# 2nr

#### Coons & Carper are big pharma’s senate inside men – they specifically vote against reconciliation bc pharma wants them to – they’re extremely pro IP which turns case and means no solvency.

Marcetic ’20 [Branko, Jacobin staff writer and the author of Yesterday's Man: The Case Against Joe Biden, “Chris Coons Is Big Pharma’s Man in Washington”, https://www.jacobinmag.com/2020/09/chris-coons-big-pharma-joe-biden]//pranav

In just the same way that a series of unexpected events, fumbles, and falls saddled the Democrats with a Joe Biden candidacy they never wanted, a Biden presidency could see another unexpected figure vault to prominence. That would be Delaware senator Chris Coons, the man sitting in Biden’s old Senate seat, whom Politico dubbed “the Biden whisperer,” and who is tipped to serve in his cabinet or play a key role in pushing his agenda through Congress. For anyone still seriously hoping a President Biden will be the second coming of Franklin D. Roosevelt, this poses a problem — because Coons is not just a Biden-style centrist dealmaker who favors a GOP sign-off on whatever he does, but one of the most dependable footmen for the pharmaceutical industry. Tomorrow, Coons is looking to survive a primary challenge by Jessica Scarane, a DSA- and Sunrise Movement–backed thirty-five-year-old progressive running on a Berniecrat agenda that includes Medicare for All, the Green New Deal, and a $15 minimum wage. Scarane has made Coons’s warm relationship with Big Pharma one of the cornerstones of her insurgent campaign, saying that his work for the industry is “just unacceptable to me.” In attacking Coons’s record, Scarane has had a wealth of material to choose from. Because ever since winning the 2010 special election to take the seat briefly warmed by Biden adviser Ted Kaufman, Coons has reliably done the pharmaceutical sector’s bidding, owing partly to the many pharma companies embedded in Delaware’s economy, and partly to the hundreds of thousands of dollars they shower his campaign coffers with. With radical reform of health care a high priority for a growing number of disillusioned Americans, the prospect of a top role for Coons in a future Biden administration will prove an uneasy fit. Just a Pharm Boy From Delaware Though Delaware today is most associated with financial services, bankruptcy, and corporate tax dodging — not least thanks to the figure of Biden himself — its biggest city, Wilmington, continues to be known as the “chemical capital of the world.” This is mostly thanks to chemical companies like Hercules Inc. and, especially, DuPont. But it’s also due to the pharmaceutical industry, which, according to the sector’s premier lobbying and trade group, the Pharmaceutical Research and Manufacturers of America (PhRMA), supports 17,176 jobs in the state (about 3.4 percent of its labor force) and contributes $3.8 billion worth of economic output. That’s about 6 percent of its total GDP. The industry’s deep pockets have been good to Delaware’s politicos. Pharmaceuticals and health products firms have given the current Delaware delegation — made up of Coons, senator Tom Carper, and representative Lisa Blunt Rochester — a total of more than $1.2 million over their careers. A little over $500,000 of this has gone to Coons during his ten years on the job. And it’s been a smart investment. Coons has taken heat during the Trump era for several high-profile pro-pharma votes. The first came in the final days of the Obama administration, when senators Bernie Sanders and Amy Klobuchar put forward an amendment to allow pharmacists and distributors to import cheaper drugs from Canada and other countries. The bill was exactly the kind of sensible Washington deal-making Coons claims to prefer: popular, incremental, deficit-neutral, and bipartisan, with twelve Republicans crossing the aisle to support it, including conservatives like Ted Cruz, Jeff Flake, and John McCain. Unfortunately, Coons and Carper joined the eleven other Democrats who helped kill the measure, which fell just four votes short of passing. It was a repeat of five years earlier, when Coons and a host of other pharma-sponsored senators voted against a John McCain–authored amendment to do the same thing. To justify their 2017 vote, both Delaware senators regurgitated the objections lodged by PhRMA, which warned that “the importation of unapproved and potentially counterfeit medicines . . . presents a serious risk to public health.” “With the increasing danger of counterfeit and sometimes harmful drugs, we can’t afford to risk the health and well-being of our patients,” said Coons. Sanders called it “a laughable statement.” The next came a year later, when Coons and Carper again teamed up on a crucial vote, this time to confirm Alex Azar, former top lobbyist and price-gouging president of pharma giant Eli Lilly, as Trump’s Health and Human Services (HHS) secretary. Azar’s nomination was controversial: he wanted to repeal Obamacare and opposed its birth-control mandate, was hostile to drug importation, and thought Medicaid should be converted to block grants (the same way Bill Clinton had gutted welfare in the 1990s). But Coons, who had “known Mr. Azar for several decades” since their days together at Yale Law School and had “always been impressed with his intellect and work ethic,” decided his “wealth of experience” would make him a “competent leader” at HHS. Coons personally vouched for him to Carper, convincing him to join Coons and the four other Democrats who narrowly carried Azar over the line, 55–43. (Since then, Coons has seen an uptick in generosity from Eli Lilly, getting nearly half of his career-total $17,500 from the company in the 2020 cycle alone — though there are likely other factors behind this, including Biden’s potential presidency). Needless to say, Azar’s tenure has been exactly the disaster his critics worried about. He’s stacked the agency with pharma and other health-care-industry executives, introduced work requirements for Medicaid, pushed the block grant idea and other Trump cuts to public health, and stood by as the Trump administration sabotaged Obamacare. And while Azar has made noise about lowering drug prices, he slow-walked and ultimately abandoned proposals to do so, so that no progress has been made on that front. In fact, drug prices and health care costs more generally have continued their upward course under Azar. In other words, Azar’s performance at HHS has made a mockery of the reasons Coons had given for supporting his confirmation. Coons claimed he had “pressed him” in December 2017 on “the Affordable Care Act, drug pricing, and continued progress on health care system delivery reform,” and concluded that “he is committed to representing the interests of Delawareans and Americans everywhere.” It’s hard to maintain that Azar has lived up to any of this. It’s these votes, together with his pharma donations, sponsorship of bills related to drug prices, and public statements on the issue, that have saddled Coons with an F grade from Prescriptive Justice, a consumer advocacy group focused on bringing US drug prices down. (By contrast, Sanders, Klobuchar, and Elizabeth Warren all have A+ grades, while Cory Booker, who also voted against the 2017 amendment, has a B). Coons’s obedience to the industry has at times led him to oppose the most radical attacks on the welfare state. He and Carper opposed Medicare cuts in late 2016, for instance — this also happened to be opposed by Delaware’s biotech sector, which worried that cutting reimbursements for advanced new treatments would hurt the industry. But it goes both ways. As an honorary cochairman of the Wall Street–funded think tank Third Way, Coons backed the 2010 Simpson-Bowles plan that aimed to slash the federal deficit on the back of Medicare and other entitlements. Patent Medicine Coons’s more important work for the pharma industry has arguably been in the realm of patent law. The abuse of the patent system is central to the pharmaceutical sector’s mistreatment of the public, granting companies market exclusivity for new drugs for as long as decades, and in the process stifling competition, innovation, and all the other good things we’re told capitalism is supposed to foster. This is the main force allowing unscrupulous companies to raise drug prices to new, stratospheric heights . Coons’s presence in the Senate has been central not just to the maintenance of this system, but to its opening to further abuse by Big Pharma. Almost as soon as he got into the Senate, Coons cosponsored the Patent Reform Act of 2011, which became law that September. At the time, critics warned that its provisions — not least from a “first-to-invest” to a “first-to-file” patent system — would benefit large biotech corporations with well-funded legal teams over smaller companies. The Generic Pharmaceutical Association, meanwhile, cautioned that, by making it harder to challenge patents obtained by deceit or withholding information, it would make it tougher to bring generic, typically cheaper drugs to the market. Not surprisingly, the bill’s passage was backed and celebrated by organizations like PhRMA and the Biotechnology Innovation Organization (BIO), as well as the Coalition for 21st Century Patent Reform, a group of corporate giants that included the Delaware industrial mainstays of DuPont and pharma heavyweight AstraZeneca. “He’s listening carefully to what folks who practice in this area are saying,” a local intellectual property lawyer said of Coons at the time. Coons’s early support for the bill signaled he would be pliant toward Delaware’s pharmaceutical and wider corporate interests. By 2018, he was fully cocooned in the industry, attending an intellectual property legal forum sponsored by the Delaware BioScience Association and held in the Wilmington offices of life sciences company Agilent Technologies, where he told attendees the US patent system was under threat — not from industries abusing the system at the expense of ordinary Americans, but from its critics, especially those who charged that patent law created monopolies damaging to the public interest. “We don’t want to destroy the patent system that has worked so well for us,” Coons told the assembled local chemical and bioscience bigwigs. He added that compulsory licensing — letting someone use a patent without the patent holder’s authorization, something experts are now calling for so the government can introduce generic drugs during the coronavirus pandemic — threatened both that system and the pharma sector. To that end, Coons introduced the STRONGER Patents Act three years in a row, aimed at strengthening the position of existing patent holders by, for example, making it harder to challenge a patent and making it easier to get an injunction on products that have been claimed to infringe on one. Its supporters included corporate trade groups like the Medical Device Manufacturers Association and the Innovation Alliance, whose members include pharma company AbbVie. Its opponents included tech firms, who worried it would stifle innovation, and the Coalition Against Patent Abuse (CAPA), which called it “an inconceivable gift to Big Pharma” that would “expand their drug monopolies and keep patients from accessing more affordable alternative medicines and treatments.” Last year, Coons also successfully weakened a measure meant to rein in patent abuse. With pharma companies spooked by a provision taking aim at “patent thickets” — or the practice of obtaining patent after patent for small changes in order to stretch market exclusivity as long as possible — Coons, worried the bill was “overly broad and could have had unintended consequences,” sprang into action. He and North Carolina senator Thom Tillis demanded changes before they would allow the bill to move through the Senate Judiciary Committee, getting language that offered pharma companies potential loopholes and allowing manufacturers up to twenty patents for small changes. But, arguably, Coons’s most controversial move has been his and Tillis’s attempt, in partnership with the industry, to rewrite patent eligibility law to the benefit of big pharma. The draft bill took aim at a decade’s worth of Supreme Court decisions that narrowed the scope of what can be patented, including the 2013 opinion in Association for Molecular Pathology v. Myriad Genetics, which ruled that naturally occurring genes and their products couldn’t be.

