#### Theory after phil

#### Interp: Debaters must open source disclose all broken positions on the NDCA LD wiki. To clarify, all past ACs

#### Violation – they didn’t disclose round 6

Graphical user interface, text, application, email

Description automatically generated

#### a)prep skew- big schools have tons of coaches and debaters which are able to prep a lot more than small school debaters. Disclosure solves- debaters get access to prep b)phil ed- disclosure allows for access to different types of philosophies for those from a small school that can’t afford expensive camps

#### No RVI’s on 1AC Theory- A] Incentivizes a 7 min collapse in the 1NC which destroys the short 1ar B] Moots all the time we spend reading the 1ac

#### 1AC Theory is DTD—its key to making sure they’re held accountable

#### Competing interps on 1AC Theory- A] 7 minutes is more than enough time to robustly justify their counter interp

### FW

#### Perspectivism is true –

#### 1] Opacity – we can never access another person’s perspective because we can never fully understand who someone else is or what they think. Every truth I create cannot be universalized because I can’t guarantee that they will create the same truth because they do what they want.

#### 2] Resolvability – Centuries of moral debate proves we can’t come to an objectively correct answer so it has to be indexed to individual subjects. High school debaters can’t come to a correct conclusion on their own and moral dilemmas are too complicated to “solve” in 45 minutes, so you should prefer a perspectivist account.

#### 3] The theory of relativity proves that objective reality does not exist but only in the reference to the observer.

**Berghofer 20** [Philipp Berghofer (a graduate student at University of Graz, Institute of Philosophy). “Scientific perspectivism in the phenomenological tradition”. European Journal for Philosophy of Science volume. 16 June 2020. Accessed 4/17/21. <https://link.springer.com/article/10.1007/s13194-020-00294-w> //Xu]

Concerning general relativity, Merleau-Ponty states: The physics of relativity confirms that absolute and final objectivity is a mere dream by showing how each particular observation is strictly linked to the location of the observer and cannot be abstracted from this particular situation; it also rejects the notion of an absolute observer. We can no longer flatter ourselves with the idea that, in science, the exercise of a pure and unsituated intellect can allow us to gain access to an object free of all human traces, just as God would see it. This does not make the need for scientific research any less pressing; in fact, the only thing under attack is the dogmatism of a science that thinks itself capable of absolute and complete knowledge. We are simply doing justice to each of the variety of elements in human experience and, in particular, to sensory perception. (Merleau-Ponty 2004, 44f.) It is to be noted that Merleau-Ponty’s remark is misleading since in the theory of relativity observation is not linked to the location of the observer but to the frame of reference of the observer.Footnote21 The principle of relativity implies that there is no privileged frame of reference; the laws of physics are the same in all inertial frames of reference. Special relativity is built upon the principle of relativity (first postulate) and the postulate that in a vacuum the speed of light is constant for all observers. Together, these two postulates have several implications that show that some of the facts that we usually consider to be “objective” are in fact observer-dependent. For instance, special relativity implies the relativity of simultaneity: It depends on the observer’s frame of reference whether two events separated in space occur at the same time. There is no objective or absolute sense in which we could tell that two spatially separate events take place simultaneously. When we turn to general relativity, we see that space and time are not absolute, not a fixed background, but that the geometry of spacetime itself is influenced by what is going on within spacetime, namely by the energy-momentum of matter. This means that there is a reciprocal relationship between spacetime and what it contains (including the embodied observer).Footnote22

**This commits us to practical deliberation as the method of moral inquiry   
Serra 09**Juan Pablo Serra. What Is and What Should Pragmatic Ethics Be? Some Remarks on Recent Scholarship*.* EUROPEAN JOURNAL OF PRAGMATISM AND AMERICAN PHILOSOPHY. 2009. Francisco de Vitoria College, Humanities Department, Faculty member. https://journals.openedition.org/ejpap/905

This separation of theory and practice runs parallel to another split, namely, that of ethics and morals or, better put, of ethical theory and moral practice. Peirce denies that morality is subject to rationality and thinks that ethics is valuable as a science in a broad sense. But he also regards ethics as a science which bears on human conduct only indirectly, through the examination of past actions and the self-correction of the self in view of future action. In addition, ethics would be a normative knowledge only in so far as it analyzes the adjustment of actions to ends and in so far as it studies the general way in which a good life can be lived. In morals Peirce appeals to instinct and sentiment, and in ethics he recommends the use of logical thinking —just as scientists do. However, even within the framework of his system, it’s not obvious that scientists may so easily set aside their instincts —in fact, instinct (or ‘rational instinct’ as he called it in 1908) plays a significant role in the economy of re- search. Moreover, the statement that in moral issues there may be no possibility of carrying out an inquiry that is truth-oriented is not an uncontroversial one. After all, moral inquiry is performed in a deliberative way, weighing up argumentations, beliefs and principles, and comparing them either with their probable or conceivable consequences or with lived as well as possible experiences that can be forceful or impinge upon the deliberative subject in such a way as to acquire the compulsory resistance due to reality. As Misak puts it succint- ly, “the practice of moral deliberation is responsive to experience, reason, argument, and thought experiments... Such responsiveness is part of what it is to make a moral decision and part of what it is to try to live a moral life” (2000: 52)3. Likewise, this same deliberative activity implies an effort to acquire habits, beliefs and principles that contribute to a truly free deliberation which, in turn, can result in creative conclusions. For Peirce, as you get more habit-governed, you become more creative and free, and your selfhood acquires plas- ticity and receptiveness to experience4. Vincent Colapietro has referred to Peirce’s description of human reason in terms of a deliberative rationality (1999: 24). Also, in another place he has explained that deliberation for Peirce is a process of preparation for future action which has to do with the checking of previous acts, the rehearsal in imagination of different roads to be followed by possible conduct and the nurturing of ideals (Colapietro 1997: 270, 281). It is precisely this experi- ment carried out within imagination that generates habits, because, as Peirce says in “A Survey of Pragmaticism”, “it is not the muscular action but the accompanying inward ef- forts, the acts of imagination, that produce the habit” (CP 5.479, 1907). Habits are regular ways of thinking, perceiving and interpreting that generate actions. As such, habits have a huge influence on human behavior, manifest themselves in the con- crete things we do and, at the same time, are formed within those same activities. Even more, according to Peirce, the activity takes the form of experimentation in the inner world; and the conclusion (if it comes to a definite conclusion), is that under given conditions, the interpreter will have formed the habit of acting in a given way whenever he may desire a given kind of result. The real and living logical conclusion is that habit (CP 5.491, 1907). Much more evidence could be given to support the view that habits are virtually decided (CP 2.435, c.1893) and also that intelligence comprises inward or potential actions that in- fluence the formation of habits (CP 6.286, 1893). Suffice it to say that, according to Peirce, deliberation is a function of the imagination, and that imagination is in itself an experiment which may have unexpected consequences that impose themselves upon the deliberative subject.

#### Thus, the standard is consistency with pragmatic deliberation.

#### Impact Calc – deliberation is procedural, which means that agents ought to act in a deliberative fashion by employing the pragmatic procedure of deliberation, not the substance or conditions where deliberation can arise. To clarify, consequences are a sequencing question.

