### 1NC – CP

#### CP: The member nations of the World Trade Organization should enter into a prior and binding consultation with the World Health Organization over whether to waive intellectual property protections for Covid-19 related medicines. Member nations should 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 boosts strong leadership, authority, and cohesion among member states – 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.

#### WHO diplomacy solves great power conflict

Murphy 20 [(Chris, U.S. senator from Connecticut serving on the U.S. Senate Foreign Relations Committee) “The Answer is to Empower, Not Attack, the World Health Organization,” War on the Rocks, 4/21/2020] JL

The World Health Organization is critical to stopping disease outbreaks and strengthening public health systems in developing countries, where COVID-19 is starting to appear. Yemen announced its first infection earlier this month, and other countries in Africa, Asia and the Middle East are at severe risk. Millions of refugees rely on the World Health Organization for their health care, and millions of children rely on the WHO and UNICEF to access vaccines.

The World Health Organization is not perfect, but its team of doctors and public health experts have had major successes. Their most impressive claim to fame is the eradication of smallpox – no small feat. More recently, the World Health Organization has led an effort to rid the world of two of the three strains of polio, and they are close to completing the trifecta.

These investments are not just the right thing to do; they benefit the United States. Improving health outcomes abroad provides greater political and economic stability, increasing demand for U.S. exports. And, as we are all learning now, it is in America’s national security interest for countries to effectively detect and respond to potential pandemics before they reach our shores.

As the United States looks to develop a new global system of pandemic prevention, there is absolutely no way to do that job without the World Health Organization. Uniquely, it puts traditional adversaries – like Russia and the United States, India and Pakistan, or Iran and Saudi Arabia – all around the same big table to take on global health challenges. It has relationships with the public health leaders of every nation, decades of experience in tackling viruses and diseases, and the ability to bring countries together to tackle big projects. This ability to bridge divides and work across borders cannot be torn down and recreated – not in today’s environment of major power competition – and so there is simply no way to build an effective international anti-pandemic infrastructure without the World Health Organization at the center.

#### Ought means should

Merriam Webster n.d. – Merriam Webster’s Learner’s Dictionary, “ought”, <http://www.learnersdictionary.com/definition/ought>  
ought /ˈɑːt/ verb  
Learner's definition of OUGHT [modal verb] 1 ◊ Ought is almost always followed by to and the infinitive form of a verb. The phrase ought to has the same meaning as should and is used in the same ways, but it is less common and somewhat more formal. The negative forms ought not and oughtn't are often used without a following to. — used to indicate what is expected They ought to be here by now. You ought to be able to read this book. There ought to be a gas station on the way. 2 — used to say or suggest what should be done You ought to get some rest. That leak ought to be fixed. You ought to do your homework.

#### Should means must and is immediate

Summers 94 (Justice – Oklahoma Supreme Court, “Kelsey v. Dollarsaver Food Warehouse of Durant”, 1994 OK 123, 11-8, http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn13)

¶4 The legal question to be resolved by the court is whether the word "should"[13](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn13) in the May 18 order connotes futurity or may be deemed a ruling in praesenti.[14](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn14) The answer to this query is not to be divined from rules of grammar;[15](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn15) it must be governed by the age-old practice culture of legal professionals and its immemorial language usage. To determine if the omission (from the critical May 18 entry) of the turgid phrase, "and the same hereby is", (1) makes it an in futuro ruling - i.e., an expression of what the judge will or would do at a later stage - or (2) constitutes an in in praesenti resolution of a disputed law issue, the trial judge's intent must be garnered from the four corners of the entire record.[16](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker3fn16) [CONTINUES – TO FOOTNOTE] [13](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker2fn13) "*Should*" not only is used as a "present indicative" synonymous with *ought* but also is the past tense of "shall" with various shades of meaning not always easy to analyze. See 57 C.J. Shall § 9, Judgments § 121 (1932). O. JESPERSEN, GROWTH AND STRUCTURE OF THE ENGLISH LANGUAGE (1984); St. Louis & S.F.R. Co. v. Brown, 45 Okl. 143, 144 P. 1075, 1080-81 (1914). For a more detailed explanation, see the Partridge quotation infra note 15. Certain contexts mandate a construction of the term "should" as more than merely indicating preference or desirability. Brown, supra at 1080-81 (jury instructions stating that jurors "should" reduce the amount of damages in proportion to the amount of contributory negligence of the plaintiff was held to imply an *obligation* *and to be more than advisory*); Carrigan v. California Horse Racing Board, 60 Wash. App. 79, [802 P.2d 813](http://www.oscn.net/applications/oscn/deliverdocument.asp?box1=802&box2=P.2D&box3=813) (1990) (one of the Rules of Appellate Procedure requiring that a party "should devote a section of the brief to the request for the fee or expenses" was interpreted to mean that a party is under an *obligation* to include the requested segment); State v. Rack, 318 S.W.2d 211, 215 (Mo. 1958) ("should" would mean the same as "shall" or "must" when used in an instruction to the jury which tells the triers they "should disregard false testimony"). [14](http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=20287#marker2fn14) In praesenti means literally "at the present time." BLACK'S LAW DICTIONARY 792 (6th Ed. 1990). In legal parlance the phrase denotes that which in law is presently or immediately effective, as opposed to something that will or would become effective in the future *[in futurol*]. See Van Wyck v. Knevals, [106 U.S. 360](http://www.oscn.net/applications/oscn/deliverdocument.asp?box1=106&box2=U.S.&box3=360), 365, 1 S.Ct. 336, 337, 27 L.Ed. 201 (1882).