# 1nc

## 1

#### **Interp – the affirmative must defend a reduction of IP on a medicine.**

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

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

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

#### Violation – their advantage area is about vaccines which means either a. they solve nothing and vote neg on presumption because vaccines aren’t “COVID-19 medicines” or b. they violate

#### Negate –

#### 1] Limits – expanding the topic to preventative treatment or medical interventions allows anything from surgery to medical devices to education strategies or mosquito repellent to prevent malaria. Destroys core generics like innovation which are exclusive to disease curing – core of the topic is about proprietary information.

#### Voters:

#### Drop the debater – they have a 7-6 rebuttal advantage and the 2ar to make args I can’t respond to,

#### Use competing interps reasonability invites arbitrary judge intervention since we don’t know your bs meter,

#### No RVIs –illogical – you shouldn’t win for being fair – it’s a litmus test for engaging in substance,

Comes first – indicts the 1ac – any potential neg abuse was caused by aff abuse

## 2

CP Text: The United States should increase intellectual patent protections for medicines. The member nations of the World Trade Organization except for the United States ought to eliminate patent protections for medicines.

The United States should:

- substantially increase production and global distribution of the COVID-19 Vaccine to low-income countries.

- increase production and development of ingredients for the COVID-19 vaccine.

oks like follow on w the other wto countries

Solves developing econs – gives them vaccines

Solves credibility – resolves covid which the wto is struggling with

#### That solves better – IP rights don’t hinder vaccine cooperation, but manufacturing capacity is the current constraint.

Hans Sauer 6-17 [(Deputy General Counsel, Biotechnology Industry Organization.) “Web event — Confronting Joe Biden’s proposed TRIPS waiver for COVID-19 vaccines and treatments” https://www.aei.org/wp-content/uploads/2021/06/210617-Confronting-Joe-Bidens-proposed-TRIPS-waiver.pdf?x91208&x91208] TDI