#### 1] Pluralistic Materialism – other theories rely on minimalistic criteria; our framework understands knowledge as changing and uses experience to base social change and revise ideas. Glaude 7Eddie S. (Eddie S. Glaude Jr. is the African-American chair of the Center for African-American Studies and the William S. Tod Professor of Religion and African-American Studies at Princeton University.) In a Shade of Blue : Pragmatism and the Politics of Black America. University of Chicago Press, 2007. EBSCOhost. (5-7)

In a Shade of Blue is my contribution to the tradition I have just sketched. My aim is to think through some of the more pressing conceptual problems confronting African American political life, and I do so as a Deweyan prag-matist. I should say a bit about what I mean by this self-description. John Dewey thought of philosophy as a form of cultural and social criticism. He held the view that philosophy, properly understood as a mode of wis-dom, ought to aid us in our efforts to overcome problematic situations and worrisome circumstances. The principal charge of the philosopher, then, is to deal with the problems of human beings, not simply with the problems of philosophers. For Dewey, over the course of his long career, this involved bridging the divide between science, broadly understood, and morals—a divide he traced to a conception of experience that has led philosophers over the centuries to tilt after windmills. Dewey declared, “The problem of restoring integration and co-operation between man’s beliefs about the world in which he lives and his beliefs about values and purposes that should direct his conduct is the deepest problem of any philosophy that is not isolated from life.”9Dewey bases this conclusion on several features of his philosophy: (1) anti foundationalism, (2) experimentalism, (3) contextualism, and (4) soli-darity.10 Antifoundationalism, of course, is the rejection of foundations of knowledge that are beyond question. Dewey, by contrast, understands knowledge to be the fruit of our undertakings as we seek “the enrichment of our immediate experience through the control over action it exercises.”11He insists that we turn our attention from supposed givens to actual consequences, pursuing a future fundamentally grounded in values shaped by experience and realized in our actions. This view makes clear the experimental function of knowledge. Dewey emphasized that knowledge entails efforts to control and select future experience and that we are always con-fronted with the possibility of error when we act. We experiment or tinker, with the understanding that all facts are fallible and, as such, occasionally afford us the opportunity for revision.12Contextualism refers to an understanding of beliefs, choices, and actions as historically conditioned. Dewey held the view that inquiry, or the pursuit of knowledge, is value-laden, in the sense that we come to problems with interests and habits that orient us one way or another, and that such pursuits are also situational, in the sense that “knowledge is pursued and produced somewhere, some when, and by someone.”13Finally, solidarity captures the associational and cooperative dimensions of Dewey’s thinking. Dewey conceives of his pragmatism as “an instrument of social improvement” aimed principally at expanding democratic life and broadening the ground of individual self-development.14Democracy, for him, constitutes more than a body of formal procedures; it is a form of life that requires constant attention if we are to secure the ideals that purportedly animate it. Individuality is understood as developing one’s unique capacities within the context of one’s social relations and one’s community. The formation of the democratic character so important to our form of associated living involves, then, a caring disposition toward the plight of our fellows and a watchful concern for the well-being of our democratic life.

#### 2] Best studies prove pluralistic tendencies are inevitable

Polzler 19[Thomas Pölzler and Jennifer Cole Wright- “Empirical research on folk moral objectivism” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6686698/> NCBI. Published July 5th 2019]

Examining these studies' results more closely, however, makes it less clear whether this interpretation is appropriate (Pölzler, 2018b). Take again Goodwin and Darley's study. In this study, almost 30% of subjects' responses to the disagreement measure and almost 50% of their responses to the truth‐aptness measure fell on the option that the researchers took to be indicative of subjectivism (Goodwin & Darley, 2008, pp. 1347, 1351). Moreover, while some moral statements were dominantly classified as objective (e.g., the above statement about robbery), many others were dominantly classified as nonobjective (e.g., the stem cell research statement). This suggests that subjects in Goodwin and Darley's study may have actually favored what Wright, Grandjean, and McWhite (2013) called “metaethical pluralism,” i.e., they sometimes sided with objectivism and other times with nonobjectivism. More recent studies have by and large confirmed this hypothesis of folk metaethical pluralism. Wright et al. (2013) and Wright, McWhite, and Grandjean (2014), for example, replicated Goodwin and Darley's results, using the exact same measures, but letting subjects classify the presented statements as moral and nonmoral themselves. Objectivity ratings for statements that were dominantly self‐classified as moral varied between as little as 5% and as much as 85%. Research based on different measures yielded high proportions of intrapersonal variation as well (e.g., Beebe, 2014; Beebe, Qiaoan, Wysocki, & Endara, 2015; Beebe & Sackris, 2016; Fisher, Knobe, Strickland, & Keil, 2017; Goodwin & Darley, 2012; Heiphetz & Young, 2017; Wright, 2018; Zijlstra, forthcoming‐a).2

#### 3] **Frameworks all share equal value. Weighing between them becomes infinitely regressive as it presupposes there is a higher metric to determine who has the better justifications. That means contestation is vacuous which means a locus of moral duty is sufficient since it has an uncontested obligatory power.**

#### 4] Performativity- when you enter debate, you presume that you can discuss the topic because of deliberation. This means denial of my framework is impossible and all objections should be ignored on face because responding to my framework requires my framework to do so.

#### 5] Normative Necessity- If you’re unsure what the good is, allow for deliberation because it allows people to pursue their conception of the good and discuss it. This means that epistemic modesty collapses because it means we need to include various viewpoints, which is prag

#### 6] **Rule Following Paradox-** There is nothing inherent to a rule that tells us how we ought to follow it, which proves no internal motivation or direction to follow a particular rule, regardless of how correct the rule is. Since only our interpretation can tell us how to follow the rule, there can be no incorrect application. Only deliberation accounts for the diversity of interpretations of our norms.

#### 7] Motivational Externalism is true-

#### A] Tangibility- it’s the only thing that affects us tangibly and we recognizably prove causal linkages because we see external forces affecting us which O/w on verifiability.

#### B] Actualization- the only way to verify or actualize internal motivation is via action with the external world which means only external forces can guide action

### Affirm

#### 1] IP laws prioritize uniformity and predictability as a method of homogenizing knowledge and refusing experimentation.

