its defeated adversaries in subjugation after World War II; it rebuilt Japan and western Germany into thriving, democratic allies that became fierce economic competitors to the U.S. The U.S. has taken this approach not simply because it wanted to do good in the world — powerful as this motivation is — but because of a hard-headed desire to do good for itself. In an interdependent global environment, American officials have long calculated, the U.S. cannot divorce its own well-being from that of the wider world. And in contrast to how other great powers — Imperial Japan, for instance, or the Soviet Union — ruled their spheres of influence, American behavior has been positively enlightened. It is this relatively benign behavior that has convinced so many countries to tolerate American leadership — and it is the emergence of a darker form of U.S. hegemony under the Trump administration that so profoundly worries them today. As for the third critique, the premise is right, but the **conclusion** can easily **go too far**. It is always **dangerous** to become **so enraptured** by past **achievements** that one **loses sight** of the **need for adaptation** in **the future**. This is particularly true today, because the strength of the liberal order is being tested from within and without, by issues ranging from unequal burden-sharing among American allies to the ambivalence of the American people themselves. There is **little evidence** to suggest, however, that either American power or **the liberal order** it supports have **eroded** so **dramatically** that **Washington**’s postwar project cannot be **sustained**. Quite the contrary — the U.S. is likely to remain the **world’s strongest power** for **decades to come**.

## 3

#### CP: Member nations of the World Trade Organization should enter into a prior and binding consultation with the World Health Organization over reducing intellectual property protections for medicines. Member nations will support the proposal and adopt the results of consultation.

#### WHO says yes – it supports increasing the availability of generics and limiting TRIPS

Hoen 03 [(Ellen T., researcher at the University Medical Centre at the University of Groningen, The Netherlands who has been listed as one of the 50 most influential people in intellectual property by the journal Managing Intellectual Property, PhD from the University of Groningen) “TRIPS, Pharmaceutical Patents and Access to Essential Medicines: Seattle, Doha and Beyond,” Chicago Journal of International Law, 2003] JL

However, subsequent resolutions of the World Health Assembly have strengthened the WHO’s mandate in the trade arena. In 2001, the World Health Assembly adopted two resolutions in particular that had a bearing on the debate over TRIPS [30]. The resolutions addressed:

– the need to strengthen policies to increase the availability of generic drugs;

– and the need to evaluate the impact of TRIPS on access to drugs, local manufacturing capacity, and the development of new drugs

#### Consultation displays strong leadership, authority, and cohesion among member states which are key to WHO legitimacy

Gostin et al 15 [(Lawrence O., Linda D. & Timothy J. O’Neill Professor of Global Health Law at Georgetown University, Faculty Director of the O’Neill Institute for National & Global Health Law, Director of the World Health Organization Collaborating Center on Public Health Law & Human Rights, JD from Duke University) “The Normative Authority of the World Health Organization,” Georgetown University Law Center, 5/2/2015] JL

Members want the WHO to exert leadership, harmonize disparate activities, and set priorities. Yet they resist intrusions into their sovereignty, and want to exert control. In other words, ‘everyone desires coordination, but no one wants to be coordinated.’ States often ardently defend their geostrategic interests. As the Indonesian virus-sharing episode illustrates, the WHO is pulled between power blocs, with North America and Europe (the primary funders) on one side and emerging economies such as Brazil, China, and India on the other. An inherent tension exists between richer ‘net contributor’ states and poorer ‘net recipient’ states, with the former seeking smaller WHO budgets and the latter larger budgets.

Overall, national politics drive self-interest, with states resisting externally imposed obligations for funding and action. Some political leaders express antipathy to, even distrust of, UN institutions, viewing them as bureaucratic and inefficient. In this political environment, it is unsurprising that members fail to act as shareholders. Ebola placed into stark relief the failure of the international community to increase capacities as required by the IHR. Guinea, Liberia and Sierra Leone had some of the world's weakest health systems, with little capacity to either monitor or respond to the Ebola epidemic.20 This caused enormous suffering in West Africa and placed countries throughout the region e and the world e at risk. Member states should recognize that the health of their citizens depends on strengthening others' capacity. The WHO has a central role in creating systems to facilitate and encourage such cooperation.

