# AC

## Covid

#### The time to expand vaccination on a global level is now---highly contagious mutations facilitate continued spread.

Kumar 7-12 Rajeesh Kumar, Rajeesh Kumar is Associate Fellow at Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi., 7-12-2021, "WTO TRIPS Waiver and COVID-19 Vaccine Equity," Manohar Paprikar Institute for Defence Studies and Analyses, <https://idsa.in/issuebrief/wto-trips-waiver-covid-vaccine-rkumar-120721>, EH and brett

Two significant factors rekindled the debate on TRIPS waiver for essential medical products—first, vaccine inequity, and second, the insufficiency of existing waiver provisions in fighting the COVID-19 pandemic. COVID-19 is an exceptional circumstance, and equitable global access to the vaccine is necessary to bring the pandemic under control. However, the world is witnessing quite the reverse, i.e., vaccine nationalism. Vaccine nationalism is “my nation first” approach to securing and stockpiling vaccines before making them available in other countries. A TRIPS waiver would be instrumental in addressing the growing inequality in the production, distribution, and pricing of the COVID-19 vaccines.

Vaccine Inequity

According to Duke Global Health Innovation Center, which monitors COVID-19 vaccine purchases, rich nations representing just 14 per cent of the world population have bought up to **53 per cent** of the most promising vaccines so far. As of 4 July 2021, the high-income countries (HICs) purchased more than half (6.16 billion) vaccine doses sold globally. At the same time, the low-income countries (LICs) received only 0.3 per cent of the vaccines produced. The **low and middle-income countries** (LMICs), which account for 81 per cent of the global adult population, **purchased 33 per cent**, and COVAX (COVID-19 Vaccines Global Access) has received 13 per cent.10 Many HICs bought enough doses to vaccinate their populations several times over. For instance, Canada procured 10.45 doses per person, while the UK, EU and the US procured 8.18, 6.89, and 4.60 doses per inhabitant, respectively.11

Source:“Tracking COVID-19 Vaccine Purchases Across the Globe”, Duke Global Health Innovation Center, Updated 9 July 2021.

Consequently, there is a significant disparity between HICs and LICs in vaccine administration as well. As of 8 July 2021, 3.32 billion vaccine doses had been administered globally.12 Nonetheless, only one per cent of people in LICs have been given at least one dose. While in HICs almost **one in fou**r people have received the vaccine, in LICs, it is **one in more than 500**. The World Health Organization (WHO) notes that about 90 per cent of African countries will miss the September target to vaccinate at least 10 per cent of their populations as a third wave looms on the continent.13 South Africa, the most affected African country, for instance, has vaccinated less than two per cent of its population of about 59 million. This is in contrast with the US where almost 47.5 per cent of the population of more than 330 million has been fully vaccinated. In Sub-Saharan Africa, vaccine rollout remains the slowest in the world. According to the International Monetary Fund (IMF), at current rates, by the end of 2021, a massive global inequity will continue to exist, with Africa still experiencing meagre vaccination rates while other parts of the world move much closer to complete vaccination.14

This vaccine inequity is not only morally indefensible but also clinically counter-productive. If this situation prevails, LICs could be waiting until 2025 for vaccinating half of their people. Allowing most of the world’s population to go unvaccinated will also spawn **new virus mutations, more contagious** **viruses** leading to a steep rise in COVID-19 cases. Such a scenario could cause twice as many deaths as against distributing them globally, on a priority basis. Preventing this humanitarian catastrophe requires removing all barriers to the production and distribution of vaccines. TRIPS is one such barrier that prevents vaccine production in LMICs and hence its equitable distribution.

#### COVID vaccines are ineffective soon unless we get global access

Dransfield 21 Sarah Dransfield, 3-30-2021, “Two-thirds of epidemiologists warn mutations could render current COVID vaccines ineffective in a year or less”, <https://www.oxfam.org/en/press-releases/two-thirds-epidemiologists-warn-mutations-could-render-current-covid-vaccines> , accessed 7/23/2021 EH

