## Framework

#### The word “ought” in the resolution implies a moral obligation, therefore morality should be considered as the value for this round

#### Utilitarianism is needed to accurately weigh between moral decisions and is most widely used by policymakers and should be used to evaluate this round.

## Contention One - HIV

#### HIV drugs are prohibitively expensive. Vann, Madeline. "Can You Afford Your HIV Treatment?." Everyday Health. May 13, 2009. Web. August 21, 2021. .

There’s no getting around it: **HIV drugs cost a lot of money.** In fact, **the lifetime cost of care for a person living with HIV can total hundreds of thousands of dollars.** But the good news is that no one living with HIV in the United States has to pay the full cost out of his or her own pocket. “The average cost of HIV treatment is $14,000 to $20,000 a year,” says Michael Kolber, MD, a professor of medicine and director of the Comprehensive AIDS Program and Adult HIV Services at University of Miami Miller School of Medicine in Florida. “If you’re paying $1,000 a month, you’re doing really well.” **Modern HIV drugs can keep people healthy for decades, but if you take them you could be facing well over $400,000 or more in lifetime costs for HIV treatment.** Unfortunately, real or perceived cost is a significant barrier to care — **data suggests that only about half of low-income people living with HIV are receiving the HIV drugs they need because of cost.**

#### HIV disproportionately impacts LGBTQ+ communities. Human Rights Campaign. ‘21 "How HIV Impacts LGBTQ+ People." Human Rights Campaign. Web. August 21, 2021. .

**HIV disproportionately impacts segments of the LGBTQ community.** According to the U.S. Centers for Disease Control and Prevention (CDC), there are 1.2 million people living with HIV (PLWH) in the United States, and approximately 40,000 people were diagnosed with HIV in 2015 alone. **While the annual number of new diagnoses fell by 19% between 2005 and 2014, progress has been uneven. For example, gay and bisexual men made up an estimated 2% of the U.S. population in 2013 but 55% of all PLWH in the United States. If current diagnosis rates continue, 1 in 6 gay and bisexual men will be diagnosed with HIV in their lifetime. For Latino and Black men who have sex with men, the rates are in 1 in 4 and 1 in 2, respectively.** Transgender people have also been hit especially hard by the epidemic despite comprising a similarly small percentage of the U.S. population. While better data is needed to understand the full impact of HIV on the transgender community, one international analysis found that **transgender women in certain communities have 49 times the odds of living with HIV than the general population**. Although HIV prevalence among transgender men is relatively low (0-3%) according to the CDC, some data suggest transgender men may still yet be at elevated risk for HIV acquisition.

#### HIV is also a leading cause of death in sub-Saharan Africa and has reversed social, economic, and political gains made over the past three decades. WIPO ‘00 “Patent Protection and Access to HIV/AIDS Pharmaceuticals in Sub-Saharan Africa.” the World Intellectual Property Organization (WIPO). 2000. Web. August 21, 2021.