The WHO cannot succeed unless members act as shareholders, foregoing a measure of sovereignty for the global common good. It is in all states' interests to have a strong global health leader, safeguarding health security, building health systems, and reducing health inequalities. But that will not happen unless members fund the Organization generously, grant it authority and flexibility, and hold it accountable.

#### WHO is critical to disease prevention – it is the only international institution that can disperse information, standardize global public health, and facilitate public-private cooperation

Murtugudde 20 [(Raghu, professor of atmospheric and oceanic science at the University of Maryland, PhD in mechanical engineering from Columbia University) “Why We Need the World Health Organization Now More Than Ever,” Science, 4/19/2020] JL

WHO continues to play an indispensable role during the current COVID-19 outbreak itself. In November 2018, the US National Academies of Sciences, Engineering and Medicine organised a workshop to explore lessons from past influenza outbreaks and so develop recommendations for pandemic preparedness for 2030. The salient findings serve well to underscore the critical role of WHO for humankind.

The world’s influenza burden has only increased in the last two decades, a period in which there have also been 30 new zoonotic diseases. A warming world with increasing humidity, lost habitats and industrial livestock/poultry farming has many opportunities for pathogens to move from animals and birds to humans. Increasing global connectivity simply catalyses this process, as much as it catalyses economic growth.

WHO coordinates health research, clinical trials, drug safety, vaccine development, surveillance, virus sharing, etc. The importance of WHO’s work on immunisation across the globe, especially with HIV, can hardly be overstated. It has a rich track record of collaborating with private-sector organisations to advance research and development of health solutions and improving their access in the global south.

It discharges its duties while maintaining a dynamic equilibrium between such diverse and powerful forces as national securities, economic interests, human rights and ethics. COVID-19 has highlighted how political calculations can hamper data-sharing and mitigation efforts within and across national borders, and WHO often simply becomes a convenient political scapegoat in such situations.

International Health Regulations, a 2005 agreement between 196 countries to work together for global health security, focuses on detection, assessment and reporting of public health events, and also includes non-pharmaceutical interventions such as travel and trade restrictions. WHO coordinates and helps build capacity to implement IHR.

#### Extinction – defense is wrong

Piers Millett 17, Consultant for the World Health Organization, PhD in International Relations and Affairs, University of Bradford, Andrew Snyder-Beattie, “Existential Risk and Cost-Effective Biosecurity”, Health Security, Vol 15(4), http://online.liebertpub.com/doi/pdfplus/10.1089/hs.2017.0028

Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world’s population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization.

A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity’s favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6

While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and theWestern Abenaki (which suffered a staggering 98% loss of population).

In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-2

## Case

#### TL – no definition, aids isnt one, but covid is??? Countries fight on declaration etc

**IPR key to innovation.**

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

At the heart of this emerging trade debate is a belief by many people worldwide that all medicines should be “global public goods.” There is little room in such a belief for consideration of any rights to IP. As one group of United Nations human rights experts expressed: “There is no room for … profitability in decision‐​making about access to vaccines, essential tests and treatments, and all other medical goods, services and supplies that are at the heart of the right to the highest attainable standard of health for all.”[16](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref16)

This view is myopic. Subordinating IP rights temporarily to pressing public needs during a pandemic or other global health emergency is one thing. Eliminating any consideration of “profitability” in all policymaking relating to “access to vaccines, essential tests and treatments, and all other medical goods, services and supplies” is quite another.[17](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref17) To be sure, there is a superficial moral appeal in such a view. But does this moral appeal hold up if such a “human rights” approach does not result in meeting those urgent public needs?

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](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref18) 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.

#### Unpatented medicine cause counterfeits—

Lynbecker 16 [(Kristina M. L. Acri née, an Associate Professor of Economics at Colorado College in Colorado Springs, where she is also the Associate Chair of the Department of Economics and Business and the Gerald L. Schlessman Professor of Economics. Dr. Lybecker’s research analyzes the difficulties of strengthening intellectual property rights protection in developing countries, specifically special problems facing the pharmaceutical industry.) “Counterfeit Medicines and the Role of IP in Patient Safety,” IPWatchDog, 7/27/16. <https://www.ipwatchdog.com/2016/06/27/counterfeit-medicines-ip-patient-safety/id=70397/>] RR

The threat of counterfeit goods took center stage on June 15th in a hearing convened by Senate Finance Committee Chairman Orrin Hatch (R-Utah). Focusing on trade opportunities and challenges for American businesses in the digital age, Senator Hatch stated:

“The Organization for Economic Co-Operation and Development (OECD) recently released a study that shows that counterfeit products accounted for up to 2.5 percent of world trade, or $461 billion, in 2013. This is a dramatic increase from a 2008 estimate that showed that fake products accounted for less than half that amount. Counterfeits are a worldwide problem, but the OECD estimates that the United States is the hardest hit, followed by Italy and France. Of the estimated $461 billion in counterfeit trade in 2013, goods with registered intellectual property rights in the U.S. represented 20 percent, or $92 billion, of the OECD estimate.”[1]

As the author of the chapter on illicit trade in counterfeit medicines within the OECD report, I worry that global policymakers may be working against each other when it comes to battling counterfeit drugs, especially in the context of intellectual property rights. While the Senate Hearing and the OECD report highlight the importance of strong IP protection in combating the growing threat of counterfeit goods, their efforts coincide with an initiative by the UN Secretary-General that has the potential to greatly worsen the problems of counterfeit pharmaceuticals. UN Secretary General Ban Ki Moon’s High Level Panel on Access to Medicines proposes “to review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies.”[2] The High Level Panel is a thinly veiled attempt to undermine the intellectual property rights architecture that incentivizes pharmaceutical innovation and protects patients from counterfeit medicines.

While patents and other forms of intellectual property rights are widely recognized as fostering pharmaceutical innovation, they also serve to inhibit counterfeiting. The World Health Organization has determined that counterfeiting is facilitated where “there is weak drug regulatory control and enforcement; there is a scarcity and/or erratic supply of basic medicines; there are extended, relatively unregulated markets and distribution chains, both in developing and developed country systems; price differentials create an incentive for drug diversion within and between established channels; there is lack of effective intellectual property protection; due regard is not paid to quality assurance”.[3]

[Kristina]

According to INTERPOL estimates, approximately 30 percent of drugs sold worldwide are counterfeit.[4] However, as is the case with many other counterfeit trade statistics, the origins of this figure are somewhat uncertain, as is the methodology used to make the calculation. Perhaps the most widely-cited statistic originates from the World Health Organization, which estimates that 10 percent of the global market for pharmaceuticals is comprised of counterfeits and reports place the share in some developing countries as high as 50-70%.[5]

While difficult to measure, estimates do exist on the extent of the market for counterfeit drugs and the harm done to human health. As noted in my chapter in the OECD report,

“INTERPOL estimates that more than one million people die each year from counterfeit drugs.[6] While counterfeit drugs seem to primarily originate in Asia, Asian patients are also significantly victimized by the problem. A 2005 study published in PLoS Medicine estimate that 192,000 people are killed in China each year by counterfeit medicines.[7] According to work done by the International Policy Network, an estimated 700,000 deaths from malaria and tuberculosis are attributable to fake drugs. [8] The World Health Organization presents a much more modest number noting that malaria claims one million lives annually and as many as 200,000 may be attributed to counterfeit medicines which would be avoidable if the medicines available were effective, of good quality and used correctly.[9] Even this number is double that presented by academic researchers Amir Attaran and Roger Bate who claim that each year more than of 100,000 people around the world may die from substandard and counterfeit medications.[10]” [11]

Given the devastating impact of counterfeit medicines on patients and the importance of intellectual property protection in combating pharmaceutical counterfeiting, it is troubling that the UN High Level Panel seems poised to prevent a series of recommendations that will undermine public health under the guise of enhancing access. Without the assurance of quality medicines, access is meaningless. Moreover, while falsely presenting intellectual property rights as the primary obstacle to global health care, the High Level Panel downplays a host of other factors that prevent developing country patients from getting the drugs they need: inadequate medical infrastructure, insufficient political will, a shortage of clinical trials in nations where neglected diseases are endemic, poverty, and insufficient market incentives.

#### Generic medicine is dangerous—contamination and unsanitary manufacturing conditions.

White 19 [(C. Micheal, Professor and Head of the Department of Pharmacy Practice, University of Connecticut) “Why your generic drugs may not be safe and the FDA may be too lax” The Conversation, 12/4/19. <https://theconversation.com/why-your-generic-drugs-may-not-be-safe-and-the-fda-may-be-too-lax-125529>] RR

This leads to a vital question: Are generics safe? If drug manufacturers followed the FDA’s strict regulations, the answer would be a resounding yes. Unfortunately for those who turn to generics to save money, the FDA relies heavily on the honor system with foreign manufacturers, and U.S. consumers get burned. Eighty percent of the active ingredients and 40% of the finished generic drugs used in the U.S. are manufactured overseas.