Epidemiologists from some of the world’s leading academic institutions delivered a stark warning today of the risk the world is taking by failing to ensure all countries have sufficient vaccines to protect people from COVID-19. In a survey of 77 epidemiologists from 28 countries, carried out by The People’s Vaccine Alliance, two-thirds thought that we had a year or less before the virus mutates to the extent that the majority of first-generation vaccines are rendered ineffective and new or modified vaccines are required. Of those surveyed, almost a third gave a timeframe of nine months or less. Fewer than one in eight said they believed that mutations would never render the current vaccines ineffective. The overwhelming majority - 88 per cent - said that persistent low vaccine coverage in many countries would make it more likely for vaccine resistant mutations to appear. The People’s Vaccine Alliance, a coalition of over 50 organisations including African Alliance, Oxfam, Public Citizen and UNAIDS warned that at the current rate it was likely that only 10 per cent of people in the majority of poor countries will be vaccinated in the next year. Nearly three-quarters of those surveyed - who included epidemiologists, virologists and infectious disease specialists from institutions including Johns Hopkins, Yale, Imperial College, London School of Hygiene and Tropical Medicine, Cambridge University, the University of Edinburgh and The University of Cape Town - said that open sharing of technology and intellectual property could increase global vaccine coverage. The People's Vaccine Alliance is calling for the lifting of pharmaceutical monopolies and the sharing of technology to urgently boost vaccine supply. Devi Sridhar, Professor of Global Public Health at the University of Edinburgh, said: “The more the virus circulates, the more likely it is that mutations and variants will emerge, which could make our current vaccines ineffective. At the same time, poor countries are being left behind without vaccines and basic medical supplies like oxygen. “As we've learned, viruses don't care about borders. We have to vaccinate as many people as possible, everywhere in the world, as quickly as possible. Why wait and watch instead of getting ahead of this?” While he didn’t specify a timeframe, Gregg Gonsalves, Associate Professor of Epidemiology at Yale University, echoed the urgency to vaccinate globally. Gonsalves said: “With millions of people around the world infected with this virus, new mutations arise every day. Sometimes they find a niche that makes them more fit than their predecessors. These lucky variants could transmit more efficiently and potentially evade immune responses to previous strains. Unless we vaccinate the world, we leave the playing field open to more and more mutations, which could churn out variants that could evade our current vaccines and require booster shots to deal with them. “We all have a self-interest in ensuring that everyone around the world, no matter where they live have access to COVID-19 vaccines. The virus doesn’t respect borders and new variants somewhere on the planet mean none of us are safe.” Quarraisha Abdool Karim, Associate Scientific Director of CAPRISA and Professor in Clinical Epidemiology at Columbia University, said: “As nations start to expand their vaccination programmes we are once again reminded about our inter-dependence. High coverage rates and herd immunity in one country or region of the world while others, particularly low- and middle-income countries, continue to wait in line will create the perfect environment for the virus to continue to mutate and negate the benefits of any vaccine protection. “In contrast, there are enormous benefits for everyone to have more equitable access to available doses of vaccines and achieve herd immunity globally sooner. As scientists, advocates, and decision-makers we must ensure that as many people are vaccinated all over the world and as soon as possible so that we can all focus our efforts in rebuilding our communities, livelihoods, and economies and know that we are all safe from COVID-19 and be better prepared for the next pandemic.” The survey shows that it is imperative for the safety of all citizens in all countries that people in developing countries are vaccinated as soon as possible. Failure to tackle global vaccine inequality heightens the risk of further mutations. Despite this imperative, rich country defence of the monopolies of pharmaceutical giants mean that global supplies are being artificially rationed, with a handful of companies deciding who lives and who dies. Earlier this month, rich countries blocked a proposal to waive intellectual property rights for COVID-19 vaccines. The People’s Vaccine Alliance urges them to reconsider when talks resume at the World Trade Organisation in April. The Alliance is also calling for all pharmaceutical corporations working on COVID-19 vaccines to openly share their technology and intellectual property through the World Health Organization COVID-19 Technology Access Pool, in order to speed up and ramp up the production and rollout of vaccines to all countries. Anna Marriott, Oxfam’s Health Policy Manager, said: “In many rich nations, vaccinated people are starting to feel safer, but unless we vaccinate all nations, there is a huge risk that the protection offered by vaccines will be shattered by fresh mutations. “This survey highlights that we need a people’s vaccine, not only to protect people in the world’s poorest countries, but to ensure that people all over the world who’ve already been vaccinated aren’t put at risk again.” Current vaccines appear to be at least partially effective against existing mutations but where new vaccines are needed it will take many months before they are approved for use and even longer to begin rolling them out. In the meantime, lockdowns and travel bans will continue to be the main protections against rising infections and fatalities. New vaccine recipes will also be subject to the same pharmaceutical monopolies, further restricting access for the rest of the world. Dr Mohga Kamal Yanni, Senior Health Policy Advisor to The People Vaccine Alliance, said: “If we were in a war with a country called COVID, would governments leave vital decisions on production, supply and price in the hands of arms producing companies? “Given vaccines are our most crucial weapon in the fight against COVID-19, world leaders must take control to enable the World Health Organisation’s COVID Technology Access Pool to facilitate sharing of technology and Intellectual Property so that all capable companies can maximise global vaccine production.”

#### Waiving IP protections is essential to expand manufacturing and global exports. A litany of countries possess capacity but lack know-how -- the plan is key.

Kumar 7-12 Rajeesh Kumar, Rajeesh Kumar is Associate Fellow at Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi., 7-12-2021, "WTO TRIPS Waiver and COVID-19 Vaccine Equity," Manohar Paprikar Institute for Defence Studies and Analyses, <https://idsa.in/issuebrief/wto-trips-waiver-covid-vaccine-rkumar-120721>, brett

Another argument against the proposed TRIPS waiver is that a waiver would not increase the manufacturing of COVID-19 vaccines. Indeed, one of the significant factors contributing to vaccine inequity is the lack of manufacturing capacity in the global south. Further, a TRIPS waiver will not automatically translate into improved manufacturing capacity. However, a waiver would be the first but essential step to **increase manufacturing** capacity worldwide. For instance, to export COVID-19 vaccine-related products, countries need to ensure that there are **no IP restrictions at both ends** – exporting and importing. The market for vaccine materials includes consumables, single-use reactors bags, filters, culture media, and vaccine ingredients. Export blockages on raw materials, equipment and finished products harm the overall output of the vaccine supply chain. If there is no TRIPS restriction, more **governments and companies** will invest in repurposing their facilities.

Similarly, the arguments such as that no other manufacturers can carry out the complex manufacturing process of COVID-19 vaccines and generic manufacturing as that would jeopardise quality, have also **been proven wrong** in the past. For instance, in the early 1990s, when Indian company Shantha Biotechnics approached a Western firm for a technology transfer of Hepatitis B vaccine, the firm responded that “**India cannot afford such** high technology vaccines… And even if you can afford to buy the technology, your scientists cannot understand recombinant technology in the least.”25 Later, Shantha Biotechnics developed its own vaccine at $1 per dose, and the UNICEF (United Nations Children’s Emergency Fund) mass inoculation programme uses this vaccine against Hepatitis B. In 2009, Shantha sold over 120 million doses of vaccines globally.

**India** also produces high-quality generic drugs for HIV/AIDS and cancer treatment and markets them across the globe. Now, a couple of Indian companies are in the last stage of producing mRNA (Messenger RNA) vaccines.26 Similarly, **Bangladesh** and **Indonesia** claimed that they could manufacture millions of COVID-19 vaccine doses a year if pharmaceutical companies share the know-how.27 Recently, **Vietnam** also said that the country could satisfy COVID-19 vaccine production requirements once it obtains vaccine patents.28 Countries like the United Arab Emirates (**UAE**), **Turkey, Cuba, Brazil, Argentina and** **So**uth **Ko**rea have the capacity to produce high-quality vaccines but lack technologies and **know-how**. However, Africa, **Egypt, Morocco, Senegal, South Africa and Tunisia** have limited manufacturing capacities, which could also produce COVID-19 vaccines after repurposing.