But contrary to what Lori said, **there are genuine real problems in the supply chain** that are **not caused by patents**, that are simply caused by the unavailability and the constraints on existing capacity. There is in this world such a thing as maxed-out capacity that just can’t be increased on a dime. It’s not all due to intellectual property. This is true for existing vaccines as well as for vaccine raw materials. There are trade barriers. There are export restrictions that we should all be aware of and that we need to work on. And there are very real political, I think, interests in finding an explanation for how we got to this place that absolve governments around the world from their own policy decisions that they made in the past. In the United States, again, it was the declared policy of the previous administration, as well as this one, that we would vaccinate healthy college kids and go all down the line and offer a vaccine to everybody who wants it before we start sharing any with grandmothers in Burkina Faso. That was the policy. You can agree with it or disagree with it, but that was policy. We had export restrictions in place before a lot of other countries did. And that, too, contributed to unequal access of vaccines around the world. Another thing that was predictable was that politicians and governments around the world who want to be seen as proactive, on the ball, in control, for a long time were actually very indecisive, very unsure about how to address the COVID problem, which has so many dimensions. Vaccines are only one of those. But with respect to vaccines, not many governments took decisive action, put money on the table, put bets on multiple horses, before we knew whether these vaccines would work, would be approved. And it was governments in middle-income countries who now, I think, justifiably are concerned that they’re not getting fast enough access, who didn’t have the means and who didn’t have the decision-making structure to place the same bets on multiple horses, if you will, that were placed in the relatively more wealthy, global North and global West. But there is, I think, a really good and, with hindsight, predictable explanation of how we got to this place, and I think it teaches us something about how to fix the problem going forward. **So why will the waiver not work**? Well, first of all, with complex technology like vaccines, Lori touched on it, reverse engineering, like you would for a small molecule drug, is much more difficult if not impossible. But it depends very much more than small molecule drugs on cooperation, on voluntary transfer of technology, and on mutual assistance. We have seen as part of the pandemic response an unprecedented level of collaborations and cooperation and no indication that IP has stood in the way of the pandemic response. **The waiver proponents have found zero credible examples of where IP has actually been an obstacle,** where somebody has tried to block somebody else from developing a COVID vaccine or other COVID countermeasure, right? It’s not there. **Second, the myth of this vast global capacity to manufacture COVID vaccines that somehow exists** **out there is unsubstantiated** and frankly, in my opinion, untrue. But there is no such thing as vast untapped, idle capacity that could be turned around on a dime to start making COVID vaccines within weeks or even months. This capacity needs to be built; it needs to be established. And at a time when time is of the essence to beat this pandemic, starting capacity-building discussions is helpful, but it won’t be the answer to beat this pandemic. It will be the answer if we do everything right to beating the next pandemic. And if we learn any lesson of this, and then I will stop, is that the COVID waiver as well as the situation in which we find ourselves — if anything, it’s a reminder that we definitely have to take global capacity-building more seriously than we did in the past. That is true for the global North, as well as for middle-income countries — all of whom have to dedicate themselves much more determinedly to pandemic preparedness. And there’s a need to invest both in preparedness and in public health systems that hasn’t happened in the wake of past pandemic threats. This is what we will need to do. We will need to reduce export restrictions, and we will need to rededicate ourselves to preparing for the next pandemic. As far as this pandemic goes, **there are 11 vaccines around the world that are already being shot into arms, only four of which come from the global North. How many more vaccines do we want?** I don’t know, maybe 11 is enough if we start making more of them. But there are manufacturers around the world who know how to do this — including in China, including in India, and including in Russia. All developed their homegrown vaccines, apparently without interference by IP rights, right? **So let’s make more of those. I think that’s going to be the more practical and realistic answer to solving the problem**. And we need to lean on governments to stop export controls and to dedicate themselves to more global equity.

Also avoids harman pre-empt bc it specifically gives to low-income countries which rectifies hoarding.

## 3

#### Biden PC is key to getting Manchin & Sinema on board – continued negotiations tentatively get their votes – it’s try or die for Tuesday’s vote

Edmondson & Cochrane 10/24 [Catie Edmondson is a reporter in the Washington bureau of The New York Times, covering Congress, Emily Cochrane is a correspondent based in Washington. She has covered Congress since late 2018, focusing on the annual debate over government funding and economic legislation, ranging from emergency pandemic relief to infrastructure, “Biden Meets With Manchin and Schumer as Democrats Race to Finish Social Policy Bill”, 10-24-2021, New York Times, https://www.nytimes.com/2021/10/24/us/politics/biden-manchin-schumer-spending-bill.html]//pranav

WASHINGTON — President Biden huddled with key Democrats on Sunday to iron out crucial spending and tax provisions as they raced to wrap up their expansive social safety net legislation before his appearance at a U.N. climate summit next week. Speaker Nancy Pelosi of California said Democrats were close to completing the bill, displaying confidence that the negotiations over issues like paid leave, tax increases and Medicare benefits that have bedeviled the party for months would soon end. “We have 90 percent of the bill agreed to and written. We just have some of the last decisions to be made,” Ms. Pelosi said on CNN’s “State of the Union,” adding that she hoped to pass an infrastructure bill that had already cleared the Senate and have a deal in hand on the social policy bill by the end of the week. “We’re pretty much there now.” Her comments came as Mr. Biden met with Senators Chuck Schumer of New York, the majority leader, and Joe Manchin III of West Virginia, one of the critical centrist holdouts on the budget bill. The White House called the breakfast at Mr. Biden’s Wilmington home a “productive discussion.” For weeks, intraparty divisions over the scope and size of their marquee domestic policy plan have delayed an agreement on how to trim the initial $3.5 trillion blueprint Democrats passed this year. In order to bypass united Republican opposition and pass the final bill, Democrats are using an arcane budget process known as reconciliation, which shields fiscal legislation from a filibuster but would require every Senate Democrat to unite behind the plan in the evenly divided chamber. The party’s margins in the House are not much more forgiving. Facing opposition over the $3.5 trillion price tag, White House and party leaders are coalescing around a cost of up to $2 trillion over 10 years. They have spent days negotiating primarily with Mr. Manchin and Senator Kyrsten Sinema, Democrat of Arizona and another centrist holdout. House Democratic leaders hope to advance both a compromise reconciliation package and the $1 trillion bipartisan infrastructure package. Liberals have so far balked at voting on the bipartisan deal until the more expansive domestic policy package — which is expected to address climate change, public education and health care — is agreed upon. But Democrats are facing a new sense of urgency to finish the legislation before Mr. Biden’s trip to a major United Nations climate change conference, where he hopes to point to the bill as proof that the United States is serious about leading the effort to fight global warming. “The president looked us in the eye, and he said: ‘I need this before I go and represent the United States in Glasgow. American prestige is on the line,’” Representative Ro Khanna, a California Democrat who met with Mr. Biden last week at the White House, said on “Fox News Sunday.” Democrats are also increasingly eager to deliver the bipartisan legislation to Mr. Biden’s desk before elections for governor in Virginia and New Jersey on Nov. 2, to show voters the party is making good on its promise to deliver sweeping social change. And a number of transportation programs will lapse at the end of the month without congressional action on either a stopgap extension or passage of the infrastructure bill, leading to possible furloughs.