### 1NC – T

#### **Interp – “medicines” treat or cure, whereas vaccines prevent – o/w on specificity since it’s about the COVID vaccine**

Vecchio 7/22 (Christopher Vecchio, [CFA, Senior Strategist,], 7-22-2021, “Delta Variant Concerns Won't Cripple Markets, US Economy“, DailyFX, accessed: 8-9-2021, https://www.dailyfx.com/forex/video/daily\_news\_report/2021/07/22/market-minutes-delta-variant-concerns-wont-cripple-markets-us-economy.html) ajs

Let’s stick to the facts. The COVID-19 vaccines are not medicines, which by definition “treat or cure diseases.” Vaccines “help prevent diseases,” an important distinction. Why does this matter? Because data coming out of some of the world’s developed economies with high adult vaccination rates suggest that the vaccines are working as intended: tail-risks have been reduced, with hospitalizations and deaths falling relative to the recent spike in infections (which have been occurring primarily among the unvaccinated at this point). Put another way, vaccines are like a Kevlar vest for the immune system; while they don’t make you bulletproof, they dramatically increase the odds of surviving an adverse event.

#### Vaccines are medical interventions – not medicines

Elbe 10 (Stefan Elbe, [director of the Centre for Global Health Policy and a professor of international relations at the University of Sussex. He is the author of Strategic Implications of HIV/AIDS, Security and Global Health, and Virus Alert: Security, Governmentality, and the AIDS Pandemic.], 5-3-2010, “Security and Global Health” Polity Press, accessed: 8-9-2021, https://books.google.com/books?id=PKMoMJrSsksC) ajs

Yet here too we must be careful not to overlook other types of medical intervention simultaneously pursued by the 'social' arm of modern medicine at the population level. Vaccines in particular continue to be particularly important medical interventions that repeatedly surface in a variety of different health security delib- erations. Strictly speaking, vaccines are not medicines because they consist of small concentrations of disease-causing microbes (or their derivatives) used to enhance a person's immuno-response to a future infection. As a public health measure, vaccines have therefore also been largely sidelined in the existing medicalization literature. Yet, generally speaking, vaccines too can be considered as medical inter- ventions. That is certainly how the World Health Organization views them, pointing out that 'vaccines are among the most important medical interventions for reducing illness and deaths' available today (WHO 2009a). Whereas pills and other therapies mark the tools of clinical medicine, vaccines play a crucial part in the arsenal of 'social' medicine and public health. Developing and rolling out of new vaccines against a range of current (and future) diseases therefore represents further evidence of how the rise of health security is also encouraging security to be practised through the introduction of new medical interventions in society.

#### Violation – Their plan includes COVID vaccines—don’t let them skirt out of the violation. Double bind either A. they violate or B. they don’t include vaccines and they don’t have an aff because the whole advantage is about vaccine access.

We the undersigned organizations respectfully urge you to speedily secure a waiver that is:¶ • Comprehensive: The U.S. government must secure swift adoption of a temporary waiver of the patent, copyright, industrial design and undisclosed data rules of the WTO’s TRIPS Agreement with respect to COVID-19-related medical products. The scope of the waiver must extend beyond vaccines to also cover the diagnostic tests needed to detect outbreaks and variants; the treatments, ventilators and other medical devices necessary to shorten lockdowns and save the lives of the millions who will contract COVID-19 before sufficient vaccine doses can be made and the materials, components, means and methods of manufacturing such goods.¶ • Swift: The WTO Director General’s December 2021 deadline for a final waiver text is far too late to meet the urgency of the pandemic, which requires agreement on a waiver in a matter of weeks, not months.¶ • Long-lasting: A waiver must be of sufficient duration to incentivize and sustain increases in manufacturing capacity for and output of medical goods to prevent, contain or treat COVID19, taking into consideration that the pandemic may yet escape current vaccines. We support the waiver sponsors’ proposal that the initial waiver last three years and be regularly reviewed thereafter, particularly given uncertainties around variants, the need for boosters, and what levels of immunization may be needed.¶ Current global production capacity of COVID-19 vaccines, medicines, and diagnostic tests cannot come close to meeting global needs to detect, treat, prevent, or contain COVID-19. Absent significant increases in vaccine production, many in developing nations will not have access to vaccines until 2024. This lag would mean more deaths and the greater chances for development of new variants that can undermine vaccines' achievements to date.¶ Every country should have the right to develop and make their own vaccines free from the worry that they and their suppliers would be sued by IP holders. To date, vaccine intellectual property rightsholders have refused to issue open licenses under transparent and accountable terms and conditions, and transfer technology fully to and negotiate payment terms with qualified manufacturers in Africa, Asia, and Latin America, creating supply shortages and production bottlenecks and prohibiting urgently needed production of doses worldwide. The worst global health crisis in a century has resulted in at least 3.5 million deaths worldwide and is conservatively estimated to cost the U.S. alone $16 trillion in economic losses, accompanied by yet greater global losses that have impoverished hundreds of millions of people worldwide. We are in a race against time to save lives and prevent new variants. Absent a major increase in vaccines, treatments, diagnostic tests, ventilators, and other COVID-19-related medical supplies, the pandemic will rage largely unmitigated among a significant share of the world’s population. COVID-19 infections will increase, resulting in increased deaths and long-term damage to the health of millions of people, a dragging blow to the global economy and a risk that vaccine-resistant variants will put the world back on lockdown and evade immunity for those previously infected and/or vaccinated. The long-term impact on people’s health and the world’s health system would be unprecedented.

#### Negate –

#### 1] Limits – expanding the topic to preventative treatment or medical interventions allows anything from surgery to medical devices to education strategies or mosquito repellent to prevent malaria. Destroys core generics like innovation which are exclusive to disease curing – core of the topic is about proprietary information. A big case list with no unifying generics destroy neg prep – disincentivizes in depth topic research and leaves the neg behind.