Wu 14 [Tim Wu (Julius Silver Professor of Law, Science and Technology at Columbia University). “Intellectual Property Experimentalism By Way of Competition Law”. Columbia Law School. 2014. Accessed 8/16/21. <https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=2843&context=faculty_scholarship> //Xu]

The goals of uniformity and predictability has had its clearest implications at the international level. Unlike competition law, which varies significantly between OECD nations, over the last several decades all of the IP laws have become subject to a much stronger and geographically broader web of harmonizing international agreements, on multinational, regional and bilateral levels. The general aim of these treaties is to homogenize the world’s IP regimes, reducing or eliminating geographical variation. All of the major laws are the subject of longstanding global treaties specifying minimum protections (The Berne and Paris conventions), which were fortified in 1994 by the addition of an intellectual property agreement to the World Trade Organization, and further strengthened by numerous bilateral treaties since then. And of course the World Trade Organization, unlike the informal organizations common to competition law, has the power to punish deviations from the intellectual property treaties with serious trade sanctions. The pattern can also be observed at the national level. Both in Europe and the United States the last few decades have witnessed many important measures taken to create uniformity. In the United States, a single appeals court, the Federal Circuit, has heard the nation’s appeals in patent cases since 1982 in an effort to bring greater uniformity to the patent law. Though proposals for constructing a uniform patent court akin to the Federal Circuit in the European Union have been unsuccessful so far,26 the European Patent Convention, founded in 1973, provides a common application for the prosecution of patents in each of the member states.27 In short, stronger protection of uniform rights has been the clear trajectory of the intellectual property laws over the last few decades. That tendency is sharply at odds with the predispositions of the competition laws. The dichotomy I am suggesting here is, of course, not absolute. In certain areas of the competition law, one can sense the influence of a vested rights theory, in, for example, the resistance to breakups of dominant terms, even if the economic case for doing so might be quite strong. And there are areas in IP law, like the American fair use doctrine (a judicial and scholarly favorite), which have, in fact, served as important outlets for judicial tinkering in the face of changing conditions. For example the famous Sony decision, blessing the VCR, broke with prevalent copyright doctrine, arguably as a reaction to perceived technological necessity.28 Similarly, following a decade of bad press, Congress, the courts, and the American Patent Office have begun to make adjustments with American patent law. An example is the new post-grant review process, which includes a particular provision targeted at business method patents. Nonetheless it would be hard to describe the intellectual culture of either the intellectual property laws as truly committed to experimental improvement of the law. It would be even harder to describe competition law as devoted to the protection of fundamental rights. We are left with a divergence in intellectual cultures with broad implications for just about every advanced economy in the world. IV. USING ANTITRUST FOR PATENT EXPERIMENTALISM AT THE UNITED STATES SUPREME COURT I believe there is a need for a more experimentalist approach to the intellectual property laws, and particularly to the patent laws. The law, I believe, needs better mechanisms not simply to celebrate its successes, but to correct its errors, both specific and general. One way this might be achieved is to act within the structure and institutions of the laws themselves; as just discussed, this is a project underway in certain respects. But the other path is to rely on the competition laws as a kind of oversight and adjustment mechanism for the intellectual property laws.

#### 2] IP is an encroachment on the intellectual commons – expansionist tendencies threaten discursive expression and the cultivation of potentiality.

Barron 11 [Anne Barron (Law Department, London School of Economics and Political Science). ”Kant, copyright and communicative freedom.” Law and philosophy. pp. 1- 48. 2011. Accessed 8/22/21. <http://eprints.lse.ac.uk/37521/1/Kant_Copyright_and_Communicative_Freedom_%28lsero%29.pdf> //Xu]

This assumption is contested in a large literature (and an associated political movement) that has emerged by way of a backlash against IP expansionism and the hegemony of its justificatory theory. Here the category of the ‘public domain’ plays a key role. In ordinary parlance, information is said to be in the public domain when it is publicly available, i.e. not secret. In the context of the contemporary resistance to IP expansionism, however, it generally refers to “information resources that are unencumbered by intellectual property rights”5 as well as being publicly available in that sense. Defenders of this public domain argue strenuously against its colonization via the ‘second enclosure movement’6 that they claim is represented by IP expansionism and legitimated by neoclassical economic theory. They argue for a positive re-valuation of non-propertized ‘information resources’: overcoming the negative representation of the public domain as a kind of wasteland, “a sad jumble of things that don’t deserve to be protected by intellectual property laws or … a netherworld where old information goes to die,”7 as one sympathetic commentator has put it. There is now a well-established tendency to conceptualize the public domain as a kind of cultural ‘environment,’8 which in turn has yielded calls for strategies of ‘environmental preservation’ analogous to those around which the environmental movement took shape in the 1970s. Yet these tendencies are frequently underpinned by concerns to emphasize the economic value of the public domain and the inefficiencies that can result from privatizing its contents, and this tends only to reinforce liberal-utilitarianism’s hegemony as the privileged lens through which to view copyright law and the fields that it affects.9 So while it is easy to be sympathetic towards the general ambition underlying these arguments, the arguments themselves have not so far been premised on a particularly rich understanding of what ‘culture’ is, what its social dynamics are, and what exactly, therefore, is threatened by IP expansionism in general and copyright expansionism in particular. This article forms part of an ongoing project to address these questions. One promising starting point from which to begin to address them is the idea that an author is a kind of speaker (i.e. one who creates works with a view to communicating with a public), that ‘culture’ is the realm in which dialogue between speakers occurs, and that copyright law rightly forms part of the legal framework that facilitates this dialogue. Theorists of copyright law who adopt this starting point frequently assume that authorial rights (as well as limits on these rights) are legitimated by a more general individual right to freedom of expression, with copyright law – as the United States Supreme Court famously put it in 1985 – serving as the ‘engine’ of free expression by establishing marketable rights in expressive products.10 On this standard liberal view, culture is envisioned on the model of a ‘marketplace of ideas’, underpinned by an actual market in authors’ works, which in turn is underpinned in various ways by law. In so far as copyright law helps to produce the conditions in which competitive markets in authors’ works can flourish, it is said to be consistent with freedom of expression.11 Its recent expansionary tendencies – which have made copyrights ever less like the limited property rights they were originally designed to be, and ever more like rights of absolute dominion over intellectual creations – have yielded a standard diagnosis of how copyright law can threaten freedom of expression. Given the oligopolistic structure of markets for cultural commodities, bloated copyrights produce a ‘permission culture’ that chills expression (since permission to use copyright material as raw material for follow-on creativity “is not often granted to the critical or independent”).12 The negative liberty of individuals is thereby endangered; some have argued that space for the self-cultivation of each individual’s potentialities (‘autonomy’ as understood within the tradition that includes J.S. Mill and Joseph Raz) is also restricted.13 Consequently, the benefits that accrue to society as a whole from the clamour of competing claims and perspectives – a diversity of opinions and forms of creativity, information which is reliable because tested in the heat of public debate, the dissemination of knowledge, a more effective democracy – are diminished. From the perspective of this liberalism, a free culture emerges from the freedoms of individuals to say what they choose to say and experience what others choose to say, unhindered in either dimension by intellectual property rights unless aggregate welfare (or on the Razian view, liberal-democratic culture as a ‘common good’)14 is thereby advanced.