As a pharmacist, I know that the safety of prescription medications is vital. My research, recently published in the “Annals of Pharmacotherapy,” raises alarming concerns about our vulnerabilities.

Do experts have something to add to public debate?

Where are your drugs being made?

A pharmacist at a drug plant outside Mumbai in 2012, shortly after a change in patent law allowed production of a generic cancer drug. Rafiq Mugbool/AP Photo

Generic drug manufacturers either make bulk powders with the active ingredient in them or buy those active ingredients from other companies and turn them into pills, ointments or injectable products.

In 2010, 64% of foreign manufacturing plants, predominantly in India and China, had never been inspected by the FDA. By 2015, 33% remained uninspected.

In addition, companies in other countries are informed before an inspection, giving them time to clean up a mess. Domestic inspections are unannounced.

Faking results

The FDA informs manufacturing plants in other countries when it plans to inspect their plants. Andrew Harnik/AP Photo

As I detail in my paper, when announced foreign FDA inspections began to occur in earnest between 2010 and 2015, numerous manufacturing plants were subsequently barred from shipping drugs to the U.S. after the inspections uncovered shady activities or serious quality defects.

Unscrupulous foreign producers shredded documents shortly before FDA visits, hid documents offsite, altered or manipulated safety or quality data or utilized unsanitary manufacturing conditions. Ranbaxy Corporation pleaded guilty in 2013 to shipping substandard drugs to the U.S. and making intentionally false statements. The company had to withdraw 73 million pills from circulation, and the company paid a $500 million fine.

These quality and safety issues can be deadly. In 2008, 100 patients in the U.S. died after receiving generic heparin products from foreign manufacturers. Heparin is an anticoagulant used to prevent or treat blood clots in about 10 million hospitalized patients a year and is extracted from pig intestines.

Some of the heparin was fraudulently replaced with chondroitin, a dietary supplement for joint aches, that had sulphur groups added to the molecule to make it look like heparin.

One of the heparin manufacturers inspected by the FDA received a warning letter after it was found to have used raw material from uncertified farms, used storage equipment with unidentified material adhering to it and had insufficient testing for impurities.

These issues continue to this day. Dozens of blood-pressure and anti-ulcer drugs were recalled in 2018 and 2019 due to contamination with the potentially carcinogenic compounds N-nitrosodimethylamine or N-nitrosodiethylamine.

One of the major producers of these active ingredient powders used by multiple generic manufacturers was inspected in 2017. The FDA found that the company fraudulently omitted failing test results and replaced them with passing scores.

This raises a critical question: How many more violations would occur with inspections occurring as frequently as they do in the U.S., and more importantly, if they were unannounced? Relatively speaking, the number of drugs proved to be tainted or substandard has been small, and the FDA has made some progress since 2010. But the potential for harm is still great.

**Restricting IP protections undermines innovation and profit margins – turns case by precluding vaccine distribution to developing countries.**

**Cueni 12/10** [(Thomas, Director General of IFPMA, chair of the AMR Industry Alliance, Industry Co-Chair APEC Biopharmaceutical Working Group on Ethics, MA in politics from the London School of Economics) “The Risk in Suspending Vaccine Patent Rules,” New York Times, 12/10/2020] TDI

It is unclear how suspending patent protections would ensure fair distribution. But what is clear is that if successful, the effort would **jeopardize future medical innovation**, making us more vulnerable to other diseases.

Intellectual property rights, including patents, grant inventors a period of exclusivity to make and market their creations. By affording these rights to those who create intangible assets, such as musical compositions, software or drug formulas — people will invent more useful new things.

Development of a new medicine is **risky** and **costly**. Consider that scientists have spent decades — and billions of dollars — working on Alzheimer’s treatments, but still have little to show for it. The companies and investors who fund research shoulder so much risk because they have a shot at a reward. Once a patent expires, generic companies are free to produce the same product. Intellectual property rights underpin the system that gives us all new medicines, from psychiatric drugs to cancer treatments.