#### 2] Precision – WHO definitively outweighs on common usage and quals and views vaccines as medical interventions which proves we’re right and consistent with topic lit – debates should mirror international medical consensus.

#### Competing interpretations—it tells the negative what they do and do not have to prepare for. Reasonability is arbitrary and unpredictable, inviting a race to the bottom and we’ll win it links to our offense.

#### Drop the debater to deter future abuse and because the 2N doesn’t get new disads to whole rez so it’s permanently skewed.

### 1NC – CP

#### CP: Member nations of the WTO should declare COVID-19 a national emergency on the basis of vaccine shortfall and issue compulsory licenses for relevant medicines. Member nations should offer regulatory and legal assistance to nations filing a compulsory license.

#### Compulsory licensing solves access- empirics and past precedent

**Zhuang 2017** (Wei, PhD from the University of Geneva, is currently an associate in the Geneva Office of Van Bael & Bellis. She assists governments in WTO dispute settlement proceedings and advises companies and governments in trade remedy investigations. Prior to joining Van Bael & Bellis, Wei worked in the Legal Affairs Division of the WTO as part of a Secretariat Team on a trade remedy dispute from beginning to end. In addition, she assisted the WTO Secretariat Team in an IP-related dispute, including by contributing to the preliminary rulings. Wei has also gained practical experience as a legal consultant at the United Nations (2010 – 2011), as a legal intern at the International Tribunal for the Law of the Sea (2009) and as an associate judicial officer at the Commission for Discipline Inspection (Muchuan Branch) in China. Wei was also a Marie Curie Fellow with the DISSETTLE (Dispute Settlement in Trade: Training in Law and Economics) Programme; a Visiting Fellow at the Lauterpacht Centre for International Law, University of Cambridge, and a Research Fellow at the Max Planck Institute for IP and Competition Law. Interpreting Patent-Related Flexibilities in the TRIIPS Agreement for Facilitating Innovation and Transfer of ESTs, chapter 6 of *Intellectual Property Rights and Climate Change* Cambridge University Press Pg. 298-304)DR 21

\*\*\*Note: EST= Environmentally Sound Technologies\*\*\*

Even though there are limits to their effectiveness, compulsory licences are considered a valuable tool for governments to facilitate access to medicines through the prevention of patent abuses as well as the “encouragement of domestic capacities for manufacturing pharmaceuticals”. 289 According to the UNDP Human Development Report (2001), after the adoption of the TRIPS Agreement, compulsory licences were initially mainly used in Canada, Japan, the UK and the United States for products such as pharmaceuticals – particularly as a remedy to address anti-competitive practices and prevent higher prices – while no compulsory licence was issued then in developing countries largely due to pressure from Europe and the United States and the fear of long and expensive litigation against the pharmaceutical industry.290 As demonstrated in Section 5.4.1.2, in order to address developing countries’ concern, the 2001 Doha Declaration explicitly reaffirmed the right of countries to issue compulsory licences where necessary, in the interests of public health.

In order to enable countries with insufficient manufacturing capacity in the pharmaceutical sector to benefit from the compulsory licensing system, the WTO General Council adopted the Decision of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and public health (the so-called paragraph 6 system).291 This decision essentially expanded the TRIPS flexibilities, involving two waivers: (1) with respect to the exporting country, a “waiver” of obligations to use the authorised compulsory licence predominantly for the supply of the domestic market under Article 31(f); and (2) with regard to the importing country, a waiver of the adequate remuneration requirement under Article 31(h) when remuneration is paid in the exporting Member. “Where a compulsory licence is granted by an exporting Member under the system set out in this Decision, adequate remuneration pursuant to Article 31(h) of the TRIPS Agreement shall be paid in that Member taking into account the economic value to the importing Member of the use that has been authorised in the exporting Member”. 292

In 2005, WTO Members agreed to make the waivers permanent by amending the TRIPS Agreement.293 With the approval of two-thirds of the WTO Members, the amendment entered into force on 23 January 2017. As the very first legal amendment to a WTO multilateral agreement, it was said to have shown that “[M]embers are determined to ensure the WTO’s trading system contributes to humanitarian and development goals”. 294 Likewise, such amendment could be extended to address other global concerns such as climate change in accordance with the WTO’s sustainable development objective and Articles 7 and 8 of the TRIPS Agreement.

In effect, the compulsory licensing system established within the WTO framework is not a panacea, but rather a legal guarantee of rights and ability to make effective use of compulsory licences. Since the adoption of the Doha Declaration, a number of developing countries (e.g., Thailand, Brazil, Ecuador, India and Indonesia) have issued compulsory licences to lower the price of patented medicines such as HIV/AIDS drugs.295 Additionally, in 2007, Rwanda became the first country without sufficient manufacturing capacities to use the WTO “paragraph 6 system” to import Apo-TriAvir from Apotex, a Canadian firm.296 Commentators note that since the Doha Declaration was adopted in 2001, the threat of compulsory licenceshas motivated multinational companies to “voluntarily make proactive efforts to realistically make their drugs accessible**”** either through dramatically lowering the price or by offering voluntary licences on favourable terms.297 Meanwhile, many countries have successfully used the threat of compulsory licences as leverage in drug price negotiations with pharmaceutical companies.298

#### It’s goldilocks - protects patents while allowing urgent access – the perm or the aff shatters IP protections which crushes innovation while the CP strikes an accepted balance

**Bacchus 2020** (James, Adjunct Fellow, Cato Institute, former U.S. Representative (D-FL), and former Chairman, World Trade Organization’s Appellate Body. “An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines,” *Cato* <https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#balancing-ip-rights-access-medicines-not-new-wto> December 16, 2020)DR 21