Moreover, COVID-19 vaccine **IPR runs across the entire value chain** – vaccine development, production, use, etc. A mere patent waiver may not be enough to address the issues related to its production and distribution. What is more important here is to share the technical know-how and information such as trade secrets. Therefore, the existing TRIPS flexibilities, such as compulsory and voluntary licensing, are insufficient to address this crisis. Further, compulsory licensing and the domestic legal procedures it requires is cumbersome and not expedient in a public health crisis like the COVID-19 pandemic.

#### Boosting manufacturing capacity is critical to a timely response to COVID AND ensures preparedness for future pandemics.

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Since consequentialist justifications treat the value of IP as purely instrumental, they are also vulnerable to counterarguments showing that a sought-after goal is not the sole or most important end. During the COVID-19 pandemic, we submit that the vaccinating the world is an overriding goal. With existing IP protections intact, the world has fallen well short of this goal. Current forecasts show that at the current pace, there will not be enough vaccines to cover the world’s population until 2023 or 2024.15 IP protections further frustrate the goal of universal access to vaccines by limiting who can manufacturer them. The WHO reports that 80% of global sales for COVID-19 vaccines come from five large multinational corporations.16 Increasing the number of manufacturers globally would not only increase supply, but reduce prices, making vaccines more affordable to LMICs. It would stabilise supply, minimising disruptions of the kind that occurred when India halted vaccine exports amidst a surge of COVID-19 cases.

It might be objected that waiving IP protections will not increase supply, because it takes years to establish manufacturing capacity. However, since the pandemic began, we have learnt it takes less time. Repurposing facilities and vetting them for safety and quality can often happen in 6 or 7 months, about half the time previously thought.17 Since COVID-19 will not be the last pandemic humanity faces, expanding manufacturing capacity is also necessary preparation for future pandemics. Nkengasong, Director of the African Centres for Disease Control and Prevention, put the point bluntly, ‘Can a continent of 1.2 billion people—projected to be 2.4 billion in 30 years, where one in four people in the world will be African—continue to import 99% of its vaccine?’18

#### COVID escalates every hotspot—heightens all scenarios that cause extinction

RECNA et al. 21, Research Center for Nuclear Weapons Abolition, Nagasaki University (RECNA), Asia Pacific Leadership Network (APLN), and the Nautilus Institute. Journal for Peace and Nuclear Disarmament Volume 4, 2021. “Pandemic Futures and Nuclear Weapon Risks: The Nagasaki 75th Anniversary pandemic-nuclear nexus scenarios final report” <https://www.tandfonline.com/doi/full/10.1080/25751654.2021.1890867> brett

The relationship between pandemics and war is as long as human history. Past pandemics have set the scene for wars by weakening societies, **undermining resilience**, and **exacerbating** civil and inter-state **conflict**. Other disease outbreaks have erupted during wars, in part due to the appalling public health and battlefield conditions resulting from war, in turn sowing the seeds for new conflicts. In the post-Cold War era, pandemics have spread with unprecedented speed due to increased mobility created by globalization, especially between urbanized areas. Although there are positive signs that scientific advances and rapid innovation can help us manage pandemics, it is likely that deadly infectious viruses will be a challenge for years to come.

The COVID-19 is the most demonic pandemic threat in modern history. It has erupted at a juncture of other **existential** global **threats**, most importantly, accelerating climate change and **resurgent nuclear threat-making.** The most important issue, therefore, is how the coronavirus (and future pandemics) will increase or decrease the risks associated with these twin threats, climate change effects, and the next use of nuclear weapons in war.5

Today, the **nine nuclear weapons arsenals** not only can annihilate hundreds of cities, but also cause **nuclear winter** and mass starvation of a billion or more people, if not the entire **human species**. Concurrently, climate change is enveloping the planet with more frequent and intense storms, accelerating sea level rise, and advancing rapid ecological change, expressed in unprecedented forest fires across the world. Already stretched to a breaking point in many countries, the current pandemic may overcome resilience to the point of near or actual collapse of social, economic, and political order.

In this extraordinary moment, it is timely to reflect on the existence and possible uses of weapons of mass destruction under pandemic conditions – most importantly, nuclear weapons, but also chemical and biological weapons. Moments of **extreme crisis** and vulnerability can prompt **aggressive** and **counterintuitive** actions that in turn may destabilize already precariously balanced threat systems, underpinned by conventional and **nuclear weapons**, as well as the threat of weaponized chemical and **biological** technologies. Consequently, the **risk of the use of** weapons of mass destruction (**WMD**), especially nuclear weapons, increases at such times, possibly sharply.

The **COVID-19** pandemic is clearly driving massive, rapid, and unpredictable changes that will redefine every aspect of the human condition, including WMD – just as the world wars of the first half of the 20th century led to a revolution in international affairs and entirely new ways of organizing societies, economies, and international relations, in part based on nuclear weapons and their threatened use. In a world reshaped by pandemics, nuclear weapons – as well as correlated non-nuclear WMD, nuclear alliances, “deterrence” doctrines, operational and declaratory policies, nuclear extended deterrence, organizational practices, and the existential risks posed by retaining these capabilities – are all up for redefinition.

A pandemic has potential to **destabilize a nuclear-prone conflict** by incapacitating the supreme nuclear commander or commanders who have to issue nuclear strike orders, creating uncertainty as to who is in charge, how to handle nuclear mistakes (such as errors, accidents, technological failures, and entanglement with conventional operations gone awry), and opening a brief opportunity for a first strike at a time when the COVID-infected state may not be able to retaliate efficiently – or at all – due to leadership confusion. In some nuclear-laden conflicts, a state might use a pandemic as a cover for political or **military provocations** in the belief that the adversary is distracted and partly disabled by the pandemic, increasing the risk of war in a nuclear-prone conflict. At the same time, a pandemic may lead nuclear armed states to increase the **isolation and sanctions** against a nuclear adversary, making it even harder to stop the spread of the disease, in turn creating a pandemic reservoir and transmission risk back to the nuclear armed state or its allies.

In principle, the common threat of the pandemic might induce nuclear-armed states to reduce the tension in a nuclear-prone conflict and thereby the risk of nuclear war. It may cause nuclear adversaries or their umbrella states to seek to resolve conflicts in a cooperative and collaborative manner by creating habits of communication, engagement, and mutual learning that come into play in the nuclear-military sphere. For example, militaries may cooperate to control pandemic transmission, including by working together against criminal-terrorist non-state actors that are trafficking people or by joining forces to ensure that a new pathogen is not developed as a bioweapon.