#### 3] Reducing IP is a method of global solidarity by manifesting intra-country cooperation.

Jecker and Atuire 7/7 [Nancy S Jecker (professor of bioethics and philosophy at the University of Washington School of Medicine, Department of Bioethics and Humanities) and Caesar A Atuire (PhD in Philosophy from the Athenaeum Regina Apostolorum, Rome, Lecturer in the Department of Philosophy and Classics at the University of Ghana, Legon). “What’s yours is ours: waiving intellectual property protections for COVID-19 vaccines”. Journal of Medical Ethics. July 7 2021. Accessed 7/22/21. <https://jme.bmj.com/content/early/2021/07/06/medethics-2021-107555> //Xu]

We turn next to positive ethical arguments for temporarily waiving IP protections, which appeal to the values of globally solidarity and corporate responsibility. Global solidarity underscores that during the COVID-19 pandemic, each nation’s interests are entwined with the interests of every other.22 Just as it is impossible for any nation standing alone to address the threat to human health climate change raises, it is impossible for any single nation to meet the challenge that COVID-19 and future pandemics present. Instead, humanity must stand together. In the past, nations have failed to do so. The epidemic of HIV/AIDS in Africa illustrates. Shamefully, it took nearly a decade for the first antiretroviral drugs to reach the African continent, even though Africa was the hardest hit region and antiretroviral drugs provided 90% mortality reduction. Although the US government was an early investor in research that produced antiviral drugs for HIV, distribution was controlled by big pharmaceutical companies driven by profit. The USA and other wealthy countries repeated this mistake during the COVID-19 pandemic, supporting vaccine developers without requiring technology transfers and donations to COVAX (the multilateral partnership supplying vaccines to LMICs). Ethically, the task ahead is fixing a problem of human making. A second argument, based on corporate social responsibility, stresses expectations for and benefits of socially responsible behaviour by for-profit companies. Increasingly, companies appreciate the potential impact that socially responsible behaviour has on competitive advantage, reputation, retention of workers and customers, employee morale and relationships with stakeholders.23 IP protections shield pharmaceutical companies from competition, enabling them to monopolise markets and generate above-normal profits. During a pandemic, social responsibility requires temporarily limiting profits and requiring companies to give back, rather than allowing above-normal profits to accrue unchecked. Even Locke, who conceived of our modern notion of property rights, held that fundamental rights like property could be justly overridden under certain conditions, namely, when the goods are perishable and would go to waste or when their extraction may intrude on the common good, in which case they extend only to what leaves enough behind for others.24 Building on this analysis, we submit that displays of social responsibility fall along a continuum. During the COVID-19 pandemic, a high degree of responsibility would be shown by temporarily sharing patents for products aimed at preventing, containing, or treating COVID-19, which is India and South Africa’s proposal; moderate responsibility would be demonstrated by temporarily sharing licenses to manufacture COVID-19 vaccines, as the WTO Director General proposes; and minimal responsibility would be shown by sending vaccines directly to nations in response to pleas for help, which Pfizer did when it pledged up to 40 million doses of its vaccine to COVAX (which represents under 2% of the 2.5 billion doses Pfizer will produce in 2021).25

### Method

#### 1] 1AR theory is legit – anything else means infinite abuse

#### – drop the debater – 1AR is too short to make up for the time trade-off

#### – no RVIs – 6 min 2NR means they can brute force me every time

#### – competing interps – reasonability narrows the theory debate to one issue of brightline, making it easy for the Neg to collapse to the issue in the long 2NR

#### – 1AR theory is the highest layer – the NC has 7 minutes to be abusive and 6 minutes to leverage the abuse against 1A theory in the 2N, making checking abuse lexically impossible

#### 2] Give me new weighing in the 2AR for 1AR shells – I don’t know what arguments will be read in the 2NR so 1AR weighing is impossible as I don’t know what to weigh against.

#### 3] what the neg reads doesn’t prove the resolution false but challenges an assumption of it. statements which make assumptions like the resolution should be read as a tacit conditional which is an if p then q statement. for all conditionals, if the antecedent is false, then the conditional as a whole is true.

#### 4] Affirm if I win offense to a counterinterp A] Timeskew – 6 Minute 2NR with collapse to whatever I undercover means that you can win theory and substance, but I need to go for both in half the time and split it between the 2 layers. B] Reciprocity – you get T and theory so I should get theory and an RVI to make the burden reciprocal.

#### 5] P and P affirm

#### 1] Epistemics – we wouldn’t be able to start a strand of reasoning since we’d have to question that reason.

#### 2] Illogical – presuming statements false is illogical since you can’t say things like P and ~P are both wrong.

#### 3] Presuming obligations is logically safer since it’s better to be supererogatory than fail to meet an obligation.

#### 4] empirics

**Shah 19,**[Shah, Sachin. “A STATISTICAL ANALYSIS OF SIDE-BIAS ON THE 2019 JANUARY-FEBRUARY LINCOLN-DOUGLAS DEBATE TOPIC.” NSD Update, National Symposium of Debate, 16 Feb. 2019, <http://nsdupdate.com/2019/a-statistical-analysis-of-side-bias-on-the-2019-january-february-lincoln-douglas-debate-topic/> ]//LHPSS accessed 9/4/19

As a final note, it is also interesting to look at the trend over multiple topics. In the rounds **from** 93 TOC bid distributing tournaments (**2017 – 2019** YTD), **the neg**ative **won 52.99% of ballots** (**p-value < 0.0001)** and 54.63% of upset rounds (p-value < 0.0001). **This suggests the bias might be structural, and not topic specific, as this data spans six different topics.**

### Advantage

#### Plan – The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines by implementing a one-and-done approach.

#### We are in an innovation crisis – new drugs are not being developed in favor of re-purposing old drugs to infinitely extend patent expiration.

Feldman 19 Robin Feldman 2-11-2019 "‘One-and-done’ for new drugs could cut patent thickets and boost generic competition" <https://www.statnews.com/2019/02/11/drug-patent-protection-one-done/> (Arthur J. Goldberg Distinguished Professor of Law, Albert Abramson ’54 Distinguished Professor of Law Chair, and Director of the Center for Innovation)//SidK + Elmer

Drug companies **have brought great innovations** to market. Society rewards innovation with patents, or with non-patent exclusivities that can be obtained for activities such as testing drugs in children, undertaking new clinical studies, or developing orphan drugs. The rights provided by patents or non-patent exclusivities provide a defined time period of protection so companies can recoup their investments by charging monopoly prices. When patents end, lower-priced competitors should be able to jump into the market and drive down the price. **But that’s not happening**. Instead, drug companies build massive patent walls around their products, extending the protection **over and over again**. Some modern drugs have an avalanche of U.S. patents, with expiration dates **staggered across time**. For example, the rheumatoid arthritis drug Humira is **protected by more than 100 patents**. Walls like that **are insurmountable**. Rather than rewarding innovation, our patent system is now largely repurposing drugs. Between 2005 and 2015, **more than three-quarters** of the drugs associated with new patents **were not new ones** coming on the market but existing ones. In other words, we are mostly churning and recycling. Particularly troubling, new patents can be **obtained on minor tweaks** such as adjustments to dosage or delivery systems — a once-a-day pill instead of a twice-a-day one; a capsule rather than a tablet. Tinkering like this may have some value to some patients, but it nowhere near justifies the rewards we lavish on companies for doing it. From society’s standpoint, incentives should drive scientists back to the lab to look for new things, not to recycle existing drugs for minimal benefit.

#### Expanding breadth of Pharma Innovation into neglected diseases results in global linkages that revitalizes global health diplomacy.