In trying to defend these rights, the drug industry has made mistakes in the past that have lost people’s trust. More than 22 years ago, for example, a group of drug companies sued the South African government for trying to import cheaper anti-AIDS drugs amid an epidemic. With price standing between patients and survival, the suit, which the companies eventually dropped, was a terrible misjudgment. The current situation is not parallel.

**Several major drug companies**, including AstraZeneca, GlaxoSmithKline and Johnson & Johnson, have pledged to **offer their vaccines on a not-for-profit basis** during the pandemic. Others are considering differential pricing for different countries. As of last month, four major pharmaceutical companies had already agreed to eventually produce at least three billion vaccine doses for low- and middle-income nations, according to one analysis.

In South Africa and India, pharmaceutical companies are already working with local partners to make their vaccines available. Johnson & Johnson has entered into a technology transfer partnership for its candidate vaccine with South Africa’s Aspen Pharmacare, and AstraZeneca has reached a licensing agreement with the Serum Institute of India to develop up to 1 billion doses of its vaccine for low and middle-income countries.

**Companies can afford to license patents for free, or sell drugs at cost, precisely because they know that their intellectual property will be protected**. That’s not a flaw in the system; it’s how the system ensures that pharmaceutical research will continue to be funded.

**IP protections are key to pharmaceutical investment in developing countries.**

**Ezell and Cory 19** [(Stephen, vice president, global innovation policy, at the Information Technology and Innovation Foundation, B.S. from the School of Foreign Service at Georgetown University, and Nigel, associate director covering trade policy at the Information Technology and Innovation Foundation, former researcher in the Southeast Asia Program at the Center for Strategic and International Studies, MA in public policy from Georgetown University) “The Way Forward for Intellectual Property Internationally,” Information Technology and Innovation Foundation, 4/25/2019] TDI

Academic research also signals a strong correlation between IPR and technology transfer. Lippoldt showed that **IPR strengthening in countries—particularly with respect to patents—is associated with increased technology transfer via trade and investment**.34 Research has revealed that a country’s level of intellectual property protection considerably affects whether foreign firms will transfer technology into it.35 That matters because the welfare gains from the importation of technology via innovative products, while differing across countries, can be substantial.36 For instance, **foreign sources of technology account for over 90 percent of domestic productivity growth in all but a handful of countries**.37 The research on this matter is clear and consistent. For example, a 1986 United Nations Conference on Trade and Development (UNCTAD) study found that direct investment in new technology areas such as computer software, semiconductors, and biotechnology is supported by stronger intellectual property rights policy regimes.38 (However, as this report later clarifies, subsequent UNCTAD reports have lamentably taken a more skeptical view toward IP.) A 1989 study by the United Nations Commission on Transnational Corporations (UNCTC) found that weak IP rights reduce computer software direct investment; and a 1990 study by UNCTC found that **weak IP rights reduce pharmaceutical investment**.39 Mansfield conducted firm-level surveys and found that perceptions of strong IP rights abroad have a positive effect on incentives to transfer technologies abroad. Likewise, survey research by the World Bank’s International Finance Corporation found that, with variations by sector, country, and technology, **at least 25 percent of American and Japanese high-tech firms refuse to directly invest, or enter into a joint venture, in developing countries with weak intellectual property rights**; and a later study confirmed those survey findings with actual foreign direct investment data.40 And an Institute for International Economics study of World Bank data concluded that weak intellectual property rights reduce flows of all these commercial activities, regardless of nations’ levels of economic development.41

Studies have also shown how the benefits of intellectual property extend to developing countries. Diwan and Rodrik demonstrated that stronger patent rights in developing countries give enterprises from developed countries a greater incentive to research and introduce technologies appropriate to developing countries.42 Similarly, Taylor showed that **weak patent rights in developing countries lead enterprises from developed countries to introduce less-than-best-practice technologies to developing countries**.43 Interestingly, the relationship goes in both directions. Branstetter and Saggi showed that strengthened IPR protection not only improves the investment climate in the implementing countries, but also leads to increased FDI in the country producing the original innovation.44 They concluded that IPR reform in the “global South” (e.g., developing countries) may be associated with FDI increases in the “global North” (e.g., developed countries). As northern firms shift their production to southern affiliates, this FDI accelerates southern industrial development, creating a cyclical feedback mechanism that also benefits the North. Another study by Liao and Wong, which focused on firm-level analysis, highlights the inter-relationship of IPR reform in developed and developing countries. Their study concluded that **developing countries can entice technology transfer from the North by providing IPR protection for incoming products** (although they note there is a need for redoubled R&D efforts in developed countries to spur needed innovations).45