To date, however, the COVID-19 pandemic has increased the **isolation** of some **nuclear-armed states** and provided a **textbook case** of the failure of states to cooperate to overcome the pandemic. Borders have slammed shut, trade shut down, and budgets blown out, creating enormous pressure to focus on immediate domestic priorities. **Foreign policies have become markedly more nationalistic**. Dependence on nuclear weapons may increase as states seek to buttress a global re-spatialization6 of all dimensions of human interaction at all levels to manage pandemics. The effect of nuclear threats on leaders may make it less likely – or even impossible – to achieve the kind of concert at a global level needed to respond to and administer an effective vaccine, making it harder and even impossible to revert to pre-pandemic international relations. The result is that some states may proliferate their own nuclear weapons, further reinforcing the spiral of conflicts contained by nuclear threat, with **cascading effects** on the risk of nuclear war.

#### Neocolonial dynamics limit COVID vaccines to the Global North---that results in debt imperialism and undermines the right to health.

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The current global distribution of COVID-19 vaccines is largely dictated by power disparities and inequities in financial and other resources, with predominantly high-income countries contracting bilaterally with individual pharmaceutical companies (many in their own countries) for specific vaccines, leaving countries from the Global South facing inequitable vaccine access. Bilateral deals between states and pharmaceutical companies, whether completed by Global North or Global South states, significantly compromise the effectiveness and equity of the COVAX initiative, limited as it already is by the coercive influence, vested interests and participation of pharmaceutical companies and their host nations. The African Union, for example, endorsed the TRIPS waiver to relax WTO rules so that LMICs could create their own COVID-19 vaccines, but this collective effort across African countries faced resistance from Global North countries and pharmaceutical companies.

The IP system appears to have pushed countries in the Global South that may prefer not to be dependent on the charitable model of the COVAX scheme to join high-income countries in engaging directly with manufacturers to purchase COVID-19 vaccines. This has included African countries, despite the African Union’s criticism of the inequities resulting from IP law protections. This process has reproduced colonially entrenched power dynamics, in which poorer countries lack the bargaining power to obtain competitive rates and, consequently, typically end up paying far more than the wealthier, developed countries. More broadly, countries in the Global South are pressured into participating in global systems of trade that result in the exploitation of their own populations by unjust global economic systems and IP laws.39 The high cost of vaccines for countries from the Global South constitutes a large proportion of their health expenditure, and this comes at the expense of other health priorities.

In many cases, the only way in which Global South countries can purchase vaccines is to move themselves further into debt. Given the detrimental neocolonial implications of debt, with a long history of loan conditionalities through structural adjustment programmes, increasing debt to service health needs contributes to the worsening of inequalities between the Global North and Global South.40 These programmes may increase debt and undermine development in ways that limit the realisation of the right to health.41 The World Bank has set aside US$12 billion and has already disbursed loans of US$500 million for vaccines in low-income and middle-income nations;42 poorer nations, instead of servicing already depleted health systems, are forced to divert additional funds to servicing debt.

#### “Disease reps bad” white-washes pandemics – COVID reproduces injustices for the worst-off.

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In the context of COVID-19, the pandemic has caused the largest recession in history, with up to a half of the global population at one time being placed on lockdown. Supply shortages have occurred in a number of sectors due to panic buying, increased use of goods to fight the pandemic, and disruption to factories. There have been widespread reports of shortages of pharmaceuticals and the technology industry, in particular, has been warning about delays to shipments of electronic goods. Possible instability generated by an outbreak and associated behavioural changes could result in price spikes, and disruption to markets. Such price rises would be felt most by vulnerable populations who depend on markets for their food as well as those already depending on humanitarian assistance to maintain their livelihoods and food access.

Gender, social and political impacts

When crises strike, women and girls are harder hit by economic impacts than men. Around the world, women generally earn less and save less, are the majority of single-parent households and disproportionately hold more insecure jobs in the informal economy or service sector with less access to social protections. This leaves them less able to absorb the economic shocks than men. For many families, school closures and social distancing measures have increased the unpaid care and domestic load of women at home, making them less able to take on, or balance, paid work. The situation is worse in developing economies, where a larger share of people are employed in the informal economy in which there are far fewer social protections for health insurance, paid sick leave and more. Although globally informal employment is a greater source of employment for men (63%) than for women (58%), in low and lower-middle income countries a higher proportion of women are in informal employment than men. In Sub-Saharan Africa, for example, around 92% of employed women are in informal employment compared to 86% of men.

In the context of COVID-19 it is likely that the pandemic could result in a prolonged fall in women’s incomes and labour force participation. The ILO estimates global unemployment will rise to between 5.3 million (“low” scenario) and 24.7 million (“high” scenario) from a base level of 188 million in 2019 as a result of COVID-19’s impact on global GDP growth. In the U.S.A. men’s unemployment went up from 3.55 million in February to 11 million in April in 2020 while women’s unemployment – which was lower than men before the crisis – went up from 2.7 million to 11.5 million over the same period. The picture is even bleaker for young women and men aged 16–19 in the U.S.A., whose unemployment rate jumped from 11.5 per cent in February to 32.2 per cent in April 2020.

Evidence suggests that pandemics can have significant social and political consequences leading to clashes between states and citizens, driving population displacement and heightening social tensions and discrimination. HIV rates went up in Cambodia and E Timor after UN Peacekeepers went in and the 1990s and early 2000s saw extremely high HIV/AIDS prevalence rates among African militaries, leading to increased absenteeism and decreased military capacity and readiness.

Large scale outbreaks of infectious disease have direct and consequential impacts. For example, widespread public panic during disease outbreaks can lead to rapid population migration and migrants face increased health risks arising from poor sanitation, poor nutrition and other stressors. Migration also increases the risk of further spreading an outbreak.