Hotez 16, Peter J. Blue marble health: an innovative plan to fight diseases of the poor amid wealth. JHU Press, 2016. (Sabin Vaccine Institute and Texas Children’s Hospital Center for Vaccine Development, Departments of Pediatrics and Molecular Virology and Microbiology)//Elmer

We also need to better understand how these NTDs are actually transmitted within US borders, and I think it is extremely important to learn more about the links between these diseases and poverty. As I noted earlier, a drive through Houston’s Fifth Ward provides some insights, as one can quickly identify predisposing risk factors, including stray animals, dilapidated houses without window screens, standing water and discarded tires, and other evi- dence of environmental degradation, but we need to conduct careful epidemiological studies to really understand the links between poverty and NTDs, as well as animal reservoirs for illnesses such as Chagas disease and others. All of this presents an important research and development agenda for the NTDs in the United States. There are no point-of-care diagnostic tests available for most of the NTDs endemic to the nation, so blood from pa- tients must be sent to the CD С or other specialty research laboratories in order to establish a diagnosis for these conditions. As I sometimes point out to general audiences, when you go to your physician and get blood work done, there is no box to check off for toxocariasis or Chagas disease as there is for blood chemistries or other routine tests. We need diagnostic tests that are easily accessible to physicians and nurses. We also need new and improved treatments and vaccines. Because the NTDs are poverty-related diseases, they often fly below the radar screen of the major pharmaceutical companies and are not prioritized. Thus, the drugs used to treat these illnesses are not widely available, so typically the CDC has to be contacted in order to access them. In addition, many of these medicines were developed decades ago and produce a lot of side effects. For instance, the two medicines for Chagas disease—benznidazole and nifurtimox—cause skin rashes, diarrhea, and other unpleasant or even dangerous symptoms and illnesses. Patients using these medications have to interrupt their treatments up to 20% of the time. Moreover, these drugs cannot be used by pregnant women. Currently, new innovations for NTDs like Chagas dis- multinational ease still rely on nonprofit PDPs. The Geneva-based Drugs pharmaceutical for Neglected Diseases Initiative is leading efforts to de- companies have velop new and safer Chagas disease medicines [60], while shown little or modest at our National School of Tropical Medicine the Sab in interest in American Vaccine Institute and Texas Childrens Hospital Center for NTDs. As a result, new Vaccine Development (Sabin PDP) is working to develop products are being a therapeutic vaccine that could be used alongside exist- developed in the ing treatments [61]. These efforts rely on major philan- nonprofit sector. thropic donors. In our case at the Sabin PDP, they include the Kleberg Foundation, the Carlos Slim Foundation, the Southwest Electronic Energy Medical Research Institute, and Texas Childrens Hospital. Summary Points 1. In the United States, 45.3 million people live below the poverty line, roughly the same number of impoverished Americans alive during the early 1960s when Michael Harrington wrote The Other America. Approximately 20 million Americans now live in extreme poverty at one-half the US poverty level, and approximately 5 million are living on less than $2 per day 2. American poverty concentrates in specific areas, especially in southern states, with Texas having the largest numbers who live in poverty Important areas in the South include the Gulf Coast, border areas with Mexico, the Mississippi Delta, and Appalachia. 3. Approximately 12 million Americans are infected with NTDs, led by toxocariasis and trichomoniasis—which disproportionately affect African Americans—and Chagas disease (American trypanosomiasis) and cysticercosis—which disproportionately affect people of Hispanic origin. Toxoplasmosis is another important NTD. Toxocariasis, cysticercosis, and toxocariasis exert important mental health effects on impoverished Americans. Many of these NTDs are transmitted within US borders (autochthonous infections). 4. Arboviral infections are also important NTDs, led by dengue fever in Gulf Coastal areas and West Nile virus infection. WNV can cause chronic, persistent viral infections linked to chronic neurologic and renal disease. 5. There is an urgent need to promote awareness about the NTDs, especially for physicians and other health-care providers. 6. New policies are needed to expand surveillance for the NTDs affecting the United States. New legislation has been adopted in Texas, while additional bills are being introduced in the US Congress. Epidemiological studies are also needed to better understand how these diseases are transmitted and how they are linked to extreme poverty in the American South and elsewhere. 7. There is an urgent need for new “control tools” for American NTDs, including point-of-care diagnostics, antiparasitic and antiviral drugs, and vaccines. Many of these products are being developed by nonprofit PDPs rather than pharmaceutical companies. he G20 "A Theory of Justice" In his landmark 1971 book A Theory of Justice, the Harvard political philosopher John Rawls articulates two overriding principles of a just and fair society, namely, (1) “equality in the assignment of basic rights and duties” and (2) allowance of some social and economic inequalities, but only if they ultimately benefit “the least advantaged members of society” [1]. In terms of Rawls’s worldview, I believe that finding widespread NTDs among the extreme poor (and least-advantaged) who live amidst wealth—the central tenet of blue marble health—might represent one of the most jarring affronts to what he terms “justice as fairness” Because NTDs are now widespread among the leastadvantaged members of the worlds wealthiest economies, and they represent a major basis for thwarting their future growth, it is urgent for these nations, especially the G20 countries, to adopt strong internal policies to combat these diseases. I envision a three-pronged strategy to best address the G20 s (and Nigeria’s) poorest citizens afflicted by NTDs: 1. Each of the G20 nations and Nigeria has the capacity to fully understand the extent of these diseases within their own borders and then provide their own impoverished populations access to essential medicines used in mass drug administration to target helminth infections, in addition to trachoma, leprosy, yaws and scabies, and to provide treatments for other high-disease burden NTDs, including leishmaniasis and Chagas disease. The G20 countries and Nigeria Three major steps are required to effectively address blue marble health. 141 142 Blue Marble Health need to allocate resources and implement programs to achieve universal coverage for these diseases. 2. Each of the G20 nations and Nigeria has the capacity to conduct research and development for new NTD biotechnologies; they need to allocate resources toward this goal. 3. Both activities should be conducted within an overall framework of health system strengthening. Mass Drug Administration in the G20 A good place to revisit MDA among the G20 countries is to more closely examine the six G20 countries with positive worm indices—Brazil, China, India, Indonesia, Mexico, and South Africa—in addition to Nigeria. Together these countries account for one-half of the worlds helminth infections [2]. An analysis of WHO s PCT database reveals that most of these nations are severely underachieving when it comes to providing MDA for people who require regular and periodic treatment for their intestinal helminth infections, schistosomiasis, and LF. Shown in table 11.1 is WHO’s estimate of the percentage that received treatment in 2013 [3-5]. Overall, the G20 nations affected by helminth infections and Nigeria perform poorly when it comes to treating their affected populations through MDA. In terms of specific countries in Latin America, Brazil is reaching only approximately one-third of its children and population at risk. And although Mexico provides complete coverage for intestinal worms, it—as previously mentioned—neither diagnoses nor treats hundreds of thousands (and possibly millions) of people with Chagas disease. In Africa, Nigeria’s MDA reaches less than 25% of its children at risk for helminth infections, and there is no information about schistosomiasis coverage in South Africa forthcoming from WHO. However, as Dr. Eyrun Kjetland (who works extensively in South Africa) has pointed out, female genital schistosomiasis remains widespread there, in part because praziquantel has been mostly unavailable in the country, owing to its drug importation laws. Schistosomiasis and other NTDs are still found among the poor in the Kingdom of Saudi Arabia. The entire MENA region severely underdiagnoses most of its NTDs, including leishmaniasis. In Asia, Indonesia largely does not promote widespread deworming for its children, and only a small percentage of its population receives treatment for LF, while India does only marginally better. Indonesia also suffers from high rates of yaws, which can also be targeted by MDA using the antibiotic azithromycin. Similarly in India, the vast majority of its children do not have access to regular and periodic deworming, and only about one-half of the population receives MDA for LF. India also has the worlds largest numbers of leprosy cases. This disease can also be attacked through MDA using a multidrug therapy regimen. WHO does not present information on China, either because it has not been determined or is unavailable. However, China has made great strides in reducing its schistosomiasis prevalence since 1949, and it has eliminated LF. Similarly, Japan and South Korea have achieved significant success both in economic development and in reducing or eliminating its NTDs. 144 Blue Marble Health Key common factors for poor performance in meeting MDA targets are vast geographies, decentralization of health care, inadequate resource allocation, and lack of political will. Overall, the six G20 countries with positive worm indices, together with Nigeria, have the means and capacity to eliminate LF within their own borders, while greatly reducing the disease burdens of their intestinal helminth infections and schistosomiasis through MDA. Some of the key common factors for poor performance in meeting MDA targets are vast geographies, decentralization of health care that results in fragmentation of drug delivery, inadequate resource allocation, and lack of political will and commitment. What about G20 countries affected by NTDs but without a positive worm index? In the United States, the 12 million Americans infected and living with NTDs are largely unrecognized, undiagnosed, and untreated. The United States also does very little in terms of conducting active surveillance for Chagas disease (and other major