#### Big Pharma hates the plan – empirics – err neg our ev literally cites their press releases

PhRMA ’21 [The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier and more productive lives. Since 2000, PhRMA member companies have invested nearly $1 trillion in the search for new treatments and cures, including an estimated $83 billion in 2019 alone, “PhRMA Statement on WTO TRIPS Intellectual Property Waiver”, 05-05-2021, https://www.phrma.org/coronavirus/phrma-statement-on-wto-trips-intellectual-property-waiver]//pranav

WASHINGTON, D.C. (May 5, 2021) – Pharmaceutical Research and Manufacturers of America (PhRMA) president and CEO Stephen J. Ubl made the following statement after the United States Trade Representative expressed support for a proposal to waive patent protections for COVID-19 medicines: “In the midst of a deadly pandemic, the Biden Administration has taken an unprecedented step that will undermine our global response to the pandemic and compromise safety. This decision will sow confusion between public and private partners, further weaken already strained supply chains and foster the proliferation of counterfeit vaccines. “This change in longstanding American policy will not save lives. It also flies in the face of President Biden’s stated policy of building up American infrastructure and creating jobs by handing over American innovations to countries looking to undermine our leadership in biomedical discovery. This decision does nothing to address the real challenges to getting more shots in arms, including last-mile distribution and limited availability of raw materials. These are the real challenges we face that this empty promise ignores. “In the past few days alone, we’ve seen more American vaccine exports, increased production targets from manufacturers, new commitments to COVAX and unprecedented aid for India during its devastating COVID-19 surge. Biopharmaceutical manufacturers are fully committed to providing global access to COVID-19 vaccines, and they are collaborating at a scale that was previously unimaginable, including more than 200 manufacturing and other partnerships to date. The biopharmaceutical industry shares the goal to get as many people vaccinated as quickly as possible, and we hope we can all re-focus on that shared objective.”

#### They lash out against infra and use COVID clout to kill it – they have public support, and a win now postpones reform indefinitely which turns case

Fuchs et al. 09/02 [Hailey Fuchsattended Yale University and was an inaugural Bradlee Fellow for The Washington Post, where she reported on national politics**,** Alice Ollstein is a health care reporter for POLITICO Pro, covering the Capitol Hill beat. Prior to joining POLITICO, she covered federal policy and politics for Talking Points Memo, Megan Wilson is a health care and influence reporter at POLITICO, “Drug industry banks on its Covid clout to halt Dems’ push on prices”, 09-02-2021, https://www.politico.com/news/2021/09/02/drug-prices-democrats-lobbying-508127]//pranav

As Democrats prepare a massive overhaul of prescription drug policy, major pharmaceutical companies are mounting a lobbying campaign against it, arguing that the effort could undermine a Covid fight likely to last far longer than originally expected. In meetings with lawmakers, lobbyists for the pharmaceutical industry have issued warnings about the reconciliation package now moving through both chambers of Congress that is set to include language allowing Medicare to negotiate the price of some drugs, which could generate billions of dollars in savings. In those conversations, K Street insiders say, lobbyists have explicitly mentioned that the fight against the coronavirus will almost certainly extend beyond the current surge of the Delta variant. And they’re arguing that now isn’t the time to hit the industry with new regulations or taxes, particularly in light of its successful efforts to swiftly develop vaccines for the virus. “For years, politicians have been saying that the federal government can interfere in the price of medicines and patients won’t suffer any harm,” said Brian Newell, a spokesperson for the Pharmaceutical Research and Manufacturers of America, or PhRMA, in a statement. “But in countries where this already happens, people experience fewer choices and less access to prescription medicines. Patients know if something sounds too good to be true, then it usually is.” The escalating warnings from the pharmaceutical industry are part of what is expected to be one of the more dramatic and expensive lobbying fights in recent memory, and a heightened repeat of the industry’s pushback to actions by former President Donald Trump to target drug prices. The proposal now under consideration in Democrats’ reconciliation package could save the federal government hundreds of billions of dollars by leveraging its ability to purchase prescription drugs, according to a report from the Congressional Budget Office. Without those funds, Democrats won’t be able to pay for the rest of the health care agenda they’ve promised to voters, including expansions of Medicare, Medicaid and Obamacare. But the plan has political power as more than a revenue raiser. Party leaders — from President Joe Biden to Senate Budget Chair Bernie Sanders (I-Vt.) — are touting it as one of the most important components of the $3.5 trillion package, with the potential to lower out-of-pocket health spending for tens if not hundreds of millions of people. Outside advocates have also zeroed in on it as the most consequential policy fight on the horizon. “This is the best chance that we have seen in a couple of decades to enact meaningful reforms to drug pricing policy in the United States that will lower the prices of prescription drugs, and it’s very clear that the drug companies are going all out to stop it,” said David Mitchell, founder of Patients for Affordable Drugs. “This is Armageddon for pharma.” Progressive Democrats and their outside allies believe they’re closer than they’ve been in decades to imposing some price controls, and worry that failure to do so this year will delay progress indefinitely given the possibility of the party losing one or more chambers of Congress in the 2022 midterms. In April, the House passed a fairly aggressive version — H.R. 3 (117) — though a handful of moderate Democrats friendly to the industry have threatened to block it when it comes back to the floor for a vote later this fall. Leadership has largely shrugged off this threat, banking on the fact that the most vulnerable frontline Democrats are vocally in favor of the policy, while most of the dissenters sit in safe blue districts. The Senate is designing its own version, outlined by Sen. Ron Wyden (D-Ore.) in June, as a middle ground between HR3 and the more narrow, bipartisan bill he and Sen. Chuck Grassley (R-Iowa) put forward last Congress. A senior Senate Democratic aide confirmed to POLITICO that the bill is nearly complete and that they’re in the process of shopping it around to undecided senators to make sure it has enough support to move forward in the 50-50 upper chamber. “It makes sense to get buy-in before releasing it rather than releasing it with fingers crossed and then tweaking it once members complain,” the aide said. But the reform push is coming at a time when the pharmaceutical industry is working hand-in-hand with government officials to combat the pandemic and enjoying a boost in public opinion as a result, even as drug costs continue to rise. The companies claim that fundamental changes to their bottom line — in addition to the Medicare provision, the reconciliation bill will likely raise corporate tax rate significantly, as high as 28 percent (a jump of 7 percentage points) — will threaten its current investments in research and development at a historically critical juncture. With the final draft of the bill expected in the coming weeks, the Pharmaceutical Research and Manufacturers of America, the lobbying arm of the pharmaceutical industry, is taking its case public. The group has recently spent at least seven figures on ads pressuring Congress not to change Medicare drug policy.