Outbreaks of infectious diseases can cause already vulnerable social groups, such as ethnic minorities, to be stigmatised and blamed for the disease and its consequences. Discrimination against Asians during COVID -19 has been well documented in the USA, Canada, Australia and UK. Migrants in Singapore bore the biggest brunt of COVID-19, and more recently in HK. But in these instances, insecure employment is the main problem, and not ethnicity per se.

#### Anti-capitalist sentiment is at the heart of the plan. The status quo accedes to intellectual monopoly capitalism.

Sell 20 (Susan K. Sell, School of Regulation and Global Governance, Australian National University, Acton, ACT Australia. “What COVID-19 Reveals About Twenty-First Century Capitalism: Adversity and Opportunity”. Nov 2020)

In the late 1970s and early 1980s, US-based IP owners lobbied for regulatory and legislative reform to expand IP protection. Pharmaceutical, software, publishing and entertainment producers argued that their industries provided America with competitive advantages in global markets. They sought **the incorporation of IP into the trade regime** to ensure that their IP would be remunerated in global markets and that trading partners would respect and enforce their ‘rights’. By 1994 IP owners had succeed in globalizing their preferences **through** the Agreement on Trade-Related Intellectual Property Rights (**TRIPs**) **in the W**orld **T**rade **O**rganization (Sell 2003). TRIPs is hard law; it is binding and enforceable. It mandates 20 years of patent protection for pharmaceutical products. Violations result in trade sanctions. The institutionalization of intellectual property protection in the global trade regime **cemented** the shift from Reagan/Thatcher neoliberalism to **intellectual monopoly capitalism**. When we talk about ‘trade’ these days, we are really discussing the role of intangibles such as IP and financial services. The main beneficiaries of contemporary trade agreements are those who control global value chains (GVCs), including international banks, Big Tech, Big Pharma, Big Food and Transnational Corporations. Lead firms in GVCs promote stricter IP requirements in trade agreements to ‘contain the risk of IP appropriation resulting from the international fragmentation of production’ (Durand and Milberg 2018: 21–22). Most of the post-TRIPs trade agreements in which IP-rich nations are involved feature IP provisions that extend well beyond the TRIPs obligations in the WTO. Today, ‘profitability is a function of a firm’s ability to extract monopoly rents from complex value chains using their control over IPRs’ (Schwartz 2017: 197). For example, Apple extracts the lion’s share of value from every iPad sold whereas the manufacturers in China receive only pennies on the dollar. Big Pharma routinely blocks pro-health initiatives aimed at promoting the use of TRIPs’ flexibilities, such as compulsory licensing and parallel importation, that would make essential medicines affordable and accessible; these would threaten their profits and reduce shareholder value (Correa 2006). **The profit imperative of financialized capitalism has meant that Big Pharma has invested far more in lifestyle diseases such as e**rectile **d**ysfunction and baldness **than in diseases of the Global South.** As Feldman argues, ‘our incentive structure is badly misaligned with societal goals’ (Feldman 2018). **Patent protection increases prices and reduces access to medicines**, diagnostics, vaccines, medical devices and PPE. Strategic behaviour aimed at blocking generic competition contributes to rising drug prices. **Pharma firms routinely engage in ‘evergreening’ to extend patent protection terms.** A firm may have a popular drug with an about-to-expire patent, and then offer a ‘new’ formulation—from a tablet to a gel cap—of the same drug and obtain another 20 years of protection. This strategic behaviour does not affect everyone equally. For example, during the HIV/AIDS pandemic of the late 1990s/early 2000s as deaths plummeted in affluent countries an estimated 12 million infected Africans were left to die, ‘waiting for enough life-saving drugs to reach the continent’ (Nkengasong et al. 2020: 198). **India and South Africa have both asked the World Trade Organization to waive TRIPs provisions** to allow them to engage in compulsory licensing and parallel importation of COVID-19 therapies (Reuters 2020). **Their past experiences with HIV/AIDs and the** swine and avian in**flu**enzas **have bred understandable suspicion about the barriers to access that IP can create.** As COVID-19 tests, therapies and vaccines are developed there is legitimate concern that ‘intellectual property rights and reluctance to share related know-how may act as barriers to the rapid scale up for timely supply at affordable prices in all countries’ (Tellez 2020).

## Solvency

#### Plan text: The Member Nations of the World Trade Organization ought to reduce intellectual property protections for medicines

#### Enforcement is done through waiving TRIPS protections

Jones et al. 21, Mike Jones, J.D., cum laude, Brooklyn Law School, 2014. Sean McConnell, University of Pittsburgh School of Law, J.D., 2002. Lauren Giambalvo, University of Georgia School of Law, J.D., magna cum laude, Order of the Coif, 2019; Georgia Law Review. Emily Harmon, Villanova University Charles Widger School of Law, J.D., 2020. Ipwatchdog, August 9, 2021. “What is a ‘Patent Waiver’ Anyway? Zooming Out on the TRIPS COVID IP Waiver Debate” <https://www.ipwatchdog.com/2021/08/09/patent-waiver-anyway-zooming-trips-covid-ipwaiver-debate/id=136381/> brett