As Jennifer Hillman of the Council on Foreign Relations observed, ordinarily the “inherent tension between the protection of intellectual property and the need to make and distribute affordable medicines” is “resolved through licensing, which allows a patent holder to permit others to make or trade the protected product—usually at a price and with some supervision from the patent holder to ensure control.”[7](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref7) But, in public health emergencies, it may be impossible to obtain a license. In such cases, “compulsory licenses” can be issued to local manufacturers, authorizing them to make patented products or use patented processes even though they do not have the permission of the patent holders.[8](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref8)

After years of debate, WTO members clarified in the Doha Ministerial Declaration in November 2001 that each WTO member “has the right to grant compulsory licenses and the freedom to determine the grounds upon which such licenses are granted.”[9](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref9) In August 2003, WTO members followed up on the 2001 declaration by adopting a waiver that allows poorer countries that do not have the capacity to make pharmaceutical products—and thus cannot benefit from compulsory licensing—to import cheaper generic drugs from countries where those drugs are protected by patent.[10](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref10) In such a case, both the importing and exporting countries are excused from what would otherwise be their obligations under the TRIPS Agreement. This waiver was transformed into an amendment in the WTO IP rules in 2017.[11](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref11)

Compulsory licensing of medicines is not popular with private drug manufacturers because it is a derogation from the customary workings of market‐​based capitalism. However, as these actions by WTO members in 2001, 2003, and 2017 illustrate, compulsory licensing is not a derogation from the balance **struck by the members of the WTO** between protecting IP rights and ensuring access to essential medicines. Rather, it is a crucial part of that balance. The balance struck in the WTO treaty includes the option of compulsory licensing during health emergencies.

Does a Novel Virus Present Novel Issues?

Now comes the COVID-19 crisis. In the debate over the proposed COVID-19 waiver, mostly we have heard the usual arguments, all of them reminiscent of the HIV/AIDS debate. The pharmaceutical companies in the global vaccine chase have been quick to express their opposition to the proposed waiver of IP rights for the pandemic’s duration. They have warned that allowing their COVID-19 vaccines to be copied without their permission through recourse to compulsory licensing “would undermine innovation and raise the risk of unsafe viruses.”[12](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref12)

The reaction of most nongovernmental health organizations and other global advocacy groups to these arguments is summed up in the Access Campaign’s response: “Since the start of the pandemic, pharmaceutical companies have continued with their ‘business‐​as‐​usual’ approaches either by maintaining rigid control over their proprietary IP rights or by pursuing secretive and monopolistic commercial deals and excluding countries affected by COVID-19.”[13](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref13)

What we have not heard in the waiver debate is any clear explanation from waiver advocates of why they believe that the right to compulsory licensing that they already possess will prove insufficient to ensuring access to COVID-19 vaccines.

In requesting a broad waiver of IP rights to COVID-19 vaccines, India and South Africa maintained that “many countries especially developing countries may face institutional and legal difficulties when using flexibilities available” under existing WTO rules. They also noted that a “particular concern for countries with insufficient or no manufacturing capacity” is that the 2017 amendment that permits countries that produce generic medicines under compulsory license to export all of those medicines to least‐​developed countries that lack their own manufacturing capabilities will lead to a “cumbersome and lengthy process.”[14](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref14)

India and South Africa did not offer any further explanation or any evidence to support these assertions. In an effort at an explanation, two Canadian university professors contended, “The TRIPS flexibilities are important policies but they are not perfect. Rules allowing compulsory licensing apply only on a case‐​by‐​case and product‐​by‐​product basis. This slows down the ability of countries to scale up production of needed COVID-19 products.”[15](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref15) But this is advocacy, not evidence. At the time, this point was purely prospective; it was a prejudgment before any COVID-19 vaccine had been given final approval or reached the market.

Before such a sweeping waiver of IP rights is taken up, it should first be demonstrated that the option of compulsory licensing and other flexibilities under the current trade rules will not suffice. At this point, the developed countries that have opposed the waiver are correct. There is no evidence of the need for such a waiver. Action by the WTO should be contemplated only if, and when, the current flexibilities in WTO rules prove to be inadequate. Should that happen, any such action should be no broader than necessary to address the global medical need.

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.

In the short term, undermining private IP rights may accelerate distribution of goods and services—where the novel knowledge that went into making them already exists. But in the long term, undermining private IP rights would eliminate the incentives that inspire innovation, thus **preventing** the discovery and development of knowledge for new goods and services that the world needs. This widespread dismissal of the link between private IP rights and innovation is perhaps best reflected in the fact that although the United Nations Sustainable Development Goals for 2030 aspire to “foster innovation,” they make no mention of IP rights.[19](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref19)

As Stephen Ezell and Nigel Cory of the Information Technology and Innovation Foundation wrote, “A fundamental fault line in the debate over intellectual property pertains to the need to achieve a reasoned balance between access and exclusive rights.”[20](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref20) This fault line is much on display in the WTO rules on IP rights. These rules **recognize that “intellectual property rights are private rights”** and that rules and disciplines are necessary for “the provision of effective and appropriate means for the enforcement of trade‐​related intellectual property rights.”[21](https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines#_ednref21) Yet, where social and economic welfare is at stake, WTO members have sought to strike a balance in these rules between upholding IP rights and fulfilling immediate domestic needs.