**COVID reduces the risk of conflict.**

**Gul 20**. [(Ayaz Gul) “Kashmiri Leader: COVID-19 Lowers Chances of Pakistan-India War” VOA News. April 28, 2020. <https://www.voanews.com/south-central-asia/kashmiri-leader-covid-19-lowers-chances-pakistan-india-war>] TDI

ISLAMABAD - Pakistan and India are locked in almost daily military clashes across their Kashmir frontier, but the president of the Pakistani-ruled part of the disputed territory says the coronavirus pandemic has for now **diminished chances, if any, of the tensions escalating into a full-blown war.** Islamabad and New Delhi routinely accuse each other of firing the first shot that started the clashes in violation of a 2003 mutual truce across what is referred to as the Kashmir Line of Control (LoC). Critics say the increased violence in recent years, however, already has rendered the truce ineffective. The clashes have caused dozens of casualties on both sides, mostly civilians living in villages close to the LoC. “**I don’t foresee a war in the near future**,” said President Masood Khan of Azad (independent) Jammu and Kashmir (AJK), the official name Pakistan uses for the part of the divided region it administers. India controls the remaining two-thirds of the largely Muslim Himalayan region, claimed by both of the nuclear-armed rival nations. “Right now, the world is **preoccupied with the COVID-19 pandemic**, and nobody **seriously expects India and Pakistan to go to war**. And we do not know what the world would look like once this pandemic is over,” Khan told VOA in an interview at his camp office in the Pakistani capital.

**A wholesale solution is key---the aff fails.**

**Stone 21**. [(Judy Stone is an Infectious Disease specialist) “Covid Vaccine Equity - Developing Countries Need Our Help,” Forbes, May 11, 2021. <https://www.forbes.com/sites/judystone/2021/05/11/vaccine-equitydeveloping-countries-need-our-help/?sh=10939a363ec8>] TDI

The real problem is that vax is a good retail (one at a time) solution, whereas **in a pandemic you need a wholesale, behavioral semi-solution: masks, ventilation, quarantine.** With its nationalistic approach to global problems the previous administration brokered deals that prohibited donation of supplies, in part due to liability concerns of the manufacturers or shortages of raw materials. There has been a **great deal of debate over whether we should waive intellectual property rights**, given the urgency of the Covid pandemic. Some in industry feel it will stifle their innovation. Others reply that public and non-profits have provided over $10 billion towards research and development of vaccines. Furthermore, the U.S. government holds the patent for a technique for modifying the coronavirus protein used in vaccines produced by the major U.S. manufacturers. Unlike his predecessor, President Biden understands that sharing vaccine with other countries is also in our best interest, and joined the international Covax program. Covax is led by WHO, Gavi (Global vaccine alliance), CEPI (Coalition for Epidemic Preparedness Innovations) and the UN’s Children’s Fund (UNICEF). So far, only 0.3% of the vaccines that have been administered have gone to low-income countries, according to the Director-General of the World Health Organization (WHO) Tedros Adhanom Ghebreyesus. Covax’s goal is vaccinating 20% of the population of poorer countries. Covax had hoped to administer 2 billion vaccine doses in 2021 (that’s more than 25% of the world’s whole population); so far, they’ve only reached 29 million doses. We need at least a 70% vaccination rate to develop herd immunity and stop the pandemic. Another problem is that even if the patent protections are waived, allowing companies to have the “recipe” for producing vaccines, many **lack the technical know-how or experience to do so.** WHO is proposing a technology transfer hub to assist in this process.