Scientists, engineers, and everyday people have developed solutions for testing, preventing, and treating the COVID-19 disease. Ordinarily, we wouldn’t think twice about granting patents on these inventions. But, today, when COVID-19 is spreading all over the world and killing millions of people, some world leaders are questioning whether we should be granting the exclusionary rights of patent protection on inventions that help respond to the pandemic. Included in that group is the Biden-Harris Administration, which, in May, announced their support of an “IP waiver” on COVID 19 vaccines. Patent Waiver The “patent waiver” is a proposal to waive certain provisions of the Trade-Related Aspects of Intellectual Property (TRIPS) Agreement for three years. The TRIPS Agreement requires certain member countries (“Members”), including the United States, to have certain minimum intellectual property protections. While this proposal is often referred to as a “patent waiver,” the proposal would also waive sections associated with copyright, industrial designs, and undisclosed information. The proposal seeks to waive Part II, Section 5 Patents of the TRIPS Agreement and the associated enforcement sections only with respect to “health products and technologies including diagnostics, therapeutics, vaccines, medical devices, personal protective equipment, their materials or components, and their methods and means of manufacture for the prevention, treatment or containment of COVID-19” for a period of three years. Article 27 of Section 5 requires that certain Members issue patents to inventions that “are new, involve an inventive step and are capable of industrial application.” However, Members have the option to refuse to grant patents to certain categories of inventions, including, “diagnostic, therapeutic and surgical methods for the treatment of humans or animals.” Article 28 explains that an owner of a patent can prevent others from “making, using, offering for sale, selling, or importing” (“infringing”) the patented inventions. Finally, Part III of the TRIPS Agreement explains the potential consequences of infringing a patent. Among other things, the infringer can be liable for money damages and the judicial authority of the Member may order injunctions. Therefore, as the TRIPS Agreement currently stands, each Member must have patent laws that give patents to inventions that meet certain requirements, and each must provide avenues for patent holders to enforce its patent rights. As applied to the current situation, Members are required to grant patents to qualifying inventions related to “the prevention, containment and treatment of COVID-19” (with exceptions for pharmaceuticals if the Member does not allow pharmaceutical patents). Infringers could be liable for money damages and the judicial authority of the Member may order injunctions. If provisions in Part II, Section 5 and the associated enforcement sections are waived, Members would no longer be required to issue patents or provide avenues for patent holders to enforce patent rights. The proposal does not, however, require Members to waive their own domestic patent rights. In other words, the proposal to waive certain provisions of the TRIPS Agreement, the “patent waiver,” does not directly waive any patent protections. Rather, the patent waiver grants to Members permission to waive their own domestic patent protections. Patent laws are geographically limited; they only protect an invention in the country that issued the patent. For example, one cannot make, use, offer to sell, sell, or import an invention protected only by a U.S. patent in the U.S; however, one may do those things in another country where corresponding patent protection does not exist. Therefore, in order to waive patent protections worldwide, each Member subject the TRIPS Agreement’s requirement to have certain minimum intellectual property protection would have to waive its own domestic patent protections. The United States patent laws are codified in Title 35 to the U.S. Code. It provides that inventors may obtain patents for their new and useful inventions and infringers are liable for making, using, offering to sell, selling, or importing into the U.S. patented inventions without the patent holders consent. Because the power to enact patent laws lies with Congress, Congress would likely have to waive these laws. If Congress chooses not to waive the U.S.’s patent laws, patent holders will continue to be able to enforce their U.S. patent rights in the U.S.

## Framing

#### The standard is maximizing expected well-being, or hedonistic act utilitarianism.

#### 1] Neuroscience- pleasure and pain are intrinsic value and disvalue – everything else regresses.

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**Pleasure** is not only one of the three primary reward functions but it also **defines reward.** As homeostasis explains the functions of only a limited number of rewards, the principal reason why particular stimuli, objects, events, situations, and activities are rewarding may be due to pleasure. This applies first of all to sex and to the primary homeostatic rewards of food and liquid and extends to money, taste, beauty, social encounters and nonmaterial, internally set, and intrinsic rewards. Pleasure, as the primary effect of rewards, drives the prime reward functions of learning, approach behavior, and decision making and provides the **basis for hedonic theories** of reward function. We are attracted by most rewards and exert intense efforts to obtain them, just because they are enjoyable [10].

Pleasure is a passive reaction that derives from the experience or prediction of reward and may lead to a long-lasting state of happiness. The word happiness is difficult to define. In fact, just obtaining physical pleasure may not be enough. One key to happiness involves a network of good friends. However, it is not obvious how the higher forms of satisfaction and pleasure are related to an ice cream cone, or to your team winning a sporting event. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure [14].

Pleasure as a hallmark of reward is sufficient for defining a reward, but it may not be necessary. A reward may generate positive learning and approach behavior simply because it contains substances that are essential for body function. When we are hungry, we may eat bad and unpleasant meals. A monkey who receives hundreds of small drops of water every morning in the laboratory is unlikely to feel a rush of pleasure every time it gets the 0.1 ml. Nevertheless, with these precautions in mind, we may define any stimulus, object, event, activity, or situation that has the potential to produce pleasure as a reward. In the context of reward deficiency or for disorders of addiction, homeostasis pursues pharmacological treatments: drugs to treat drug addiction, obesity, and other compulsive behaviors. The theory of allostasis suggests broader approaches - such as re-expanding the range of possible pleasures and providing opportunities to expend effort in their pursuit. [15]. It is noteworthy, the first animal studies eliciting approach behavior by electrical brain stimulation interpreted their findings as a discovery of the brain’s pleasure centers [16] which were later partly associated with midbrain dopamine neurons [17–19] despite the notorious difficulties of identifying emotions in animals.

Evolutionary theories of pleasure: The love connection BO:D

Charles Darwin and other biological scientists that have examined the biological evolution and its basic principles found various mechanisms that steer behavior and biological development. Besides their theory on natural selection, it was particularly the sexual selection process that gained significance in the latter context over the last century, especially when it comes to the question of what makes us “what we are,” i.e., human. However, the capacity to sexually select and evolve is not at all a human accomplishment alone or a sign of our uniqueness; yet, we humans, as it seems, are ingenious in fooling ourselves and others–when we are in love or desperately search for it.

It is well established that modern biological theory conjectures that **organisms are** the **result of evolutionary competition.** In fact, Richard Dawkins stresses gene survival and propagation as the basic mechanism of life [20]. Only genes that lead to the fittest phenotype will make it. It is noteworthy that the phenotype is selected based on behavior that maximizes gene propagation. To do so, the phenotype must survive and generate offspring, and be bettear at it than its competitors. Thus, the ultimate, distal function of rewards is to increase evolutionary fitness by ensuring the survival of the organism and reproduction. It is agreed that learning, approach, economic decisions, and positive emotions are the proximal functions through which phenotypes obtain other necessary nutrients for survival, mating, and care for offspring.