**AIDS is now the leading cause of death in sub-Saharan Africa.** Since the epidemic began, some 15 million Africans have died from AIDS and **there are nearly 25 million adults and children living with HIV/AIDS in African countries south of the Sahara Desert.**1 There were 4.0 million new infections in this region during 1999. **There are now 16 countries in which more than one-tenth of the adult population is infected with HIV.** In seven countries at the southern cone of the continent, the infection rate exceeds 20 percent. 2 Estimates of adult infection rates for the countries hardest hit by the HIV/AIDS epidemic in sub-Saharan Africa, as of the end of 1999, are shown below: BOTSWANA 35.80% KENYA 13.95% SWAZILAND 25.25% CENTRAL AFRICAN REPUBLIC 13.84% ZIMBABWE 25.06% MOZAMBIQUE 13.22% LESOTHO 23.57% DJIBOUTI 11.75% ZAMBIA 19.95% BURUNDI 11.32% SOUTH AFRICA 19.94% RWANDA 11.21% NAMIBIA 19.54% IVORY COAST 10.76% MALAWI 15.96% ETHIOPIA 10.63% The HIV/AIDS epidemic poses an enormous threat to development in sub-Saharan Africa, which accounts for more than 70 percent of all HIV/AIDS cases globally. **HIV/AIDS has reversed social, economic, and political gains made over the past three decades in several countries.**3 As starkly put by the International Partnership Against AIDS in Africa, “[t]he speeds, spread and scope of the epidemic is unprecedented in modern times...By threatening a generation of youthful, productive people, the disease is mortgaging the continent’s future.”4 **The devastating effects of HIV/AIDS in subSaharan Africa, predicted since the early 1990s, is now being seen in falling life expectancies, increasing numbers of orphans, and terrible tolls on households, learning, teaching, health systems, agriculture and business sectors across the board**.5 The Worldwatch Institute, a nonprofit public policy research organization dedicated to informing policymakers and the public about emerging global problems and trends, recently published an “Issue Alert” noting the precipitous fall in life expectancies in sub-Saharan Africa.6 **Without AIDS, life expectancy in the year 2010 in Zimbabwe would be 70 years, in Botswana 66 years and in Zambia 60 years. With AIDS, these life expectancies are expected to drop to 35 years in Zimbabwe, 33 years in Botswana and 30 years in Zambia, “more akin to those of the Middle Ages than of the modern age.”** By 2010, Africa is expected to have 40 million orphans.7 **About 95 percent of HIV-infected people live in developing countries, most of them in sub-Saharan Africa.** At the same time, African governments together owe more than USD 230 billion in debt, with repayments costing Africa USD 15 billion each year – the equivalent of 5 percent of the region’s income and about 15 percent of its export earnings.8 Despite concerted and intensified efforts to address the HIV/AIDS crisis, however, the epidemic rages on in several sub-Saharan African countries with more devastation than even the worst estimates predicted. In 1991, **it was estimated that 9 million people would be infected and 5 million would die from HIV/AIDS in subSaharan Africa by the end of the decade, whereas in reality the figures are almost triple those predicted: 24 million infected and 13.7 million dead**.9

#### Patents are the reason WIPO ‘00. “Patent Protection and Access to HIV/AIDS Pharmaceuticals in Sub-Saharan Africa.” the World Intellectual Property Organization (WIPO). 2000. Web. August 21, 2021. .

**In conjunction with the focus on the cost of HIV/AIDS drugs, there has been a heightened awareness of the role that patents play in driving up drug prices.** **AIDS and health activists contend that patents and the TRIPS Agreement have the effect of denying access to HIV/AIDS drugs. The drug companies contend that patent protection is essential to provide a return on their R&D investment and to encourage the development of new drugs.** In furtherance of this view, **drug companies have fiercely defended their patent rights and generally opposed any efforts by governments to permit parallel imports or issue compulsory licenses.** Until recently, the pharmaceutical industry was supported in its efforts by the U.S. government, which had consistently opposed compulsory licensing and parallel importation of drugs under patent in other countries. The U.S. government viewed compulsory licensing as a threat to patent incentives that encourage innovation and it viewed parallel importation as a threat to the cost structures adopted by the pharmaceutical industry. The European Union had expressed similar views. The U.S. government pressured South Africa and Thailand not to permit compulsory licensing or parallel imports. In the case of South Africa, one of the few sub-Saharan African countries where pharmaceutical companies have patents in force, the government had passed the Medicines and Related Substances Control Act, Act No. 90 of 1997 (“the Act”) which allowed parallel imports (section 15C) and local South African companies to produce HIV/AIDS drugs under compulsory license (Section 22C).

## Contention Two - Pandemics

#### Pandemics impacting developing countries Intellectual property patents slow alleviation efforts during pandemics. Brink ‘21. "Why Intellectual Property And Pandemics Don’t Mix." Brookings. June 03, 2021. Web. August 18, 2021. .

