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

I defend a one-and-done elimination of arbitrary patent extensions. That's normal means.

Feldman 19 explains- Robin Feldman (Arthur J. Goldberg Distinguished Professor of Law, Director of Center for Innovation). "'One-and-done' for new drugs could cut patent thickets and boost generic competition." 11 February 2019. https://www.statnews.com/2019/02/11/drug -patent-protection-one-done/. TCHS-CS

I believe that one period of protection **should be enough**. We should make the legal changes necessary to prevent companies **from building patent walls** and piling up mountains of rights. This could be accomplished **by a "one-and-done" approach** for patent protection. Under it, a drug would receive just one period of exclusivity, and no more.

Framing

Unfortunately, many philosophical conceptions of justice fall into the realm of ideal theory, which abstracts away from material instances of violence by attempting to provide a sweeping theoretical framework for how the world functions. Actually achieving societal welfare requires pragmatic policy solutions.

Curry 14 – Dr. Tommy J, Associate Professor of Philosophy, Affiliated Professor of Africana Studies, and a Ray A. Rothrock Fellow at Texas A&M University; first Black JV National Debate champion (for UMKC) and was half of the first all Black CEDA team to win the Pi Kappa Delta National Debate Tournament. "The Cost of a Thing: A Kingian Reformulation of a Living Wage Argument in the 21st Century." 2014. TCHS-CS

Despite the pronouncement of debate as an activity and intellectual exercise pointing to the real world consequences of dialogue, thinking, and (personal) politics when addressing issues of racism, sexism, economic disparity, global conflicts, and death, many of the discussions concerning these ongoing challenges to humanity are fixed to a paradigm which sees the adjudication of material disparities and sociological realities as the conquest of one **ideal theory** over the other. In "Ideal Theory as Ideology," Charles Mills outlines the problem contemporary theoretical-performance styles in policy debate and value-weighing in Lincoln-Douglas are confronted with in their attempts to get at the concrete problems in our societies. At the outset, Mills concedes that "ideal theory applies to moral theory as a whole (at least to normative ethics as against metaethics); [s]ince ethics deals by definition with normative/prescriptive/evaluative issues, [it is set] against factual/descriptive issues." At the most general level, the conceptual chasm between what emerges as actual problems in the world (e.g.: racism, sexism, poverty, disease, etc.) and how we frame such problems theoretically—the assumptions and shared ideologies we depend upon for our problems to be heard and accepted as a worthy "problem" by an audience—is the most obvious call for an anti-ethical paradigm, since such a paradigm insists on the actual as the basis of what can be considered normatively. Mills, however, describes this chasm as a problem of an ideal-as-descriptive model which argues that for any actual-empirical-observable social phenomenon (P), an ideal of (P) is necessarily a representation of that phenomenon. In the idealization of a social phenomenon (P), one "**necessarily has to abstract away from certain features"** of (P) that is observed before abstraction occurs. This gap between what is actual (in the world), and what is represented by theories and politics of debaters proposed in rounds threatens any real discussions about the concrete nature of oppression and the racist economic structures which necessitate tangible policies and reorienting changes in our value orientations.

However, not all instances of injustice are created equal. Our standard moral deliberations exclude people based on arbitrarily perceived differences rather than dessert. This requires ethical standards to shift towards those morally excluded by social structures to compensate for gaps in our ethical deliberation

Winter and Leighton 99- Deborah DuNann Winter and Dana C. Leighton, 6-1-99, Winter: Psychologist that specializes in Social Psych,Counseling Psych, Historical and Contemporary Issues, Peace Psychology. Leighton: PhD graduate student in the Psychology Department at the University of Arkansas, "Structural Violence Section Introduction",*Peace, conflict, andviolence: Peace psychology in the 21st century.*New York: Prentice-Hall. TCHS-CS