NTDs), and only a tiny percentage of its population receives access to diagnosis and treatment—the same is true for Argentina. In both North America and Europe, toxocariasis and other parasitic zoonotic infections are seldom diagnosed and treated. Minimal information is available on eastern ------------------- Europeans, Turks, and Russians with intestinal worms or zoonotic NTDs or their access to diagnosis and treatment. NTDs remain widespread among Aboriginal Australians, including intestinal helminth infections and scabies—both of which can be targeted through MDA. Thus, the current status of access to essential medicines for people living in poverty and with NTDs among the G20 countries and Nigeria can be summarized as abysmal. The fact that so few are being treated through MDA programs is especially sad, given its low costs. As previ- ------------------- ously mentioned, there are approximately 1.07 billion treatments required among the populations at greatest risk in the G20 countries and Nigeria. At a cost of 50 cents per person per year, approximately $500 million would be required—that is, a dollar amount representing a tiny percentage (<0.001%) of the $65 trillion combined economy of these countries. The bottom line is that each of these nations has the internal capacity to provide these low-cost treatments to its impoverished populations. WHO has now launched a Universal Health Coverage (UHC) initiative that builds on its 1978 “Health for All” Alma-Ata declaration and the MillenThe current status of access to essential medicines for people living in poverty and with NTDs among the G20 countries and Nigeria can be summarized as abysmal. The G20 145 nium Development Goals, with a focus on protecting the health of the worlds most economically vulnerable populations. The activities highlighted here clearly fall within WHO s UHC mandate. Research and Development for New Control Tools and Biotechnologies For many of the leading NTDs—including vector-borne diseases such as dengue, leishmaniasis, Chagas disease, African sleeping sickness, and malaria, and also some helminth infections such as hookworm, schistosomiasis, onchocerciasis, and foodborne trematodiases—there are equally urgent needs to develop new drugs, diagnostics, and vaccines. Each year, the Australian policy group known as Policy Cures publishes an annual G-FINDER Report that measures the global investment in new technologies for neglected diseases, defining them broadly to include both the NTDs and the “big three” diseases: HIV/ AIDS, ТВ, and malaria [6]. For the year 2014, G-FINDER determined that approximately $3.37 billion was invested globally in neglected disease R&D technology, with most of that support going toward the big three diseases [6]. A look at total government support for neglected disease R&D, almost all of it from G20 countries, is also interesting. The public sector provided 64% of the total funding, and the United States provided two-thirds of that funding, mostly from the US National Institutes of Health [6]. In all, 71% of the total government funding for neglected diseases comes from the United States, European Commission, and United Kingdom. However, as the G-FINDER Report points out, these absolute numbers do not consider the GDPs of these nations. In terms of public funding relative to GDP ratios, countries such as Ireland, Denmark, Norway, and Argentina do particularly well in this regard [6]. Shown in table 11.2 are selected estimates from G-FINDER of the percentage of their GDP that various governments have devoted to R&D on Of government funding for neglected diseases R&D, a whopping 71% comes from the United States, European Commission, and United Kingdom. We need greater involvement and support from the remainder of the G20 countries, including positive worm index G20 countries— Brazil, China, India, Indonesia, Mexico, and South Africa, in addition to Nigeria. 146 Blue Marble Health Although NTDs and other poverty-related diseases account for almost 14% of the global disease burden, they receive only a bit more than 1% of the global health-related R&D funds. neglected diseases. Using data from the G-FINDER Report combined with GDP information, I calculate that the world spends approximately 0.0028% of its GDP on neglected diseases R&D. Only three G20 countries—United States, United Kingdom, and Australia—match or exceed that percentage, ------------------- although India and France come close to it. The worstperforming countries were China and Japan. However, in 2013 the Japanese government, together with Japans major pharmaceutical companies and the Bill & Melinda Gates Foundation, formed a partnership known as the Global Health Innovative Technology (GHIT) Fund for supporting PDPs and other entities to develop and shape new biotechnologies for neglected diseases, with an emphasis on NTDs [7, 8]. China is a different matter. The New York Times has reported that China paid out $86.3 billion in foreign investments in the year 2013 [9], with much of that spent in fragile nations where health systems are broken and NTDs are widespread. Clearly, China needs to allocate some of those funds to neglected diseases, either for MDA or new technologies. In addition, the nation of Brazil could easily increase its global contribution to NTD technologies by ю -fold in order to match higher-performing nations in this regard. Germany is now looking at supporting NTD technologies as part of an overarching G7 initiative on NTDs. In 2011, the German government launched a policy roadmap for neglected and poverty-related diseases [10]. Indeed, a recent analysis conducted by German investigators has found although NTDs ------------------- and other poverty-related diseases account for almost 14% of the global disease burden, they receive only a bit more than 1% of the global health-related R&D funds [11]. As shown in figure 11.1, by presenting R&D expenditures for a particular disease divided by the disability adjusted life years (DALYs) it is possible to get a sense of ------------------- diseases that are especially underfunded—even compared with other NTDS—such as the intestinal helminth infections and other neglected enteric diseases, as well as rheumatic fever [11]. Such data argue for the great urgency needed in addressing these health disparities by increasing R&D funding and support. Recently, the Dutch and German governments and the European Union (EU) have established important initiatives to support NTD R&D. The Dutch Ministry of Foreign Affairs, for instance, has been a major partner in our human hookworm vaccine initiative, while the EU has an important Frameworks Program 7 (FP7) for supporting new technologies [12], including a HOOKVAC Consortium of partners organized through the Amster dam Institute of Global Health and Development [13]. Most recently, the EU has established an ambitious Horizon 2020 program for expanding R&D in Europe, including NTD R&D activities [14], on top of a European and Developing Countries Clinical Trials Partnership (EDCTP) for clinically evaluating new NTD technologies [15]. New German government funding for NTD R&D funding was just announced. These Dutch, German, and EU initiatives represent an important advance for shaping the next generation of products to treat and prevent NTDs. Yet another aspect of blue marble health is the rise in comorbid conditions between the NTDs, the big three diseases, and the noncommunicable diseases. Impoverished and neglected populations in the G20 countries and Nigeria are facing a double hit resulting from the convergence of NTDs and NCDs. For instance, in Texas, Mexico, and India (but presumably elsewhere) they include both ТВ and diabetes interactions and, lately, dengue and diabetes interactions. In South Africa, HIV/AIDS now flourishes amidst the high prevalence of female genital schistosomiasis. Studying the pathogenesis and epidemiology of these comorbid interactions will also be an important theme in the coming years. Shaping a Policy for the G20 The G20 began meeting in 2008 in response to that years global recession and have since convened in a summit each year to discuss the major policy issues of the day [16]. At the 2015 G20 Summit held in Turkey, the major areas of broad emphasis included strengthening the global recovery and enhancing resilience, while ensuring sustainability [17]. Clearly, lifting the bottom segments of their populations out of poverty through NTD control and elimination could fall within the G20 remit. It is imperative that the six member nations with positive worm indices commit to providing total MDA coverage for their populations affected by the major helminth infections, and also that the four Western Hemispheric countries step up surveillance, diagnosis, and treatment for Chagas disease. Leishmaniasis, both kala-azar and the cutaneous form, also represent major NTDs affecting the G20, and these diseases need to be targeted for control and elimination. The US, Dutch, German, and Japanese governments, along with the EU, stand out for their contributions toward supporting product development to counter NTDs, 150 Blue Marble Health Equally important is the R&D agenda. There are some obvious underachievers among the G20 countries that must step up and contribute to R&D for new drug, diagnostic, and vaccine products to fight the neglected diseases [18]. Toward that aim, several investigators have proposed the establishment of R&D funds to support neglected disease research. They include a global vaccine development fund [19] and a general biomedical R&D fund focused on antimicrobial resistance, emerging infectious diseases, and neglected diseases [20]. Both proposals are thoughtful, have a lot of merit, and need to be considered, but I offer an alternative or complementary solution. In 2013, the World Health Assembly passed a resolution (66.22) that proposes a “strategic work plan” to achieve sustainable funding for health R&D that could emphasize NTDs. The plan commits the director-general of the World Health Organization to establish a global “observatory” in order to identify gaps and opportunities for health R&D related to neglected diseases [21]. Through a pooled fund managed by WHO-TDR (a special program on tropical disease research and training), several pilot projects are now being supported [22]. Given that todays neglected disease R&D support comes mostly from the United States—and indeed mostly from a single agency, the National Institutes of Health—it is difficult to envision how such a fund would be created without calling on the NIH yet again. Realistically, it is unlikely the NIH leadership or the well-established community of US scientists would be willing to cede control of NIH budgets to an international body. Instead, I think it is worth considering the possibility of having each of the G20 countries establish its own version of the Japanese GHIT Fund, which builds on indigenous scientists and academic institutions and their own pharmaceutical industries. A Chinese or South Korean version of GHIT for example could become a vital and important institution. Creating twenty