### 1NC – DA

#### Biotech industry strong now – new innovation and R&D coming

Cancherini et al. 4/30 [Laura, Engagement Manager @ McKinsey & Company, Joseph Lydon, Associate Partner @ McKinsey & Company, Jorge Santos Da Silva, Senior Partner at McKinsey & Company, and Alexandra Zemp, Partner at McKinsey & Company] “What’s ahead for biotech: Another wave or low tide?“, McKinsey & Company, 4-30-2021, <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/whats-ahead-for-biotech-another-wave-or-low-tide> //ajs

As the pandemic spread across the globe in early 2020, biotech leaders were initially pessimistic, reassessing their cash position and financing constraints. When McKinsey and BioCentury interviewed representatives from 106 biotech companies in May 2020,4 half of those interviewed were expecting delays in financing, and about 80 percent were tight on cash for the next two years and considering trade-offs such as deferring IPOs and acquisitions. Executives feared that valuations would decline because of lower revenue projections and concerns about clinical-trial delays, salesforce-effectiveness gaps, and other operational issues.

Belying this downbeat mood, biotech has in fact had one of its best years so far. By January 2021, venture capitalists had invested some 60 percent more than they had in January 2020, with more than $3 billion invested worldwide in January 2021 alone.5 IPO activity grew strongly: there were 19 more closures than in the same period in 2020, with an average of $150 million per raise, 17 percent more than in 2020. Other deals have also had a bumper start to 2021, with the average deal size reaching more than $500 million, up by more than 66 percent on the 2020 average (Exhibit 3).6

What about SPACs?

The analysis above does not include special-purpose acquisition companies (SPACs), which have recently become significant in IPOs in several industries. Some biotech investors we interviewed believe that SPACs represent a route to an IPO. How SPACs will evolve remains to be seen, but biotechs may be part of their story.

Fundamentals continue strong

When we asked executives and investors why the biotech sector had stayed so resilient during the worst economic crisis in decades, they cited innovation as the main reason. The number of assets transitioning to clinical phases is still rising, and further waves of innovation are on the horizon, driven by the convergence of biological and technological advances.

In the present day, many biotechs, along with the wider pharmaceutical industry, are taking steps to address the COVID-19 pandemic. Together, biotechs and pharma companies have [more than 250 vaccine candidates in their pipelines](https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/on-pins-and-needles-will-covid-19-vaccines-save-the-world), along with a similar number of therapeutics. What’s more, the crisis has shone a spotlight on pharma as the public seeks to understand the roadblocks involved in delivering a vaccine at speed and the measures needed to maintain safety and efficacy standards. To that extent, the world has been living through a time of mass education in science research and development.

Biotech has also benefited from its innate financial resilience. Healthcare as a whole is less dependent on economic cycles than most other industries. Biotech is an innovator, actively identifying and addressing patients’ unmet needs. In addition, biotechs’ top-line revenues have been less affected by lockdowns than is the case in most other industries.

Another factor acting in the sector’s favor is that larger pharmaceutical companies still rely on biotechs as a source of innovation. With the [top dozen pharma companies](https://www.mckinsey.com/business-functions/m-and-a/our-insights/a-new-prescription-for-m-and-a-in-pharma) having more than $170 billion in excess reserves that could be available for spending on M&A, the prospects for further financing and deal making look promising.

For these and other reasons, many investors regard biotech as a safe haven. One interviewee felt it had benefited from a halo effect during the pandemic.

More innovation on the horizon

The investors and executives we interviewed agreed that biotech innovation continues to increase in quality and quantity despite the macroeconomic environment. Evidence can be seen in the accelerating pace of assets transitioning across the development lifecycle. When we tracked the number of assets transitioning to Phase I, Phase II, and Phase III clinical trials, we found that Phase I and Phase II assets have transitioned 50 percent faster since 2018 than between 2013 and 2018, whereas Phase III assets have maintained much the same pace. There could be many reasons for this, but it is worth noting that biotechs with Phase I and Phase II assets as their lead assets have accounted for more than half of biotech IPOs. Having an early IPO gives a biotech earlier access to capital and leaves it with more scope to concentrate on science.

Looking forward, the combination of advances in biological science and accelerating developments in technology and artificial intelligence has the potential to take innovation to a new level. A [recent report](https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/the-bio-revolution-innovations-transforming-economies-societies-and-our-lives) from the McKinsey Global Institute analyzed the profound economic and social impact of biological innovation and found that biomolecules, biosystems, biomachines, and biocomputing could collectively produce up to 60 percent of the physical inputs to the global economy. The applications of this “Bio Revolution” range from agriculture (such as the production of nonanimal meat) to energy and materials, and from consumer goods (such as multi-omics tailored diets) to a multitude of health applications.

#### Even small exceptions that contravene TRIPS spill over by creating anti-IP precedent and momentum.

Balasubramanyam 14 “Battles Over Patents: Is India Changing The Rules Of The Game?” 02/18/2014 Ranjitha Balasubramanyam [Germany-based journalist and humanitarian researcher with over two decades of journalistic experience, working mainly for European broadcasters] <https://www.ip-watch.org/2014/02/18/battles-over-patents-is-india-changing-the-rules-of-the-game/> SM

While admitting that the impact would be “marginal,” Bayer said in a written response to Intellectual Property Watch that it was the prospect of a “spillover” they are worried about and that spillovers “are a general threat for the whole industry.” “Economically, there is no massive impact so far but this could change if more products are involved,” Bayer said, adding that if countries like India are regarded as a “role model” for other countries, “IP protection could be diluted in several jurisdictions.” That may well prove a watershed moment and therefore cause for serious concern for the big research-based pharmaceutical companies. The trend toward reform is already evident by moves in South Africa to overhaul the country’s patent laws in an attempt to address concerns over the cost of drugs. Moreover, middle income states like India, China, South Africa and Brazil have the potential to evolve into highly profitable markets for big pharmaceutical concerns, as the market continues to grow in those countries. Given the prospect for future revenues, Malpani said: “The companies are concerned about the precedent this is setting where in the long term they want to prevent these countries from using these measures to protect public health.”