Finally, to recognize the operation of structural violence forces us to ask questions about how and why we tolerate it, questionswhich often have painful answers for the privileged elite who unconsciously support it. A final question of this section is how andwhy we allow ourselves to be so oblivious to structural violence. Susan Opotow offers an intriguing set of answers, in her article Social Injustice. She argues that **our normal** perceptual/**cognitive processes divide people into in**-groups **and out-groups.** Those outside our group lie outside our scope of justice. Injustice that would be instantaneously confronted if it occurred to someone we love or know is barely noticed if it occurs to

strangers or those who are invisible or irrelevant.We do not seem to be able to open our minds and our hearts to everyone, so we drawconceptual lines between those who are in and out of our moral circle.**Those who fall outside are morally excluded, and become** either invisible, or **demeaned in some way so that we do not have to acknowledge the injustice they suffer.** Moral exclusion is a human failing, but Opotow argues convincingly that it is an outcome of everyday social cognition.**To reduce its nefarious effects, we must be vigilant in noticing and listening to oppressed**, invisible, **outsiders.** Inclusionary thinking can be fostered by relationships, communication, and appreciation of diversity.

Thus, the standard is mitigating structural violence

Contention 1: Innovation Apartheid

Currently, pharmaceutical development is extremely inefficient. Large companies continuously extend their patent protections to secure a profit in a process called evergreening.

Feldman 18- Robin Feldman (Arthur J. Goldberg Distinguished Professor of Law, Director of Center for Innovation). "May your drug price be evergreen." Journal of Law and Biosciences. Volume 5, Issue 3. December 2018. https://doi.org/10.1093/jlb/lsy022**.** TCHS-CS

The study results demonstrate definitively that the pharmaceutical industry has strayed far from the patent system's intended design. The patent system is not functioning as a time-limited opportunity to garner a return, followed by open competition. Rather, companies throughout the industry seek and obtain repeated extensions of their competition-free zones. Moreover, the incidence of such behavior has steadily increased between 2005 and 2015, especially on the patent front and for certain highly valuable exclusivities. Most troubling, the data suggest that the current state of affairs is harming innovation in tangible ways. Rather than creating new medicines—sallying forth into new frontiers for the benefit of society—drug companies are focusing their time and effort extending the patent life of old products. This, of course, is not the innovation one would hope for. The greatest creativity at pharmaceutical companies should be in the lab, not in the legal department.115 The following sections describe the results obtained through our analysis in detail, but below are the key takeaways from the study: Rather than creating new medicines, pharmaceutical companies are recycling and repurposing old ones. In fact, **78% of** the drugs associated with **new patents** in the FDA's records **were** not new drugs coming on the market, but existing drugs. In some years, the percentage reached as high as 80%. Adding new patents and exclusivities to extend the protection cliff is particularly pronounced among blockbuster drugs. Of the roughly 100 best-selling drugs, more than 70% extended their protection at least once, with more than 50% extending the protection cliff more than once. Looking at the full group, almost 40% of all drugs available on the market created additional market barriers by having patents or exclusivities added to them.

The only comprehensive study flows Aff. The evergreening strategy is ubiquitous and stifles innovation, thereby preventing life-saving drugs from entering the market. Thus, the aff isn't anti-patent but pro-innovation. Preventing companies from creating patent walls is key to revitalize the market and kickstart innovation.

Arnold Ventures 20- 9-24-2020 "'Evergreening' Stunts Competition, Costs Consumers and Taxpayers" https://www.arnoldventures.org/stories/evergreening-stunts-competition-costs-consumers-and-taxpayers/ (Arnold Ventures is focused on evidence-based giving in a wide range of categories including: criminal justice, education, health care, and public finance) re-cut by TCHS-CS