Behavioral reward functions have evolved to help individuals to survive and propagate their genes. Apparently, people need to live well and long enough to reproduce. Most would agree that homo-sapiens do so by ingesting the substances that make their bodies function properly. For this reason, foods and drinks are rewards. Additional rewards, including those used for economic exchanges, ensure sufficient palatable food and drink supply. Mating and gene propagation is supported by powerful sexual attraction. Additional properties, like body form, augment the chance to mate and nourish and defend offspring and are therefore also rewards. Care for offspring until they can reproduce themselves helps gene propagation and is rewarding; otherwise, many believe mating is useless. According to David E Comings, as any small edge will ultimately result in evolutionary advantage [21], additional reward mechanisms like novelty seeking and exploration widen the spectrum of available rewards and thus enhance the chance for survival, reproduction, and ultimate gene propagation. These functions may help us to obtain the benefits of distant rewards that are determined by our own interests and not immediately available in the environment. Thus the distal reward function in gene propagation and evolutionary fitness defines the proximal reward functions that we see in everyday behavior. That is why foods, drinks, mates, and offspring are rewarding.

There have been theories linking pleasure as a required component of health benefits salutogenesis, (salugenesis). In essence, under these terms, pleasure is described as a state or feeling of happiness and satisfaction resulting from an experience that one enjoys. Regarding pleasure, it is a double-edged sword, on the one hand, it promotes positive feelings (like mindfulness) and even better cognition, possibly through the release of dopamine [22]. But on the other hand, pleasure simultaneously encourages addiction and other negative behaviors, i.e., motivational toxicity. It is a complex neurobiological phenomenon, relying on reward circuitry or limbic activity. It is important to realize that through the “Brain Reward Cascade” (BRC) endorphin and endogenous morphinergic mechanisms may play a role [23]. While natural rewards are essential for survival and appetitive motivation leading to beneficial biological behaviors like eating, sex, and reproduction, crucial social interactions seem to further facilitate the positive effects exerted by pleasurable experiences. Indeed, experimentation with addictive drugs is capable of directly acting on reward pathways and causing deterioration of these systems promoting hypodopaminergia [24]. Most would agree that pleasurable activities can stimulate personal growth and may help to induce healthy behavioral changes, including stress management [25]. The work of Esch and Stefano [26] concerning the link between compassion and love implicate the brain reward system, and pleasure induction suggests that social contact in general, i.e., love, attachment, and compassion, can be highly effective in stress reduction, survival, and overall health.

Understanding the role of neurotransmission and pleasurable states both positive and negative have been adequately studied over many decades [26–37], but comparative anatomical and neurobiological function between animals and homo sapiens appear to be required and seem to be in an infancy stage.

Finding happiness is different between apes and humans

As stated earlier in this expert opinion one key to happiness involves a network of good friends [38]. However, it is not entirely clear exactly how the higher forms of satisfaction and pleasure are related to a sugar rush, winning a sports event or even sky diving, all of which augment dopamine release at the reward brain site. Recent multidisciplinary research, using both humans and detailed invasive brain analysis of animals has discovered some critical ways that the brain processes pleasure.

Remarkably, there are pathways for ordinary liking and pleasure, which are limited in scope as described above in this commentary. However, there are **many brain regions**, often termed hot and cold spots, that significantly **modulate** (increase or decrease) our **pleasure or** even produce**the opposite** of pleasure— that is disgust and fear [39]. One specific region of the nucleus accumbens is organized like a computer keyboard, with particular stimulus triggers in rows— producing an increase and decrease of pleasure and disgust. Moreover, the cortex has unique roles in the cognitive evaluation of our feelings of pleasure [40]. Importantly, the interplay of these multiple triggers and the higher brain centers in the prefrontal cortex are very intricate and are just being uncovered.

Desire and reward centers

It is surprising that many different sources of pleasure activate the same circuits between the mesocorticolimbic regions (Figure 1). Reward and desire are two aspects pleasure induction and have a very widespread, large circuit. Some part of this circuit distinguishes between desire and dread. The so-called pleasure circuitry called “REWARD” involves a well-known dopamine pathway in the mesolimbic system that can influence both pleasure and motivation.

In simplest terms, the well-established mesolimbic system is a dopamine circuit for reward. It starts in the ventral tegmental area (VTA) of the midbrain and travels to the nucleus accumbens (Figure 2). It is the cornerstone target to all addictions. The VTA is encompassed with neurons using glutamate, GABA, and dopamine. The nucleus accumbens (NAc) is located within the ventral striatum and is divided into two sub-regions—the motor and limbic regions associated with its core and shell, respectively. The NAc has spiny neurons that receive dopamine from the VTA and glutamate (a dopamine driver) from the hippocampus, amygdala and medial prefrontal cortex. Subsequently, the NAc projects GABA signals to an area termed the ventral pallidum (VP). The region is a relay station in the limbic loop of the basal ganglia, critical for motivation, behavior, emotions and the “Feel Good” response. This defined system of the brain is involved in all addictions –substance, and non –substance related. In 1995, our laboratory coined the term “Reward Deficiency Syndrome” (RDS) to describe genetic and epigenetic induced hypodopaminergia in the “Brain Reward Cascade” that contribute to addiction and compulsive behaviors [3,6,41].

Furthermore, ordinary “liking” of something, or pure pleasure, is represented by small regions mainly in the limbic system (old reptilian part of the brain). These may be part of larger neural circuits. In Latin, hedus is the term for “sweet”; and in Greek, hodone is the term for “pleasure.” Thus, the word Hedonic is now referring to various subcomponents of pleasure: some associated with purely sensory and others with more complex emotions involving morals, aesthetics, and social interactions. The capacity to have pleasure is part of being healthy and may even extend life, especially if linked to optimism as a dopaminergic response [42].

Psychiatric illness often includes symptoms of an abnormal inability to experience pleasure, referred to as anhedonia. A negative feeling state is called dysphoria, which can consist of many emotions such as pain, depression, anxiety, fear, and disgust. Previously many scientists used animal research to uncover the complex mechanisms of pleasure, liking, motivation and even emotions like panic and fear, as discussed above [43]. However, as a significant amount of related research about the specific brain regions of pleasure/reward circuitry has been derived from invasive studies of animals, these cannot be directly compared with subjective states experienced by humans.