#### A thriving and innovating biopharmaceutical sector is key to prevent future pandemics and bioterror.

Marjanovic and Feijao 20 [(Sonja Marjanovic, Ph.D., Judge Business School, University of Cambridge. Carolina Feijao, Ph.D. in biochemistry, University of Cambridge; M.Sc. in quantitative biology, Imperial College London; B.Sc. in biology, University of Lisbon.) "How to Best Enable Pharma Innovation Beyond the COVID-19 Crisis," RAND Corporation, 05-2020, https://www.rand.org/pubs/perspectives/PEA407-1.html] TDI

As key actors in the healthcare innovation landscape, pharmaceutical and life sciences companies have been called on to develop medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also infectious diseases that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a bioterrorism context.1 The general threat to public health that is posed by antimicrobial resistance is also well-recognised as an area in need of pharmaceutical innovation. Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and competition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, make pharmaceutical companies and the wider life sciences sector an indispensable partner in the search for solutions that save lives. This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceutical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic. In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is essential for socially responsible companies in the sector. 2 It is therefore unsurprising that we are seeing industry-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently contributing in a variety of ways. Examples include pharmaceutical companies donating existing compounds to assess their utility in the fight against COVID19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating trials for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accelerate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6 The primary purpose of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be relatively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pressure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing combination product that is being tested for therapeutic potential against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10 Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider how pharmaceutical innovation for responding to emerging infectious diseases can best be enabled beyond the current crisis. Many public health threats (including those associated with other infectious diseases, bioterrorism agents and antimicrobial resistance) are urgently in need of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the immediate term. The pharmaceutical industry has responded to previous public health emergencies associated with infectious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contributions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are important policy questions as to whether – and how – industry could engage with such public health threats to an even greater extent under improved innovation conditions.

#### Bioterror coming now and causes extinction – the tech exists and overcomes their impact defense

**Millett & Snyder-Beattie ‘17** [(Piers Millett: Ph.D., Senior Research Fellow, Future of Humanity Institute, University of Oxford. Andrew Snyder-Beattie: M.S., Director of Research, Future of Humanity Institute, University of Oxford.) " Existential Risk and Cost-Effective Biosecurity," Health Security, 15(4), 08-01-2017, https://www.liebertpub.com/doi/full/10.1089/hs.2017.0028] TDI

In the decades to come, advanced bioweapons could **threaten human existence**. Although the **probability** of human extinction from bioweapons **may** be low, the **expected value** of **reducing** the risk could **still** be **large**, since such risks jeopardize the existence of **all future generations**. We provide an overview of biotechnological extinction risk, make some rough initial estimates for how severe the risks might be, and compare the cost-effectiveness of reducing these extinction-level risks with existing biosecurity work. We find that reducing human extinction risk can be more cost-effective than reducing smaller-scale risks, even when using conservative estimates. This suggests that the risks are not low enough to ignore and that more ought to be done to prevent the worst-case scenarios. How worthwhile is it spending resources to study and mitigate the chance of human extinction from biological risks? The risks of such a catastrophe are presumably low, so a skeptic might argue that addressing such risks would be a waste of scarce resources. In this article, we investigate this position using a cost-effectiveness approach and ultimately conclude that the expected value of reducing these risks is large, especially since such risks jeopardize the existence of all future human lives. **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 the Western Abenaki (which suffered a staggering 98% loss of population).9 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 biotech**nology 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.19-21 Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a **long historical track record** of**state-run bioweapon research** applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.22 Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.23,24 While there is no evidence of state-run bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and **m**utually **a**ssured **d**estruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.25 The **possibility of a war** between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,26 and Japan using plague to cause an epidemic in China during WWII.27

### 1NC – Underview

Disads aren't ridiculous:

Ethics assumes the aff is right but the counterplans solve and we'll win the aff is wrong

B, C, and D aren't substitutes for debating the disad - if we win our link chain is probable and that extinction ow then you should vote neg cuz we've made causal claims - they need to isolate specific confounding factors or directionally ambiguous internal links

E just claims probability x magnitude should filter the risk of impacts to allow decisionmaking which we agree with and takes out their framing.

### 1NC – Framing

Their framing cards presume we sacrifice those populations but we have an alternate way of solving which means you should be modest about impacts—if we win a disad to doing the aff instead of a CP these are obviously ridiculous.

#### Existential threats outweigh – all life has infinite value and extinction eliminates the possibility for future generations – err negative, because of innate cognitive biases

GPP 17 (Global Priorities Project, Future of Humanity Institute at the University of Oxford, Ministry for Foreign Affairs of Finland, “Existential Risk: Diplomacy and Governance,” Global Priorities Project, 2017, <https://www.fhi.ox.ac.uk/wp-content/uploads/Existential-Risks-2017-01-23.pdf>,