Feldman led the development of the Evergreen Drug Patent Search in response to repeated requests from Congressional committees, members of Congress, state regulators and journalists for information about specific drugs and companies. "We want to make it so anyone can have the question about drug protections at their fingertips whenever they want," Feldman said. "It's designed to be easy and user-friendly, and to enhance public understanding about how competition may be limited rather than enhanced through the drug patent system." The database was created through a painstaking process of combing through 160,000 data points to examine every instance where a pharmaceutical company added a new drug patent or exclusivity. "Most of it was done by hand," Feldman said, "with multiple people reviewing it at every stage. And along the way we repeatedly made conservative choices. **We erred on the side of underrepresenting the evergreen gain** to be sure we were as fair and reasonable as possible." Among the 2,065 drugs covered in Evergreen Drug Patent Search, there are many examples of the evergreening strategy used by pharma to delay the entry of competition, especially generics, often for widely prescribed drugs, including those used to treat heartburn, chronic pain, and opioid addiction. Nexium Before Nexium, there was Prilosec, a popular drug to treat gastroesophageal reflux disease (GERD). But its patent exclusivity was due to expire in April 2001. In the late 1990s, with a precipitous drop in revenue looming, Prilosec's manufacturer, AstraZeneca, decided to develop a replacement drug. Using "one-half of the Prilosec

molecule — an isomer of it," the result was Nexium, which received approval in February 2001. Essentially an evergreened version of Prilosec, Nexium's exclusivity was then extended by more than 15 years, as AstraZeneca received 97 protections stemming from 16 patents. These included revised dosages, compounds, and formulations. Feldman said that tinkering changes such as Nexium's do not involve the substantial research and development required for a new drug, nor do they constitute true innovations, yet for a decade and a half, patients and taxpayers were forced to pay far more than was warranted for GERD relief. In fact, in 2016 — one year after patent exclusivity expired — Nexium still topped all drugs in Medicare Part D spending, totaling $1.06 billion. Suboxone Use of this combination of buprenorphine and naloxone for treating opioid addiction has exploded in the wake of the opioid epidemic. Since its approval, Suboxone's manufacturer, Reckitt Benckiser (now operating as Indivior), extended its protection cliff eight times, gaining nearly two extra decades of exclusivity through early 2030. The drug maker gained six patents for creating a film version of the drug — notably around the time protection was expiring for its tablet version. (The therapeutic benefits of the film and tablet are identical.) An earlier version of Suboxone also obtained an orphan drug designation, despite an opioid epidemic that has expanded Suboxone's customer base to millions of potential customers. Suboxone generates more than $1 billion in annual revenue and ranks among the 40 top-selling drugs in the U.S. Truvada When Truvada[‘s exclusivity was extended by], commonly referred to as PrEP, was approved in 2004, this HIV-prevention drug was a breakthrough. But 16 years later — and 14 years after its original exclusivity was to expire — it retains its monopoly status. Truvada's manufacturer, Gilead, has received 15 patents and 120 protections since it came on the market, extending its exclusivity for more than 17 years, until July 3, 2024. In countries where generic Truvada is available, PrEP costs $100 or less per month, compared to $1,600 to $2,000 in the U.S. As a result, Truvada is unaffordable to many people **who need protection from HIV**.

The aff would spill over to developing nations as well. They already have the production capacity to contribute to pharmaceutical innovation but need legal certainty to move forward

Public Citizen 21- Public Citizen ["Public Citizen is a nonprofit consumer advocacy organization that champions the public interest in the halls of power. We defend democracy, resist corporate power and work to ensure that government works for the people – not for big corporations. Founded in 1971, we now have 500,000 members and supporters throughout the country. We don't participate in partisan political activities or endorse any candidates for elected office. We take no government or corporate money, which enables us to remain fiercely independent and call out bad actors – no matter who they are or how much power and money they have."], "Waiver of the WTO's Intellectual Property Rules: Facts vs. Common Myths," *Public Citizen Global Trade Watch Series*. March 29, 2021. Accessed Aug. 10, 2021. <https://www.citizen.org/article/waiver-of-the-wtos-intellectual-property-rules-myths-vs-facts/> AT
Most critically, there simply is not enough supply to go around now or for every year in the future during which the whole world will need regular COVID vaccination to keep the virus under control. Thankfully, scores of countries are ready to invest in building new or repurposing existing production capacity. That is why more than 100 countries support a waiver of the WTO's Agreement on Trade-Related Aspects of Intellectual Property (TRIPS). These countries seek certainty that if they adjust their domestic laws and practices to support that investment by providing access to the necessary technology, they will not get dragged into expansive WTO litigation or face retaliatory sanctions from countries claiming WTO violations. [Reducing patent protections] will also serve as a worldwide buffer against the political pressure and **legal harassment** to which Big Pharma subjects countries that seek to promote affordable access to medicines.