#### Infra’s k2 stopping existential climate change – warming is incremental and every change in temperature is vital

Higgins 8/16 [Trevor, Senior Director, Domestic Climate and Energy, “Budget Reconciliation Is the Key to Stopping Climate Change”, 08-16-2021, https://www.americanprogress.org/issues/green/news/2021/08/16/502681/budget-reconciliation-key-stopping-climate-change/]//pranav

The United States is suffering acutely from the chaotic changes in climate that scientists now directly attribute to the burning of fossil fuels and other human activity. The drought, fires, extreme heat, and floods that have already killed hundreds this summer across the continent and around the world are a tragedy—and a warning of worsening instability yet to come. However, this week, the Senate initiated an extraordinary legislative response that would set the world on a different path. Enacting the full scope of President Joe Biden’s Build Back Better agenda would put the American economy to work leading a global transition to clean energy and stabilizing the climate. A look at what’s coming next through the budget reconciliation process reveals a ray of hope that is easy to miss amid the fitful negotiations of recent months: At long last, Congress is on the verge of major legislation that would build a more equitable, just, and inclusive clean energy economy. This is our shot to stop climate change. Building a clean energy future must start now Until the global economy stops polluting the air and instead starts to draw down the emissions of years past, the world will continue to heat up, blundering past perilous tipping points that threaten irreversible and catastrophic consequences. Stemming the extent of warming at 1.5 degrees Celsius rather 2 degrees or worse will reduce the risk of crossing such tipping points or otherwise exceeding the adaptive capacity of human society. Every degree matters. Stabilizing global warming at 1.5 degrees Celsius starts with cutting annual greenhouse gas emissions in the United States to half of peak levels by 2030. This isn’t about temporary offsets or incremental gains in efficiency—it’s about the rapid adoption of scalable solutions that will work throughout the world to eliminate global net emissions by 2050 and sustain net-negative emissions thereafter. Building this better future will tackle climate change, deliver on environmental justice, and create good jobs. It will give us a shot to stop the planet from continuously warming. It will alleviate the concentrated burdens of fossil fuel pollution, which are concentrated in systemically disadvantaged, often majority Black and brown communities. It will empower American workers to compete in the global clean energy economy of the 21st century. There is no time to lose in the work of building a clean energy future.

## 4

The meta-ethic is practical reason—

[1] Inescapability— I can question why to follow or the validity of an ethical theory, which concedes the authority of reason as if I question reason, I use reason to question. Outweighs on validity—any other truth risks falsity Reality may be fake, our experiences may be arbitrary, and experience may be descriptive not normative, but questioning the validity of reason requires reason, conceding its validity. Any other ethic begs the question of why, meaning it’s arbitrary and nonbinding

[2] Action theory— Only reason can explain why we take transitional action to an overall end. For example, setting the end of tea provides me a reason to unify the necessary actions to produce tea, like getting a pot, filling it with water, etc. Any other explanation fails since it can’t give meaning to why we take transitioning action – freezing action. 2 Impacts—

[a] That’s a side constraint on the AC—ethics is a guide to action so it must appeal to a structure of action.

[b] Bindingness—reason is intrinsic to actions since only it can provide value to transitioning action, which justifies universality

That justifies universality—

If we are all reasoners, we must all be able to determine if an action is good. An action that maximizes my freedom at the cost of others then would have to be recognized as good by everyone, but that leads to a contradiction where everyone takes other’s freedoms to maximize theirs, making it impossible to reach my end

Thus, the standard is respecting a system of inner and outer freedom

Now Negate:

#### Reducing IP law uses people as a means to an end violating their freedom.

**Kornyo, 14** (Emmanuel Kornyo, 9-11-2014, accessed on 8-14-2021, Journals.library.columbia, "Patent Protection and the Global Access to Essential Pharmaceuticals during Patent Infringements under TRIPS| Voices in Bioethics", https://journals.library.columbia.edu/index.php/bioethics/article/view/6467)WWPP

When I think of a categorical imperative I know at once what it contains. For, since the imperative contains, beyond the law, only the necessity that the maxim be in conformity with this law, while the law contains no condition to which it would be limited, nothing is left with which the maxim of action is to conform but the universality of a law as such ... There is, therefore, only a single categorical imperative and it is this: act only in accordance with thatmaxim through which you can at the same time will that it become a universal law.[xiv] In addition, the principle of deontology imposes an obligation on all people to never use another human being as a means to attain an end. In other words, the end does not justify the means. Hence, in dire humanitarian crises such as the HIV case, by breaking the patent, the government of these countries “used” the intellectual property of these patents to attain their own local or national needs. One cannot use the larger interest of the population to the exclusion of the investors or patent holders who have rights as well.[xv

No kant affirms args – functionall a 1ar add on which makes negating impossible – forces 2nr to split and spend time answering a NEW advantage – also incentivizes affs to kick case and just read new offense. Independently all of their kant affirms args will j be based on conseqeunces which isn’t kant offense.

No new 1ar framework – they didn’t read one in the 1ac, they don’t get one in the 1ar – incentivizes affs to read new 1ar frameworks that exclude all neg offense which makes it impossible to negate.

## Case

### Underview

o/v – bunch of claims w/o warrants

1] ethics arg is nonsense – wto countries have advocated for waivers now

2] disad has robust empirical evidence which all proves it’s internal link true – independently means negs can only defend phil – even disads with softleft impacts would have compound probabilities

3] c point only justifies consequentialism being bad – that negates – infinite actions which freezes action

4] Permissibility, presumption negate:

[a] Obligations- the resolution indicates the affirmative has to prove an obligation, and permissibility would deny the existence of an obligation

[b] Falsity- Statements are more often false than true because proving one part of the statement false disproves the entire statement. Presuming all statements are true creates contradictions which would be ethically bankrupt.

[c] Negating is harder – Aff gets last speech to crystallize and shape the debate in a way the favors them with no 3NR

[d] Affirmation theory- Affirming requires unconditionally maintaining an obligation

Affirm: maintain as true.

That’s Dictionary.com- “affirm” <https://www.dictionary.com/browse/affirm>

5] complexity is reliant on them arguing – independentl goes both ways – aff solvency is simplistic, but that’s only true if I read evidence proving why

6] gridlock wrong – concede we should focus on realistic probabilities- infrastructure filaing is real and warming is def real

### Framing

1] Infinite consequences—each action has a consequence which leads to another consequence—if I drop a pen, that could lead to a hurricane so there is no consequence that can be predicted

2] Pain and pleasure arbitrary and not a stasis point—people have different interps on whether 3 headaches or a migraine is worse

3] Util relies on internalism, which has no bindingness since I could say I did an action because I didn’t know that the result would be bad since no one knows my experiences

4] Util triggers skep—if our bodies naturally know pain is bad and pleasure is good, we automatically act off pain and pleasure ie I automatically remove my hand from a hot stove bc receptors unconsciously trigger my hand to move—means we don’t have control over action and there can’t be moral prescription

5] Infinite regress—calculating consequences begs the question of how long I should calculate to have a precise prediction. Triggers infinite regress since I can think how long to calculate calculation and so forth—freezes action

Consequentialism debate --

[1] If they win consequences matter, Extinction First –

[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

2] warming’s a real impact that IS happening that we’re all vulnerable to – also turns their suffering impacts bc it effects those at the margin the most

3] make them win why our form of extinction first specifically is bad – it’s not a sacrificial logic, but every action forces tradeoffs – also goes both ways – they sacrifice saving billions from warming for their impacts.