1.2. THE ETHICS OF EXISTENTIAL RISK In his book Reasons and Persons, Oxford philosopher Derek Parfit advanced an influential argument about the importance of avoiding extinction: I believe that if we destroy mankind, as we now can, this outcome will be much worse than most people think. Compare three outcomes: (1) Peace. (2) A nuclear war that kills 99% of the world’s existing population. (3) A nuclear war that kills 100%. (2) would be worse than (1), and (3) would be worse than (2). Which is the greater of these two differences? Most people believe that the greater difference is between (1) and (2). I believe that the difference between (2) and (3) is very much greater. ... The Earth will remain habitable for at least another billion years. Civilization began only a few thousand years ago. If we do not destroy mankind, these few thousand years may be only a tiny fraction of the whole of civilized human history. The difference between (2) and (3) may thus be the difference between this tiny fraction and all of the rest of this history. If we compare this possible history to a day, what has occurred so far is only a fraction of a second.65 In this argument, it seems that Parfit is assuming that the survivors of a nuclear war that kills 99% of the population would eventually be able to recover civilisation without long-term effect. As we have seen, this may not be a safe assumption – but for the purposes of this thought experiment, the point stands. What makes existential catastrophes especially bad is that they would “destroy the future,” as another Oxford philosopher, Nick Bostrom, puts it.66 This future could potentially be extremely long and full of flourishing, and would therefore have extremely large value. In standard risk analysis, when working out how to respond to risk, we work out the expected value of risk reduction, by weighing the probability that an action will prevent an adverse event against the severity of the event. Because the value of preventing existential catastrophe is so vast, even a tiny probability of prevention has huge expected value.67 Of course, there is persisting reasonable disagreement about ethics and there are a number of ways one might resist this conclusion.68 Therefore, it would be unjustified to be overconfident in Parfit and Bostrom’s argument. In some areas, government policy does give significant weight to future generations. For example, in assessing the risks of nuclear waste storage, governments have considered timeframes of thousands, hundreds of thousands, and even a million years.69 Justifications for this policy usually appeal to principles of intergenerational equity according to which future generations ought to get as much protection as current generations.70 Similarly, widely accepted norms of sustainable development require development that meets the needs of the current generation without compromising the ability of future generations to meet their own needs.71 However, when it comes to existential risk, it would seem that we fail to live up to principles of intergenerational equity. Existential catastrophe would not only give future generations less than the current generations; it would give them nothing. Indeed, reducing existential risk plausibly has a quite low cost for us in comparison with the huge expected value it has for future generations. In spite of this, relatively little is done to reduce existential risk. Unless we give up on norms of intergenerational equity, they give us a strong case for significantly increasing our efforts to reduce existential risks. 1.3. WHY EXISTENTIAL RISKS MAY BE SYSTEMATICALLY UNDERINVESTED IN, AND THE ROLE OF THE INTERNATIONAL COMMUNITY In spite of the importance of existential risk reduction, it probably receives less attention than is warranted. As a result, concerted international cooperation is required if we are to receive adequate protection from existential risks. 1.3.1. Why existential risks are likely to be underinvested in There are several reasons why existential risk reduction is likely to be underinvested in. Firstly, it is a global public good. Economic theory predicts that such goods tend to be underprovided. The benefits of existential risk reduction are widely and indivisibly dispersed around the globe from the countries responsible for taking action. Consequently, a country which reduces existential risk gains only a small portion of the benefits but bears the full brunt of the costs. Countries thus have strong incentives to free ride, receiving the benefits of risk reduction without contributing. As a result, too few do what is in the common interest. Secondly, as already suggested above, existential risk reduction is an intergenerational public good: most of the benefits are enjoyed by future generations who have no say in the political process. For these goods, the problem is temporal free riding: the current generation enjoys the benefits of inaction while future generations bear the costs. Thirdly, many existential risks, such as machine superintelligence, engineered pandemics, and solar geoengineering, pose an unprecedented and uncertain future threat. Consequently, it is hard to develop a satisfactory governance regime for them: there are few existing governance instruments which can be applied to these risks, and it is unclear what shape new instruments should take. In this way, our position with regard to these emerging risks is comparable to the one we faced when nuclear weapons first became available. Cognitive biases also lead people to underestimate existential risks. Since there have not been any catastrophes of this magnitude, these risks are not salient to politicians and the public.72 This is an example of the misapplication of the availability heuristic, a mental shortcut which assumes that something is important only if it can be readily recalled. Another cognitive bias affecting perceptions of existential risk is scope neglect. In a seminal 1992 study, three groups were asked how much they would be willing to pay to save 2,000, 20,000 or 200,000 birds from drowning in uncovered oil ponds. The groups answered $80, $78, and $88, respectively.73 In this case, the size of the benefits had little effect on the scale of the preferred response. People become numbed to the effect of saving lives when the numbers get too large. 74 Scope neglect is a particularly acute problem for existential risk because the numbers at stake are so large. Due to scope neglect, decision-makers are prone to treat existential risks in a similar way to problems which are less severe by many orders of magnitude. A wide range of other cognitive biases are likely to affect the evaluation of existential risks.75

### 1NC – Solvency

#### Patent waiver is extra topical – voting issue for limits – allows them to tack on infinite unpredictable planks to the resolution to spike out of negative ground like DA links and CP competition.

Tom Lee 21 (Data and Policy Analyst at the American Action Forum) And Christopher Holt (the Director of Health Care Policy at the American Action Forum), 5/10/21, Intellectual Property, COVID-19 Vaccines, and the Proposed TRIPS Waiver, <https://www.americanactionforum.org/insight/intellectual-property-covid-19-vaccines-and-the-proposed-trips-waiver/#ixzz75KTH1nPx> SJEP

**Under the broad language of the proposed TRIPS waiver, any drugs that have use for patients with COVID-19, including those that predate the pandemic, could lose patent protection**. Thus, a foreign company could produce a specific drug under the auspices of COVID-19 but sell it for another disease. Moreover, the foreign company would not have to provide any financial compensation to the company from whom they took the IP. **The proposal’s language is so broad that other patented medical products beyond pharmaceutical drugs such as masks, non-pharmaceutical chemical compounds, and respirators would also be subject to the waiver.**