Expanding access to medicine is key to stopping structural violence in developing nations.

Baker 17- (Dean Baker is an American macroeconomist and co-founder, with Mark Weisbrot, of the Center for Economic and Policy Research in Washington, D.C. He is credited as one of the first economists to have identified the 2007–08 United States housing bubble., Arjun Jayadev is an Associate Professor of Economics at Azim Premji University and University of Massachusetts Boston., Joseph Stiglitz is an American economist, public policy analyst, and a professor at Columbia University. He is a recipient of the Nobel Memorial Prize in Economic Sciences and the John Bates Clark Medal.), "Innovation, Intellectual Property, and Development: A BETTER SET OF APPROACHES FOR THE 21st CENTURY", July 2017, Azim Premji University & Columbia University, pg. 27-28, https://www8.gsb.columbia.edu/faculty/jstiglitz/sites/jstiglitz/files/IP%20for%2021st%20Century%20-%20EN.pdf TCHS-CS
28 Our focus in this section is on the impact of the current IP regime on global development. Developing economies are, almost by definition, **significantly distant from the global innovation** and production frontier. While individual industries and firms can often be close to the frontier, the generalised adoption of latest generation technologies and the garnering of the positive externalities that often result from these is a key feature of advanced industrialised economies. What separates developing from developed countries is as much a gap in knowledge as a gap in resources. The artifcial scarcity created by IPR generates economic inefficiencies. One person's access to knowledge does not detract from another's. One country's use of a new technology does not compromise the ability of the rest of the world to beneft from it. The temporary monopoly conferred by IPR creates a **market distortion, resulting in less access** than is socially optimal.

Independently, stopping future pandemics through increased pharmaceutical innovation prevents massive loss of life if not full-on extinction

Pamlin and Armstrong 15 (Dennis Pamlin: Executive Project Manager Global Risks, Global Challenges Foundation. Stuart Armstrong: James Martin Research Fellow, Future of Humanity Institute, Oxford Martin School, University of Oxford. February 15, "12 Risks that threaten human civilisation: The case for a new risk category", Global Challenges Foundation, https://www.researchgate.net/publication/291086909_12_Risks_that_threaten_human_civilisation_The_case_for_a_new_risk_category TCHS-CS
Infectious diseases have been one of the greatest causes of mortality in history. Unlike many other global challenges pandemics have happened recently, as we can see where reasonably good data exist. Plotting historic epidemic fatalities on a log scale reveals that these tend to follow a power law with a small exponent: many plagues have been found to follow a power law with exponent 0.26.261 These kinds of power laws are heavy-tailed262 to a significant degree.263 In consequence most of the fatalities are accounted for by the top few events.264 If this law holds for future pandemics as well,265 then the majority of people who will die from epidemics will likely die from the single largest pandemic. Most epidemic fatalities follow a power law, with some extreme events – such as the Black Death and Spanish Flu – being even more deadly.267 There are other grounds for suspecting that such a highimpact epidemic will have a greater probability than usually assumed. All the features of an extremely devastating disease