### Advantage

they can’t guarantee people actually take the vaccine when they get access – and fiat cant solve – if it does , they’re extra T – which is avoter for limits bc it could include infinite possible things past the rez which kils fairness.

#### Big pharma always wins – they’re the final word – independently kills aff solvency bc it causes the plan to be watered down so much that de facto monopolies can survive

Florko & Facher ‘19 [Nicholas Florko is a Stat News Washington correspondent and Lev Facher is Stat News health and life sciences writer, “How pharma, under attack from all sides, keeps winning in Washington”, 07-16-2019, Stat News, https://www.statnews.com/2019/07/16/pharma-still-winning/]//pranav

It does not seem to matter how angrily President Trump tweets, how pointedly House Speaker Nancy Pelosi lobs a critique, or how shrewdly health secretary Alex Azar drafts a regulatory change. The pharmaceutical industry is still winning in Washington. In the past month alone, drug makers and the army of lobbyists they employ pressured a Republican senator not to push forward a bill that would have limited some of their intellectual property rights, according to lobbyists and industry representatives. They managed to water down another before it was added to a legislative package aimed at lowering health care costs. Lobbyists also convinced yet another GOP lawmaker — once bombastically opposed to the industry’s patent tactics — to publicly commit to softening his own legislation on the topic, as STAT reported last month. Even off Capitol Hill, they found a way to block perhaps the Trump administration’s most substantial anti-industry accomplishment in the past two years: a rule that would have required drug companies to list their prices in television ads. To pick their way through the policy minefield, drug makers have successfully deployed dozens of lobbyists and devoted record-breaking sums to their federal advocacy efforts. But there is also a seemingly new strategy in play: industry CEOs have targeted their campaign donations this year on a pair of vulnerable Republican lawmakers — and then called on them not to upend the industry’s business model. In more than a dozen interviews by STAT with an array of industry employees, Capitol Hill staff, lobbyists, policy analysts, and advocates for lower drug prices, however, an unmistakable disconnect emerges. Even though Washington has stepped up its rhetorical attacks on the industry, and focused its policymaking efforts on reining in high drug prices, the pharmaceutical industry’s time-honored lobbying and advocacy strategies have kept both lawmakers and the Trump administration from landing any of their prescription-drug punches. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers,” Sen. Dick Durbin (D-Ill.) said in a statement to STAT. Durbin, who recently saw the industry successfully oppose his proposal to curtail some of the industry’s patent maneuvering, added that, “Pharma’s billions allow them to continue to rip off American families and taxpayers.” The industry doesn’t get all the credit; it has also benefited from a fractured Congress and discord between President Trump’s most senior health care advisers. PhRMA, the drug industry’s largest lobbying group here, declined to comment for this article. But industry leaders have broadly argued against efforts to rein in the industry’s practices in terms of price hikes and patents, making the case that that could irreparably stifle medical innovation. The battle is far from over, and industry representatives and lobbyists are quick to hypothesize that the worst, for them, is yet to come. They point to several ongoing legislative initiatives, including in the Senate Finance Committee, that could take more concerted direct aim at their pricing strategies in Medicare. They’re waiting, too, to see if House Democrats can cut a drug pricing deal with the White House to empower Medicare to negotiate at least some drug prices. Another pending regulation, loathed by drug makers, might tie their pricing decisions in Medicare to an index of international prices. They’ve also bemoaned the Trump administration’s decision last week to abandon a policy change that would have ended drug rebates — which, the pharmaceutical industry has said, could have given drug makers more space to lower their prices voluntarily. “We’re getting killed!” one pharma lobbyist told STAT. Of course, the Trump administration’s supposedly devastating decision to abandon that proposal simply maintains the status quo. “Big Pharma has replaced Big Tobacco as the most powerful brute in the ranks of Washington power brokers.” n Valentine’s Day, Sen. Thom Tillis (R-N.C.) enjoyed a showering of love that is familiar in Washington: a flood of campaign contributions, many at the federal limit of $2,800 for a candidate or $5,000 for an affiliated political committee. One donation came from Pfizer’s CEO, Albert Bourla, who donated $5,000 to Tillis and another $10,000 to Sen. John Cornyn (R-Texas) and associated campaign committees. Another came from Kenneth Frazier, the top executive at Merck. The Tillis campaign committee eventually cashed checks from CEOs and other high-ranking executives at those companies as well as Amgen, Eli Lilly, Sanofi, and Bristol Myers-Squibb, plus two high-ranking officials at the advocacy group PhRMA. Six lobbyists at one firm that works with PhRMA, BGR, also combined to contribute $100,000 to a bevy of Republican lawmakers and the party’s campaign arms. Tillis raised an additional $64,500 from drug industry political action committees in the past quarter, according to disclosures released on Monday. A Pfizer spokeswoman declined to comment about Bourla’s contributions, and representatives for the other companies did not respond to STAT’s request for comment. Tills was one of few individual lawmakers — in many cases, the only one — to whom the executives had written personal checks during the current election cycle. While drug industry CEOs frequently contribute to political committees for congressional leadership, the breadth of executives who donated Tillis specifically is notable, particularly considering his outspoken role on pharmaceutical industry issues. While lobbyists pushed back on the notion that campaign contributions directly influence votes, the donations targeted so specifically to a particular candidate could be seen as a prime example of Washington’s system for rewarding loyalty and how industries protect their interests. The same PhRMA PAC that donated to Tillis has given generously in recent years: nearly $200,000 in the 2018 campaign cycle, roughly 58% of which was targeted toward Republicans. Drug industry PACs donated $10.3 million in total in that cycle, according to the Center for Responsive Politics. The figure two years before was even higher: a total of $12.2 million from industry-aligned PACs alone. It is no accident that the pharmaceutical industry has maintained its reputation among the nation’s most powerful lobbies, said Sheila Krumholz, the executive director of the Center for Responsive Politics, an organization that tracks political influence. “Their access and influence goes beyond this Congress or even the