separate innovation funds could achieve the same goals as a global fund, while simultaneously ensuring national ownership and capacity building for indigenous academic and industrial institutions. Many of them could develop and shape new biotechnologies in collaboration with the 16 international PDPs. This approach would be especially useful for the less developed G20 countries, including Brazil, Global funds for R&D are an option. An attractive alternative is to create national funds for product development R&D in each of the G20 countries and Nigeria—ones that resemble those put forward by the Dutch and Japanese governments. The G20 151 India, Indonesia, and Mexico. These nations have indigenous vaccine manufacturers, which are represented by the Developing Country Vaccine Manufacturers Network, and therefore have a level of sophistication for producing next-generation NTD vaccines. Still another option is for smaller groups of G20 countries to come together to support R&D investments. The EU’s programs for new NTD technologies highlighted above represent important examples. In addition, if institutions from China and India (both rivals and neighbors) collaborated in the area of neglected diseases [23], some important NTD problems affecting Asia could be solved in the coming years. The United States has potential to extend its outreach on NTDs by collaborating with other G20 nations in the Americas or other countries [24]. As a UN agency, WHO could certainly partner with one or more of these G20 NTD R&D investment funds, especially through its global health R&D observatory mechanism. Another key United Nations agency might include WIPO—the World Intellectual Property Organization. Through the Patent Cooperation Treaty mechanism, the Geneva-based WIPO represents one of the few revenue-generating UN agencies. In 2011, in collaboration with BIO Ventures for Global Health, it established WIPO Re:Search to facilitate the development of products to combat NTDs by bringing together major pharmaceutical companies and academic investigators working on these diseases [25]. As a revenue-generating UN agency under the charismatic leadership of Francis Gurry, WIPO has the potential to expand this remit to support NTD product R&D. Looking beyond the G20 The major NTDs linked to wealthy countries and blue marble health could also be addressed by nongovernmental organizations, including faith-based groups. For example, in 2011 the Pew Research Centers Forum on Religion and Public Life reported that the center of the worlds Christian-majority countries has shifted from Europe and North America to the Global South, meaning Africa, Asia, and Central and South America [26]. Thus, countries such as Brazil, Philippines, Angola, Democratic Republic of Congo, and Papua New Guinea now have some of the highest percentages of Christian populations. As shown in table 11.3, from an analysis published in PLOS NTDs I found that almost all of the world s Chagas disease cases and African trypanosomiasis (sleeping sickness) can be found in Christian-majority countries, in addition to almost one-half of the schistosomiasis cases [26]. These findings suggest the possibility of bringing in new actors to combat NTDs. They could include the Vatican and Pope Francis, especially given the new popes renewed commitment to impoverished populations [19]. The Orthodox Christian Church also has opportunities to highlight NTDs in countries such as Ethiopia or those in the Middle East, as do many Christian faith-based organizations and universities. The G20 153 Summary Points 1. The six G20 countries with positive worm indices—Brazil, China, India, Indonesia, Mexico, and South Africa, together with Nigeria, have the means and capacity to eliminate LF within their own borders, while greatly reducing the disease burdens of their intestinal helminth infections and schistosomiasis through MDA. 2. G20 countries without classical worm indices, including the United States, also need to find mechanisms for promoting surveillance and access to essential medicine options for the poor living with NTDs within their own borders. 3. The G20 countries also have important biotechnology capabilities, which have yet to be adequately tapped for producing new NTD diagnostics, drugs, and vaccines. Beyond the United States, European nations, Australia, and Japan, they also include Brazil, China, India, Indonesia, Mexico, Russian Federation, Saudi Arabia, South Africa, and South Korea. 4. Yet another aspect of blue marble health is the rise in comorbid conditions between the NTDs, the big three diseases, and the NCDs. 5. The EU and the Dutch and German governments have launched important NTD technology initiatives, as has the Japanese government and its partners through a new GHIT Fund. These activities support PDPs committed to NTDs as well as indigenous academic institutions and industrial organizations. 6. Large G20 economies such as Brazil and China must increase their global commitment to support new NTD technologies and R&D. 7. There are opportunities to link these new investments with parallel activities ongoing at two UN agencies, namely, WHO and WIPO. 8. These topics should be highlighted at future G20 summits. 9. Faith-based organizations could have a future role. For instance, the Vatican and related entities have opportunities to expand commitments to control those NTDs that are found to be prevalent among Christian-majority countries. Central to the blue marble health concept is that each of the G20 nations and Nigeria need to take greater responsibility for their own neglected diseases and neglected populations. Doing so could result in the control or elimination of one-half or more of the planets NTDs, with substantial gains made against HIV/AIDS, ТВ, and malaria. Thus, while programs of overseas development assistance devoted to health, such as PEPFAR, GFATM, PMI, and USAID’s NTD Program, in which the worlds richest countries provide support to the poorest nations for their neglected diseases, must continue and should even expand, we need increasingly to recognize the hidden burden of neglected diseases among the poor living in wealthy countries. As a first step, we must expand initiatives that raise awareness about the problem of NTDs within each of the G20 countries and Nigeria. The Global Network for NTDs linked to the Sabin Vaccine Institute has been working closely with the governments of India and Nigeria, respectively, in order to explain the opportunity for mass drug administration and its potential impact on health and economic development. MDA coverage rates are disappointingly low in these nations, especially for intestinal helminth infections and LF, as well as for schistosomiasis in the case of Nigeria. An extraordinary finding is that at least three nations with positive worm indices—India, Pakistan, and China—also maintain nuclear stockpiles [1]. Could the scientific horsepower of these nuclear states be partly redirected toward reducing endemic NTDs at home? 154 A Framework for Science and Vaccine Diplomacy 155 Outside of India and Nigeria, there is a need to promote NTD awareness in each of the G20 countries. For example, in the United States, our National School of Tropical Medicine has been highlighting the plight of some 12 million Americans living with NTDs. We have now worked with the Texas Legislature to enact a bill for NTD surveillance in suspected high-prevalence areas. However, similar initiatives need to be enacted across the G20 nations, including the European Union. In addition, international cooperation between the different G20 nations and Nigeria could be critical in achieving higher population coverage for MDA. For instance, China, despite its billions of dollars of business investments in sub-Saharan Africa, has not yet promoted NTD control efforts there. Yet China has tre- mendous expertise in MDA for NTDs and could provide Africa with valuable advice in this area. China was the first country to eliminate LF and has achieved successes in re- ducing its burden of schistosomiasis more than ю -fold since the 1949 revolution. China could also share its best practices with neighboring India, where NTDs remain practically ubiquitous [ 2]. Similarly, Japan and South Korea have made great gains toward eliminating intestinal helminth infections, while the former has also successfully eliminated LF and schistosomiasis. International cooperation between these three East Asian nations and Nigeria, or with the G20 countries with positive worm indices, especially India, Indonesia, and Brazil (where they are the highest), could result in important, positive health and economic gains. Each of these activities represents examples of what some refer to as global health diplomacy. Global Health Diplomacy My former colleague at Yale University, Ilona Kickbusch, currently the director of the Global Health Programme at the Graduate Institute of International and Development Studies in Geneva, has provided several working definitions of global health diplomacy, including efforts to “position health in foreign policy negotiations,” together with the establishment of global health governance initiatives [3]. Indeed, the creation of the GAVI Alliance, GFATM, UN AIDS, and other Geneva-based organizations might be considered vital examples of organizations created under the auspices of global health diplomacy, with the first two created following the 2000 Millennial Development Goals. The MDGs themselves represent an important framework for global health diplomacy, and arguably the most successful. Since 2005, several global health diplomacy initiatives have been enacted that could facilitate NTD activities among the G20 and Nigeria, although most of these actions are more focused on emerging viral infections of pandemic potential rather than the widespread chronic and debilitating NTDs. The International Health Regulations (IHR) were enacted in 2005 as a binding legal mechanism for all member states of WHO and focused on responses to acute public health emergencies [4]. IHR demands that countries report outbreaks and other public health events, while WHO responds with measures to uphold and enforce global health security [4]. IHR also establishes an emergency committee that advises the WHO director-general on whether an unexpected event should be considered a public health emergency. It also provides recommendations on initial steps for travel restrictions, surveillance, and infection control. With the possible exception of dengue fever, it is not clear how IHR will substantively address the NTDs or other blue marble health conditions. Moreover, even with IHR in place, the global response to the 2014 emergence of Ebola in West Africa was slow and inadequate and led to a catastrophic outbreak in the fall of that year [5]. This failure may require future revisions in the IHR, as recently recommended in a 2015 Lancet article by Lawrence Gostin and his colleagues at Georgetown University [6]. The Global Health Security Agenda (GHSA) is an interagency initiative of the US government conducted in partnership with other nations