already exist in nature: essentially incurable (Ebola268), nearly always fatal (rabies269), extremely infectious (common cold270), and long incubation periods (HIV271). If a pathogen were to emerge that somehow combined these features (and influenza has demonstrated antigenic shift, the ability to combine features from different viruses272), its death toll would be extreme. Many relevant features of the world have changed considerably, making past comparisons problematic. The modern world has better sanitation and medical research, as well as national and supra-national institutions dedicated to combating diseases. Private insurers are also interested in modelling pandemic risks.273 Set against this is the fact that modern transport and dense human population allow infections to spread much more rapidly274, and there is the potential for urban slums to serve as breeding grounds for disease.275 Unlike events such as nuclear wars, pandemics would not damage the world's infrastructure, and initial survivors would likely be resistant to the infection. And there would probably be survivors, if only in isolated locations. Hence the risk of a civilisation collapse would come from the ripple effect of the fatalities and the policy responses. These would include political and agricultural disruption as well as economic dislocation and damage to the world's trade network (including the food trade). Extinction risk is only possible if the aftermath of the epidemic fragments and diminishes human society to the extent that recovery becomes impossible277 before humanity succumbs to other risks (such as climate change or further pandemics).

Contention 2: Drug Prices

Patent protections allow pharmaceutical monopolies to set prices at ridiculously high rates by allowing them to prevent cheaper, generic drugs from entering the market

Amin 18- Tahir Amin 6-27-2018 "The problem with high drug prices isn't 'foreign freeloading,' it's the patent system" High drug prices caused by US patent system, not 'foreign freeloaders' (cnbc.com) https://www.cnbc.com/2018/06/25/high-drug-prices-caused-by-us-patent-system.html (co-founder of nonprofit I-MAK.org) TCHS-CS

'Evergreening' Instead of going to new medicines, the study finds that 74 percent of new patents during the decade went to drugs that already existed. It found that 80 percent of the nearly 100 best-selling drugs extended their exclusivity protections at least once, and 50 percent extended their patents more than once—with the effect of prolong[s] the time before generics could reach the market as drug prices continued to rise. The strategy is called "evergreening": drug makers add on new patents to prolong a drug's exclusivity, even when the additions aren't fundamentally new, non-obvious, and useful as the law requires. One of the most expensive cancer drugs on the market, Revlimid®, is a case in point: priced at over $125,000 per year of treatment, Celgene has sought 105 patents on Revlimid®, many of which have been granted, extending its monopoly until the end of 2036. That gives the Revlimid® patent portfolio a lifespan of 40 years, which is being used to block or deter generic competitors from entering the market. But a recent I-MAK analysis finds that several of Celgene's patents are mere add-ons—not fundamentally new to deserve a patent. And because of the thicket of patents around Revlimid®, **payers are projected to spend $45 billion in excess costs** on [the drug Revlimid] alone as compared to what they could be paying if generic competitors were to enter when the first patent expires in 2019. Meanwhile, Celgene is also among the pharmaceuticals that have been recently scolded by the FDA for refusing to share samples with generic makers so they can test their own products against the brands in order to attain FDA approval. **In the absence of** genuine **competition** in the U.S. prescription drug market, **monopolies are yielding reckless pricing schemes and prohibitively expensive drugs** for Americans (and people around the world) who need them. In 2015, for example, U.S. Senators Wyden and Grassley found after an 18-month bipartisan investigation that the notorious $84,000 price tag for the hepatitis C drug made by Gilead was based on "a pricing and marketing strategy designed to maximize revenue with little concern for access or affordability." Gilead's subsequent hepatitis C drug Harvoni® was introduced to the market at a still higher cost of $94,500. Who benefits when drugs are priced so high? Not the 85 percent of Americans with hepatitis C who are still not able to afford treatment.

There are two impacts to this:

First is poverty- high drug prices exacerbate global poverty, solidifying structural conditions of oppression. This study is reverse causal.