We the undersigned organizations respectfully urge you to speedily secure a waiver that is:¶ • Comprehensive: The U.S. government must secure swift adoption of a temporary waiver of the patent, copyright, industrial design and undisclosed data rules of the WTO’s TRIPS Agreement with respect to COVID-19-related medical products. The scope of the waiver must extend beyond vaccines to also cover the diagnostic tests needed to detect outbreaks and variants; the treatments, ventilators and other medical devices necessary to shorten lockdowns and save the lives of the millions who will contract COVID-19 before sufficient vaccine doses can be made and the materials, components, means and methods of manufacturing such goods.¶ • Swift: The WTO Director General’s December 2021 deadline for a final waiver text is far too late to meet the urgency of the pandemic, which requires agreement on a waiver in a matter of weeks, not months.¶ • Long-lasting: A waiver must be of sufficient duration to incentivize and sustain increases in manufacturing capacity for and output of medical goods to prevent, contain or treat COVID19, taking into consideration that the pandemic may yet escape current vaccines. We support the waiver sponsors’ proposal that the initial waiver last three years and be regularly reviewed thereafter, particularly given uncertainties around variants, the need for boosters, and what levels of immunization may be needed.¶ Current global production capacity of COVID-19 vaccines, medicines, and diagnostic tests cannot come close to meeting global needs to detect, treat, prevent, or contain COVID-19. Absent significant increases in vaccine production, many in developing nations will not have access to vaccines until 2024. This lag would mean more deaths and the greater chances for development of new variants that can undermine vaccines' achievements to date.¶ Every country should have the right to develop and make their own vaccines free from the worry that they and their suppliers would be sued by IP holders. To date, vaccine intellectual property rightsholders have refused to issue open licenses under transparent and accountable terms and conditions, and transfer technology fully to and negotiate payment terms with qualified manufacturers in Africa, Asia, and Latin America, creating supply shortages and production bottlenecks and prohibiting urgently needed production of doses worldwide. The worst global health crisis in a century has resulted in at least 3.5 million deaths worldwide and is conservatively estimated to cost the U.S. alone $16 trillion in economic losses, accompanied by yet greater global losses that have impoverished hundreds of millions of people worldwide. We are in a race against time to save lives and prevent new variants. Absent a major increase in vaccines, treatments, diagnostic tests, ventilators, and other COVID-19-related medical supplies, the pandemic will rage largely unmitigated among a significant share of the world’s population. COVID-19 infections will increase, resulting in increased deaths and long-term damage to the health of millions of people, a dragging blow to the global economy and a risk that vaccine-resistant variants will put the world back on lockdown and evade immunity for those previously infected and/or vaccinated. The long-term impact on people’s health and the world’s health system would be unprecedented.

#### TRIPs waiver doesn’t solve- it doesn’t obligate countries to do anything, just makes it legal.

Mercurio 21 [Bryan; Professor of Law, The Chinese University of Hong Kong; "The IP Waiver for COVID-19: Bad Policy, Bad Precedent," 2021; 1-6. International Review of Intellectual Property and Competition Law.] Justin

It is not only the length of time which is an issue but also the ultimate impact of the waiver. A waiver simply means that a WTO Member would not be in violation of its WTO obligations if it does not protect and enforce the COVID-19-related IPRs for the duration of the waiver. The waiver would thus allow Members to deviate from their international obligations but not obligate Members to suspend protection and enforcement of the IPRs. Members like the US who support the waiver may not implement the necessary domestic legislation to waive IPRs within the jurisdiction. It is questionable whether the US could even legally implement the waiver given that IPRs are a matter of constitutional law.17

### 1NC – Advantage

Fiat solves the compulsory licensing solvency deficit and its notuq to the aff

#### Waiver greenlights counterfeit medicine – turns case.

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

The Biden's administration's support for India and South Africa's proposal before the World Trade Organization to temporarily waive anti-COVID vaccine patents to boost its supply will fuel the **development of counterfeit vaccines and weaken the already strained global supply chain**. The proposal will not increase the effective number of COVID-19 vaccines in India and other countries. The manufacturing standards to produce COVID-19 vaccines are **exceptionally complicated**; it is unlike any other manufacturing process. To ensure patient safety and efficacy, only manufacturers with the **proper facilities and training should produce the vaccine, and they are**. Allowing a temporary waiver that permits compulsory licensing to allow a manufacturer to export counterfeit vaccines will **cause confusion and endanger public health**. For example, between 60,000 and 80,000 children in Niger with fatal falciparum malaria were treated with a counterfeit vaccine containing incorrect active pharmaceutical ingredients, resulting in more than **100 fatal infections.** Beyond the patients impacted, counterfeit drugs erode public confidence in health care systems and the pharmaceutical industry. Vaccine hesitancy is a rampant threat that feeds off of the distribution of misinformation. Allowing the production of vaccines from improper manufacturing facilities further opens the door for antivaccine hacks to stoke the fear fueling **vaccine hesitance**.

#### The aff causes a scramble for limited resources by manufacturers with no experience – turns case.

Breuninger 21 [Kevin; Specialist at CNBC; “Pfizer CEO opposes U.S. call to waive Covid vaccine patents, cites manufacturing and safety issues,” CNBC; 5/7/21; <https://www.cnbc.com/2021/05/07/pfizer-ceo-biden-backed-covid-vaccine-patent-waiver-will-cause-problems.html>] Justin

“Currently, infrastructure is not the bottleneck for us manufacturing faster,” Bourla wrote in a dear colleague letter posted on LinkedIn. “The restriction is the scarcity of highly specialized raw materials needed to produce our vaccine.” Pfizer’s vaccine requires 280 different materials and components that are sourced from 19 countries around the world, Bourla said. He contended that without patent protections, entities with much less experienced than Pfizer at manufacturing vaccines will start competing for the same ingredients. “Right now, virtually every single gram of raw material produced is shipped immediately into our manufacturing facilities and is converted immediately and reliably to vaccines that are shipped immediately around the world,” Bourla wrote. He predicted that the proposed waiver “threatens to disrupt the flow of raw materials.” “It will unleash a scramble for the critical inputs we require in order to make a safe and effective vaccine,” Bourla wrote. “Entities with little or no experience in manufacturing vaccines are likely to chase the very raw materials we require to scale our production, putting the safety and security of all at risk,” the CEO wrote.