administration,” Krumholz said in an interview, adding that she “was struggling to think of evidence” it had waned. Pharma has a reputation here for winning on policy — often thanks to the lawmakers who are among the biggest recipients of the millions that drug corporations, employees, and the industry political arms donate each year. Even as the rhetoric has escalated, the industry has quietly worked to insulate itself from any major legislative changes. Take, for example, a recent about-face from Cornyn, the Texas Republican who took in some campaign cash alongside Tillis. As recently as February, Cornyn seemed to be positioning himself as a rare Republican figurehead for anti-pharma congressional wrath. At a widely publicized hearing before the Senate Finance Committee, he went head-to-head with AbbVie CEO Richard Gonzalez, pressing him to explain why the company had filed more than 100 patents on its blockbuster arthritis drug Humira. Cornyn introduced legislation soon after the skirmish to crack down on patent “thicketing,” a term for a drug company tactic to accumulate tens, if not hundreds, of patents to shield a drug from potential generic competition. Pharma sprung into action. They recruited congressional allies, including Tillis, to pressure Cornyn to significantly rework the bill, and they succeeded. The version of the bill that eventually cleared the Senate Judiciary Committee was stripped of language that would have empowered the Federal Trade Commission to go after patent thicketing. Instead, the bill limited how many patents a drug maker could assert in a patent lawsuit. The new version of the bill lost “a lot of teeth” and “solves a narrower problem in a narrow way,” advocates told STAT when the change was first introduced. It is far from the only example of the industry’s aggressive interventions to water down legislation. “In lots of ways they’re like the [National Rifle Association], because they have an incredible power to squash out any negative opinion, nor to feel any of the ill effects of those things,” said Pallavi Damani Kumar, an American University crisis communications professor who once worked in media relations for drug manufacturers. “It just speaks to how incredibly savvy they are.” Pharmaceutical industry lobbyists also successfully fought to keep another anti-drug industry patent proposal from Sen. Bill Cassidy (R-La.) and Dick Durbin (D-Ill.) out of a bipartisan drug pricing package moving through the Senate HELP Committee. The legislation would have allowed the FDA to approve cheaper versions of drugs, even when the more expensive product was protected by certain patents. Cassidy’s proposal never even made it into the HELP package. As the lobbyist who bemoaned the withdrawal of the rebate rule put it, Cassidy “simmered down” in the face of industry pressure. In recent weeks, the industry had targeted Cassidy in particular, in recent weeks, for fear he would break with many of his GOP colleagues to support a cap on some price hikes for drugs purchased under Medicare, a proposal so far pushed only by Democrats. “Sen. Cassidy doesn’t care what lobbyists think — he is going to do what’s best for patients,” said Ty Bofferding, a Cassidy spokesman. “Sen. Cassidy fought for the committee to include the REMEDY Act in the package, despite strong opposition from the pharmaceutical industry.” The committee eventually included half the bill’s provisions, he added, as well as four other pieces of legislation meant to prevent the industry from taking advantage of the patent system. The drug industry also notched a win by watering down another proposal in that package from Sen. Susan Collins (R-Maine) that would have blocked drug makers from suing over patents they didn’t disclose to the FDA. The version of the bill that actually made it into the package doesn’t block drug makers from suing, but instead directs the FDA to create a public list of companies that fail to disclose their patents. “This change is a big win for drug makers,” Michael Carrier, a Rutgers University professor and expert on patent gaming, told STAT. “Shaming is something drug makers don’t seem worried about.” Matthew Lane, the executive director of the Coalition Against Patent Abuse, likewise added that the altered bill “doesn’t seem to be doing much anymore.” Not all of the pharma-endorsed changes, however, are self-serving. Patent experts and federal regulators too had raised concerns with some of the bill being proposed. Cornyn’s patent bill was particularly controversial. “These provisions encourage ‘fishing expeditions’ by zealous bureaucrats, politically motivated by the popularity of efforts to reduce drug prices and garner the political benefits of being seen to be pursuing these ends,” Kevin Noonan, a patent lawyer at McDonnell Boehnen Hulbert & Berghoff wrote in a recent blog post, referring to the original Cornyn bill. Drug-pricing advocates said lobbyists have even managed to convince lawmakers to introduce some legislation they say has explicitly favored the drug industry, including intellectual property-focused legislation that would allow drug makers to patent human genes. That particular bill would “undo the bipartisan effort underway to fix pharma’s exploitation of the patent system,” said the Coalition Against Patent Abuse. And they were far from the only group raising concerns. The American Civil Liberties Union and more than 150 other groups wrote to lawmakers last month opposing the bill. Pharma’s list of policy victories goes on: Drug companies and allied patient groups forced the Trump administration to back off a proposal to make relatively minor changes to Medicare’s so-called protected classes policy. Currently, Medicare is required to cover all drugs for certain conditions, including depression and HIV. The Trump administration proposed in November that private Medicare plans should be able to remove certain drugs in those classes from their formularies, if the drugs were just new formulations of a cheaper, older version of the same drug, or when a drug spiked in price. But drug industry opposition helped convince the administration to spike that effort. A week ago, the industry struck its biggest blow yet. Three of the country’s largest pharmaceutical companies —Amgen, Eli Lilly, and Merck — prevailed in a lawsuit to strike down a Trump administration requirement that they disclose list prices in television advertisements. The lack of congressional action — despite the Democratic enthusiasm and bipartisan appetite — is still further evidence of industry’s ability to stave off defeat. As the dozens of Democrats running for president ramp up their anti-pharma rhetoric, both Trump and progressives have begun to fret that Washington’s efforts have proven to be all bark and no bite. With two weeks remaining before the August recess and an escalating 2020 campaign, some advocates fear that the window for bold action is closing quickly. “It’s appalling that we are six months into this Congress and we haven’t seen meaningful legislation passed on American’s number one issue for this congress,” said Peter Maybarduk, who leads drug-pricing initiatives for the advocacy group Public Citizen. “Congress needs to get its act together.”