**For pandemics and other public health emergencies, patents’ mix of costs and benefits is misaligned with what is needed for an effective policy response**. The basic patent bargain, even when well struck, is to pay for more innovation down the road with slower diffusion of innovation today. In the context of a pandemic, that bargain is a bad one and should be rejected entirely. **Here the imperative is to accelerate the diffusion of vaccines and other treatments, not slow it down. Giving drug companies the power to hold things up by blocking competitors and raising prices pushes in the completely wrong direction.** What approach to encouraging innovation should we take instead? **How do we incentivize drug makers to undertake the hefty R&D costs to develop new vaccines without giving them exclusive rights over their production and sale? The most effective approach during a public health crisis is direct government support: public funding of R&D, advance purchase commitments by the government to buy large numbers of doses at set prices, and other, related payouts.** And **when we pay drug makers, we should not hesitate to pay generously, even extravagantly: we want to offer drug companies big profits so that they prioritize this work above everything else, and so that they are ready and eager to come to the rescue again the next time there’s a crisis.** It was direct support via Operation Warp Speed that made possible the astonishingly rapid development of COVID-19 vaccines and then facilitated a relatively rapid rollout of vaccine distribution (relative, that is, to most of the rest of the world). And it’s worth noting that a major reason for the faster rollout here and in the United Kingdom compared to the European Union was the latter’s misguided penny-pinching. The EU bargained hard with firms to keep vaccine prices low, and **as a result their citizens ended up in the back of the queue as various supply line kinks were being ironed out.** This is particularly ironic since the Pfizer-BioNTech vaccine was developed in Germany. As this fact underscores, the chief advantage of direct support isn’t to “get tough” with drug firms and keep a lid on their profits. Instead, it is to accelerate the end of the public health emergency by making sure drug makers profit handsomely from doing the right thing. Patent law and direct support should be seen not as either-or alternatives but as complements that apply different incentives to different circumstances and time horizons. Patent law provides a decentralized system for encouraging innovation. The government doesn’t presume to tell the industry which new drugs are needed; it simply incentivizes the development of whatever new drugs that pharmaceutical firms can come up with by offering them a temporary monopoly. It is important to note that patent law’s incentives offer no commercial guarantees. Yes, you can block other competitors for a number of years, but that still doesn’t ensure enough consumer demand for the new product to make it profitable.

#### Focusing on long-term improvements is key- a global pandemic will come again. Brink ‘21 Lindsey, Brink. "Why Intellectual Property And Pandemics Don’t Mix." Brookings. June 03, 2021. Web. August 18, 2021. .

Although focusing on these immediate constraints is vital, we cannot confine our attention to the short term. First of all, **the COVID-19 pandemic is far from over**. Although Americans can now see the light at the end of the tunnel thanks to the rapid rollout of vaccines, most of the world isn’t so lucky. **The virus is currently raging in India and throughout South America, overwhelming health care systems and inflicting suffering and loss on a horrific scale**. And consider the fact that Australia, which has been successful in suppressing the virus, recently announced it was sticking to plans to keep its borders closed until mid-2022. **Criticisms of the TRIPS waiver that focus only on the next few months are therefore short-sighted: this pandemic could well drag on long enough for elimination of patent restrictions to enable new vaccine producers to make a positive difference.** Furthermore, and probably even more important, **this is almost certainly not the last pandemic we will face**. **Urbanization, the spread of factory-farming methods, and globalization all combine to increase the odds that a new virus will make the jump from animals to humans and then spread rapidly around the world.** Prior to the current pandemic, the 21st century already saw outbreaks of SARS, H1N1, MERS, and Ebola. Everything we do and learn in the current crisis should be viewed from the perspective of getting ready for next time.

## Theory

**Interpretation: debaters should disclose their contact info on the wiki. To clarify, you should write your email, FB, phone number, anything so I can at least ask you stuff before the round.**

**Violation: You don’t**

**Standards:**

**1] Community building – low income debaters will be able to contact experienced debaters to learn about their strategies or what aff they might be reading. It also builds communities within debate which helps spread ideas, and create connections, spurring education.**

**2] Strat skew – I have no idea what negs you have read, and I don’t even have the ability to ask whether or not you are going to disclose it since I don’t know how to contact you – makes it impossible for me to create a 1AR strategy before the round, because I can’t read generics like disclosure since I don’t know if you’ll meet, and I can’t read specific arguments because I don’t know the past negs.**

### Voter Issues

**Voters:**

1. **Vote on fairness. Debate is a competitive activity governed by rules. You can’t evaluate who did better debating if the round is structurally skewed, so fairness is a gateway to substantive debate.**
2. **Vote on education. People do debate for education and schools won’t sponsor the activity if it doesn’t have educational value.**

#### No RVIs:

**1. It’s a check, meeting the check doesn’t mean you should win, rather you can play, an RVI commits the fallacy of denying the antecedent because it doesn't follow that you win if fair. Logic functions as a side constraint on fairness.**

#### Prefer Competing Interps:

**1. Theory is an issue of competing interpretations because reasonability is completely arbitrary. There is no threshold for what is reasonable, so it begs intervention which is bad because it allows judges to insert their opinions about arguments, and not actually evaluate who did the better debating.**

#### DTD:

#### 1. The best way to deter bad debate norms is deterrence through the ballot.