#### Solves hotspot escalation

Nang and Martin 17, Roberto N., and Keith Martin. "Global health diplomacy: A new strategic defense pillar." Military medicine 182.1-2 (2017): 1456-1460. (MC, Global Health Division, Uniformed Services University of the Health Sciences)//Elmer

INTRODUCTION: FORCE IF NECESSARY BUT NOT NECESSARILY FORCE The world appears unhinged. Instability from the Middle East, Caucasus, Africa, and Central America to Asia abound. The Study of Terrorism and Response to Terrorism database identified fewer than 300 major terrorist incidents between 1998 and 2004 in the Middle East and North Africa. In 2013, they listed 4,650 such incidents.1 Quieter cracks tear at the fabric of South America and parts of Asia. Although geographically distinct, many of these areas of instability share underlying causes that give rise to threats to the United States and the global community. Human-generated causes include corruption, poor governance, absence of the rule of law, violence, gross human rights abuses, climate change, environmental degradation, a weak civil society, and a lack of professional capabilities across skill sets within the government departments needed to effectively manage the operations of a well-run state.2 Natural causes include disasters, disease, demographic changes, and limited access to the resources essential for life. When these human or natural causes create conditions that result in poor provision of, or unequal access to essential services, such as water, food, shelter, health services, education, and economic opportunity, people lose confidence in government and hope for their children and their future. They become restless, demonstrate, can become violent and overthrow their governments (such as the self-immolation of Mohamed Bouazizi, the Tunisian cart vendor, which sparked 35 more selfimmolations by extralegal businessmen and started the Arab Spring), or can result in mass migrations.3 Desperate human security, conditions create desperate people undermining stability and creating even more demands from host nation governments and governments in neighboring states. Although force and counter terrorism programs are sometimes needed to address security threats, enormous opportunities are available to use nonkinetic capabilities within the Department of Defense (DoD), Department of State, U.S. Agency for International Development, other U.S. Government agencies, and civilian organizations to address the underlying causes of instability. Global health diplomacy is an underutilized strategic asset to do this. At a far lower cost, it will save lives, decrease economic losses, reduce the need for kinetic military operations, increase security cooperation, improve diplomatic relations, encourage trade, and create the foundations for longterm stability