In an attempt to resolve the controversy regarding the causal contributions of mesolimbic dopamine systems to reward, we have previously evaluated the three-main competing explanatory categories: “liking,” “learning,” and “wanting” [3]. That is, dopamine may mediate (a) liking: the hedonic impact of reward, (b) learning: learned predictions about rewarding effects, or (c) wanting: the pursuit of rewards by attributing incentive salience to reward-related stimuli [44]. We have evaluated these hypotheses, especially as they relate to the RDS, and we find that the incentive salience or “wanting” hypothesis of dopaminergic functioning is supported by a majority of the scientific evidence. Various neuroimaging studies have shown that anticipated behaviors such as sex and gaming, delicious foods and drugs of abuse all affect brain regions associated with reward networks, and may not be unidirectional. Drugs of abuse enhance dopamine signaling which sensitizes mesolimbic brain mechanisms that apparently evolved explicitly to attribute incentive salience to various rewards [45].

Addictive substances are voluntarily self-administered, and they enhance (directly or indirectly) dopaminergic synaptic function in the NAc. This activation of the brain reward networks (producing the ecstatic “high” that users seek). Although these circuits were initially thought to encode a set point of hedonic tone, it is now being considered to be far more complicated in function, also encoding attention, reward expectancy, disconfirmation of reward expectancy, and incentive motivation [46]. The argument about addiction as a disease may be confused with a predisposition to substance and nonsubstance rewards relative to the extreme effect of drugs of abuse on brain neurochemistry. The former sets up an individual to be at high risk through both genetic polymorphisms in reward genes as well as harmful epigenetic insult. Some Psychologists, even with all the data, still infer that addiction is not a disease [47]. Elevated stress levels, together with polymorphisms (genetic variations) of various dopaminergic genes and the genes related to other neurotransmitters (and their genetic variants), and may have an additive effect on vulnerability to various addictions [48]. In this regard, Vanyukov, et al. [48] suggested based on review that whereas the gateway hypothesis does not specify mechanistic connections between “stages,” and does not extend to the risks for addictions the concept of common liability to addictions may be more parsimonious. The latter theory is grounded in genetic theory and supported by data identifying common sources of variation in the risk for specific addictions (e.g., RDS). This commonality has identifiable neurobiological substrate and plausible evolutionary explanations.

Over many years the controversy of dopamine involvement in especially “pleasure” has led to confusion concerning separating motivation from actual pleasure (wanting versus liking) [49]. We take the position that animal studies cannot provide real clinical information as described by self-reports in humans. As mentioned earlier and in the abstract, on November 23rd, 2017, evidence for our concerns was discovered [50]

In essence, although nonhuman primate brains are similar to our own, the disparity between other primates and those of human cognitive abilities tells us that surface similarity is not the whole story. Sousa et al. [50] small case found various differentially expressed genes, to associate with pleasure related systems. Furthermore, the dopaminergic interneurons located in the human neocortex were absent from the neocortex of nonhuman African apes. Such differences in neuronal transcriptional programs may underlie a variety of neurodevelopmental disorders.

In simpler terms, the system controls the production of dopamine, a chemical messenger that plays a significant role in pleasure and rewards. The senior author, Dr. Nenad Sestan from Yale, stated: “Humans have evolved a dopamine system that is different than the one in chimpanzees.” This may explain why the behavior of humans is so unique from that of non-human primates, even though our brains are so surprisingly similar, Sestan said: “It might also shed light on why people are vulnerable to mental disorders such as autism (possibly even addiction).” Remarkably, this research finding emerged from an extensive, multicenter collaboration to compare the brains across several species. These researchers examined 247 specimens of neural tissue from six humans, five chimpanzees, and five macaque monkeys. Moreover, these investigators analyzed which genes were turned on or off in 16 regions of the brain. While the differences among species were subtle, **there was** a **remarkable contrast in** the**neocortices**, specifically in an area of the brain that is much more developed in humans than in chimpanzees. In fact, these researchers found that a gene called tyrosine hydroxylase (TH) for the enzyme, responsible for the production of dopamine, was expressed in the neocortex of humans, but not chimpanzees. As discussed earlier, dopamine is best known for its essential role within the brain’s reward system; the very system that responds to everything from sex, to gambling, to food, and to addictive drugs. However, dopamine also assists in regulating emotional responses, memory, and movement. Notably, abnormal dopamine levels have been linked to disorders including Parkinson’s, schizophrenia and spectrum disorders such as autism and addiction or RDS.

Nora Volkow, the director of NIDA, pointed out that one alluring possibility is that the neurotransmitter dopamine plays a substantial role in humans’ ability to pursue various rewards that are perhaps months or even years away in the future. This same idea has been suggested by Dr. Robert Sapolsky, a professor of biology and neurology at Stanford University. Dr. Sapolsky cited evidence that dopamine levels rise dramatically in humans when we anticipate potential rewards that are uncertain and even far off in our futures, such as retirement or even the possible alterlife. This may explain what often motivates people to work for things that have no apparent short-term benefit [51]. In similar work, Volkow and Bale [52] proposed a model in which dopamine can favor NOW processes through phasic signaling in reward circuits or LATER processes through tonic signaling in control circuits. Specifically, they suggest that through its modulation of the orbitofrontal cortex, which processes salience attribution, dopamine also enables shilting from NOW to LATER, while its modulation of the insula, which processes interoceptive information, influences the probability of selecting NOW versus LATER actions based on an individual’s physiological state. This hypothesis further supports the concept that disruptions along these circuits contribute to diverse pathologies, including obesity and addiction or RDS.

#### 2] Actor spec—governments must use util because they don’t have intentions and are constantly dealing with tradeoffs—

#### 3] Impact calc -- Extinction is categorically prior:

#### A] Forecloses future improvement – we can never improve society because our impact is irreversible

#### B] Turns suffering – mass death causes suffering because people can’t get access to resources and basic necessities

#### C] Moral obligation – allowing people to die is unethical and should be prevented because it creates ethics towards other people

#### D] Objectivity – body count is the most objective way to calculate impacts because comparing suffering is unethical

#### E] Moral uncertainty – if we’re unsure about which interpretation of the world is true – we ought to preserve the world to keep debating about it

## UV

#### 2] Use reasonability on NC theory – the 1AR is too short to line by line every argument, make a counter interpretation, and go for substance – key to check arbitrary interps.