#### The problem isn’t willingness – it’s capability & lack of ingredients

Bushwick ’21 [Sophie, “Why COVID Vaccines Are Taking So Long to Reach You”, 02-11-2021, Scientific American, https://www.scientificamerican.com/article/why-covid-vaccines-are-taking-so-long-to-reach-you/]//pranav

One of the main potential bottlenecks occurs right at the beginning of the process: a simple lack of sufficient ingredients. The FDA has only approved two vaccines for emergency use, and both rely on messenger RNA (mRNA) technology. “This vaccine is fairly new; the design is very cutting edge,” Pancorbo notes. Although researchers had created mRNA vaccines on a small scale, companies now must churn out enough for a worldwide vaccination campaign. “We have never had the need of this massive scale of production that we do now,” Pancorbo says. This has left companies scrambling to obtain required materials, including plasmids—the genetic templates used to produce the needed mRNA—as well as mRNA building blocks such as nucleotides and enzymes. “All these components that are necessary to make the vaccine are not necessarily available at the scale that we need right now,” she says.

#### Vaccines don’t solve & could drive virus evolution which turns case – adaptation

Gorman & Zimmer ’20 [James Gorman is a science writer at large for The New York Times and the author of books on hypochondria, penguins, dinosaurs and the ocean around Antarctica, Carl Zimmer writes the “Matter” column for The New York Times, “The Virus Won’t Stop Evolving When the Vaccine Arrives”, 11-27-2020, New York Times, https://www.nytimes.com/2020/11/27/science/covid-vaccine-virus-resistance.html]//pranav

Lederberg advised vigilance: “We have no guarantee that the natural evolutionary competition of viruses with the human species will always find ourselves the winner.” With the emergence of what seem so far to be safe and effective vaccine candidates, it appears that humanity may be the winner again this time around, albeit with a dreadful loss of life. But vaccines won’t put an end to the evolution of this coronavirus, as David A. Kennedy and Andrew F. Read of The Pennsylvania State University, specialists in viral resistance to vaccines, wrote in PLoS Biology recently. Instead, they could even drive new evolutionary change. There is always the chance, though small, the authors write, that the virus could evolve resistance to a vaccine, what researchers call “viral escape.” They urge monitoring of vaccine effects and viral response, just in case. “Nothing that we’re saying is suggesting that we slow down development of vaccines,” Dr. Kennedy said. An effective vaccine is of utmost importance, he said, “But let’s make sure that it stays efficacious.” Vaccine makers could use the results of nasal swabs taken from volunteers during trials to look for any genetic changes in the virus. Test results need not stop or slow down vaccine rollout, but if recipients of the vaccine had changes in the virus that those who received the placebo did not, that would indicate “the potential for resistance

**Multiple alt causes to high drug prices and limited access**

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The Panel Is Poised To Ignore Real Access Problems The Panel’s misguided focus on patents has led the U.S. State Department to encourage the Panel to abandon its “narrow mandate” and instead focus on actual obstacles that stand in the way of persons obtaining life-saving drugs. Echoing the WHO, the State Department has pointed to four main reasons that the developing world lacks access to healthcare: (1) an inability to select and use medicines rationally; (2) unaffordable drug prices; (3) unreliable health and supply systems; and (4) inadequate financing. **None of these barriers are directly related to patents**. First, irrational drug use is a serious barrier to access. The WHO defines “irrational use” as any use that is not “appropriate to [patients’] clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.” Two recent studies conducted in Africa illustrate this problem. One study conducted at Kapiri Mposhi District Hospital in Central province, Zambia found a high prevalence of irrational drug use. Fifty percent of 680 patient records surveyed showed some form of inappropriate drug use. And a study in Sudan found that 73% of participants reported to have acquired and used medication without a prescription at least a month prior to the study. Second, there is no doubt that affordability is a barrier to access. But patent protections are not to blame. In fact, patents do not protect the vast majority of essential medicines, which the WHO defines as “those drugs that satisfy the health care needs of the majority of the population.” 350 of these 375 “essential medicines” are available in generic versions and are thus sold at a much lower price point. Moreover, data shows that patent-holding companies do not frequently make use of patent laws in developing countries, even where they could. Moreover, **patent rights do not explain the high cost of drugs in the developing world.** The WHO itself points out that **taxes, tariffs** and other government policies play a significant role in keeping drug prices high in emerging markets. And, in fact, reports have concluded that excessive tariffs and taxes on imported medicines **may inflate the cost of medicines by up to one-third.** When combined with taxes on medicines, government-imposed levies account for an additional 55% in India; 40% in Sierra Leone; 34% in Nigeria; and 29% in Bangladesh. In any event, contrary to the Panel’s suggestion, patent protections ultimately help keep the costs of drugs low. To be sure, patented drug prices will often decline only after a patent expires. But the decline in price after patent expiration is not evidence that the drug manufacturer charged too much for the product. To the contrary, the decline in price of a formerly patented medicine is consistent with an efficient market. Patents expire after a certain period of time fixed by law. As economists have explained, during this period, prices will reflect both the costs of production and the company’s research and development costs. The exclusivity period that the patent creates attracts investment, which enables the innovator company to recoup its research and development costs. Once the patent expires, other companies may create generics that are priced lower. But these lower costs reflect the fact that copycat companies only need to recoup production costs, not research and development. In other words, a patent’s provision of an opportunity for an innovator company to recover costs enables it to produce the medicine in the first place. And the patent’s eventual expiration allows for robust competition that drives prices down. Third, as many experts point out, structural and economic barriers are a significant barrier to access to medicine in the developing world. Poor infrastructure and weak healthcare systems plague third-world countries. Several countries’ medical centers are located in remote areas that may only be reached through impassable roads. Also, many drugs and vaccines must be stored at certain temperatures. But many developing countries lack reliable electricity and sanitary facilities to enable proper storage. In India, for example, a quality-control study followed a series of vaccine vials through the supply-chain delivery process. The study found that 76 percent of the vaccines could not be used because they were stored in substandard storage facilities. Fourth, experts also acknowledge that developing countries tend to underinvest in health. In 2001, for example, African leaders met in Abuja, Nigeria, and pledged to allocate 15 percent of their national budgets to health. The 2015 DATA Report found, however, that between 2011 and 2013, just eight of the 47 countries for which there was data available spent 15 percent or more on health: Uganda, Rwanda, Malawi, Swaziland, Nigeria, Ethiopia, Liberia, and Togo. Twenty countries did not reach even the 10 percent level. If anything, patent protections could incentivize further investment in health in these countries. \* \* \* The UN has a real opportunity to address the critical issue of healthcare access. As it stands now, however, it seems poised to do more damage than good.

**IP allows reverse engineering – fosters medical innovation**

**Brander et al 17**, James A Brander, Sauder School of Business, University of British Columbia, 2053 Main Mall, Vancouver V6T 1Z2, Canada, Victor Cui, Asper School of Business, University of Manitoba, Winnipeg, Canada, “China and intellectual property rights: A challenge to the rule of law”, <https://umanitoba.ca/faculties/management/media/China_and_intellectual_property_rights.pdf>, accessed by apark 6/27/21

As described in the WIPO Intellectual Property Handbook, there are two primary rationales for intellectual property rights (WIPO, 2017). One rationale relates to ‘‘moral’’ rights of creators. The other relates to ‘‘economic and social development.’’ Economists normally describe these two objectives as relating to ‘‘equity’’ and ‘‘efficiency.’’ The equity rationale is based on the view that it would be inequitable or at least ethically wrong to, for example, copy a new invention or new piece of music created by someone else without some form of permission or compensation – that creators or innovators have some intrinsic or natural rights regarding their creations or innovations. The efficiency rationale is based on the market failure that would result if innovators had insufficient incentives to create intellectual property due to an expectation that it would be appropriated by others. Both rationales for IPR protection are important, but we focus here on efficiency – the need for IPRs to create incentives for desirable levels of innovation.

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

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

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