**Overreliance on vaccines hurts overall pandemic response.**

**Lovelace 1/13** [(Berkeley, health-care reporter for CNBC, mainly covering pharmaceuticals and the Food and Drug Administration) "WHO says Covid vaccines aren’t ‘silver bullets’ and relying entirely on them has hurt nations," CNBC, 1-13-2021, https://www.cnbc.com/2021/01/15/who-says-covid-vaccines-arent-silver-bullets-and-relying-entirely-on-them-has-hurt-nations.html] TDI

The World Health Organization said Friday that [coronavirus](https://www.cnbc.com/2021/01/15/coronavirus-live-updates.html) vaccines aren’t “silver bullets” and relying solely on them to fight the pandemic has hurt nations. Some countries in Europe, Africa and the Americas are seeing spikes in Covid-19 cases “because we are collectively not succeeding at breaking the chains of transmission at the community level or within households,” WHO Director-General Tedros Adhanom Ghebreyesus said during a news conference from the agency’s Geneva headquarters. With [global deaths reaching 2 million](https://www.cnbc.com/2021/01/15/coronavirus-live-updates.html) and new variants of the virus appearing in multiple countries, world leaders need to do all they can to curb infections “through tried and tested public health measures,” Tedros said. “There is only one way out of this storm and that is to share the tools we have and commit to using them together.” The [coronavirus](https://www.cnbc.com/coronavirus/) has infected more than 93.3 million people worldwide and killed at least 2 million since the pandemic began about a year ago, according to data compiled by Johns Hopkins University. The virus continues to accelerate in some regions, with nations reporting that their supply of oxygen for Covid-19 patients is running “dangerously low,” the WHO said. Some countries, including the U.S., have focused heavily on the use of vaccines to combat their outbreaks. While vaccines are a useful tool, they will not end the pandemic alone, Mike Ryan, executive director of the WHO’s health emergencies program, said at the news conference. “We warned in 2020 that if we were to rely entirely on vaccines as the only solution, we could lose the very controlled measures that we had at our disposal at the time. And I think to some extent that has come true,” Ryan said, adding the colder seasons and the recent holidays also may have also played a role in the spread of the virus. “A big portion of the transmission has occurred because we are reducing our physical distancing. ... We are not breaking the chains of transmission. The virus is exploiting our lack of tactical commitment,” he added. “We are not doing as well as we could.” Dr. Bruce Aylward, a senior advisor to the WHO’s director-general, echoed Ryan’s comments, saying, vaccines are not “silver bullets” “Things can get worse, numbers can go up,” he said. We have vaccines, yes. But we have limited supplies of vaccines that will be rolled out slowly across the world. And vaccines are not perfect. They don’t protect everyone against every situation.” In the U.S., the pace of vaccinations is going slower than officials had hoped. As of Friday at 6 a.m. ET, more than 31.1 million doses of vaccine had been distributed across the U.S., but just over 12.2 million shots have been administered, according to data compiled by the Centers for Disease Control and Prevention. Meanwhile, cases are rapidly growing, with the U.S. recording at least 238,800 new Covid-19 cases and at least 3,310 virus-related deaths each day, based on a seven-day average calculated by CNBC using Johns Hopkins data. On Thursday, President-elect Joe Biden [unveiled a sweeping plan](https://www.cnbc.com/2021/01/14/biden-unveils-sweeping-plan-to-combat-the-covid-pandemic-in-the-us.html) to combat the coronavirus pandemic in the United States. While his administration will invest billions in a vaccine campaign, it will also scale up testing, invest in new treatments and work to identify new strains, among other measures.

**Limited manufacturing and poor distribution infrastructure outweigh---their evidence.**

**Khullar 21**. [(Dhruv Khullar is a contributing writer at The New Yorker, where he writes primarily about medicine, health care, and politics. He is also a practicing physician and an assistant professor at Weill Cornell Medical College) “India’s Crisis Marks a New Phase in the Pandemic,” The New Yorker, May 13, 2021. <https://www.newyorker.com/science/medical-dispatch/indias-crisis-marks-a-new-phase-in-the-pandemic>] TDI

Jha told me that he **worries less about I.P.** and incentives than about the **practical obstacles to vaccine production.** The primary barriers to vaccine availability, he said, are not rigid intellectual-property protections but **limited manufacturing capacity and poor distribution infrastructure.** Only a **small number of companies** have the expertise needed to manufacture covid-19 vaccines, especially ones that use new mRNA technology, and **scaling up takes time.** “The world wasn’t ready to produce five or ten billion doses of covid vaccines,” Jha said. “We don’t just have all this excess capacity sitting around. You need raw materials, production capabilities, liner bags, a whole bunch of complex machinery and supplies.” Absent “a broader package of funding, supplies, manufacturing, and people with technical know-how,” Jha said, **waiving I.P. rights wouldn’t help India escape the crisis that it faces today.**