Hoban 10- Rose Hoban 9-13-2010 "High Cost of Medicine Pushes More People into Poverty"

https://www.voanews.com/science-health/high-cost-medicine-pushes-more-people-poverty (spent more than six years as the health reporter for North Carolina Public Radio – WUNC, where she covered health care, state health policy, science and research with a focus on public health issues. She left to start North Carolina Health News after watching many of her professional peers leave or be laid off of their jobs, leaving NC with few people to cover this complicated and important topic. ALSO cites Laurens Niens who is a Health Researcher at Erasmus University Rotterdam) re-cut by TCHS-CS

Health economist Laurens Niëns found that drugs needed to treat chronic diseases could be considered unaffordable **for many people in poor countries**. Medicines can be expensive and often make up a large portion of any family's health care budget. And the burden can be even greater for people in poor countries, where **the cost of vital medicines can push them into poverty**. The problem is growing as more people around the world are diagnosed with chronic diseases such as high blood pressure and diabetes. Being diagnosed with a chronic disease usually compells patients to seek treatment for a prolonged period of time. That increases the eventual price tag for health, says health economist Laurens Niëns at Erasmus University in the Netherlands. Niëns examined medication pricing data from the World Health Organization and also looked at data from the World Bank on household income in many countries. Using the data, he calculated how much people need to spend on necessities such as food, housing, education and medicines. "The medicines we looked at are medicines for patients who suffer from asthma, diabetes, hypertension and we looked at an adult respiratory infection," Niëns says. "Three conditions are for chronic diseases, which basically means that people need to procure those medicines each and every day." Niëns focused on the cost of medicine for those conditions. He found the essential drugs could be considered unaffordable for many people in poor countries - so much so that their cost often pushes people into abject poverty. "The proportion of the population that is living below the poverty line,

plus the people that are being pushed below the poverty line, can **reach up to 80 percent** in some countries for some medicines," Niëns says.

Second is counterfeit drugs- when people can't afford legally regulated drugs, they often go underground to purchase counterfeit drugs

Bryant 11- Clifton Bryant 2011 "The Routledge Handbook of Deviant Behaviour" (former professor of sociology at VA Tech) TCHS-CS

Now, the field of medicine is able to achieve seemingly miraculous results, through organ transplantation, reviving patients who have been "clinically" dead, and curing supposedly "incurable diseases." Medical miracles are not cheap, however, and **the costs of** medical care and **drugs** have risen (and **continue to rise**) at a near-astronomical rate. Consequently, **neither private** medical insurance plans **nor Medicare will** now **cover certain** procedures, treatments, and **medicines**. In the future, with continuing reform of the US healthcare system, even fewer procedures, treatments, and medications might will be covered. Certainly, some medical treatment will be "rationed," and particular categories of people (such as the elderly) may be systematically denied the coverage they need. As a result of all this, **medical**- and health-related **crime** and deviance **will inevitably rise**. Medical insurance, Medicare, and Medicaid fraud, which is already prevalent today, will increase exponentially. Smugglers will "bootleg" ever more pharmaceuticals into the US, and a large, thriving, nationwide black market will develop **for those who cannot afford to buy uncovered medications**.

The impact is damning- counterfeit drugs kill millions of people each year

Greenberger 20 Phyllis E. Greenberger 12-3-2020 "Counterfeit Medicines Kill People" https://www.healthywomen.org/health-care-policy/counterfeit-medicines-kill-people/who-suffers-because-of-counterfeit-drugs (HealthWomen's Senior Vice President of Science & Health Policy) re-cut TCHS-CS

Over 1 million people die each year from fake drugs. COVID-19 Have you ever had a hard time getting a prescription filled? Or maybe you've had to wrestle with your insurance provider to get them to pay for a medication vital for your health? Worse, maybe you're one of the 27.5 million uninsured Americans who find it difficult to get health care, let alone obtain the prescription drugs you may need. If you've had any of these experiences, then perhaps you've turned to the internet to buy medications that would require a prescription. While legal online pharmacies do exist, many online pharmacies are fraudulent, selling counterfeit medications, and millions of people have fallen victim to these scammers. Make no mistake: **Counterfeit medicine** is not real. The active **ingredients** that help you stay healthy may be missing or diluted to levels that are no longer potent. This **can be dangerous and even life-threatening**, as people rely on their medications to keep them well, and sometimes even alive. Many counterfeit medicines aren't even drugs at all, but rather **snake oil cures that make people sick** — they may even **contain dangerous ingredients such as heavy metals, highway paint or even rat poison.**