# Framework

I negate the resolution

My value is morality. This is the best value for the topic because the resolution says ought, suggesting that it is a question of moral values and what we believe is right or wrong.

Democracies must work to please the greater number of people.

**Goodin ‘95**

**professor of government at the University of Essex and professor of philosophy and social and political theory at the Australian National University**

Goodin, Robert E., and Robert Edward Goodin. *Utilitarianism as a public philosophy*. Cambridge University Press, 1995.

Consider, first, the argument from necessity. **Public officials are obliged to make their choices under uncertainty,** and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, **private individuals** will usually **have more complete information on** the peculiarities of their own circumstances and **on the ramifications that** alternative **possible choices** might have for them. **Public officials,** in contrast, are relatively **poorly informed as to the effects that their choices will have on individuals**, one by one. What they typically do know are generalities: averages and aggregates**. They know what will happen most often to most people** as a result of their various possible choices, **but that is all. That is enough to allow public policy-makers to use the utilitarian calculus** – assuming they want to use it at all – to chose general rules or conduct.

#### **Extinction must outweigh.**

Pummer 15 [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015] AT

There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future people that reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people. Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But that is a huge mistake. Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. We should also take into account moral uncertainty. What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the of On What Matters)

Therefore, my value criterion is utilitarianism or maximizing pleasure and minimizing pain. The definition of util, is the greatest good for the greatest number of people. The greatest good for people is what helps people live better lives.

# Contention 1 - innovation

#### Strong current IP guarantees causes massive Pharma innovation.

Stevens and Ezell 20 Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated 7,000 new medicines under development globally (about half of them in the United States), with 74 percent being potentially first in class, meaning they use a new and unique mechanism of action for treating a medical condition.31 In the United States, over 85 percent of all drugs sold are generics (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were first-in-class medicines.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $**3.2 billion**.45 IP rights—including patents, copyrights, and data exclusivity protections—give innovators, whether in the life sciences or other sectors, the **confidence** to undertake the risky and expensive process of innovation, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, **in the global public’s long-term interests.** Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

#### **Reducing IP protections chills future investment – even the perception of wavering commitment scares off companies.**

Grabowski et al. ’15 (Harry; Professor Emeritus of Economics at Duke, and a specialist in the intersection of the pharmaceutical industry and government regulation of business; February 2015; “The Roles Of Patents And Research And Development Incentives In Biopharmaceutical Innovation”; Health Affairs; <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1047>; Accessed: 8-31-2021; AU)

Patents and other forms of **intellectual property** **protection** play **essential roles** in encouraging innovation in biopharmaceuticals. As part of the “21st Century Cures” initiative, Congress is reviewing the policy mechanisms designed to accelerate the discovery, development, and delivery of new treatments. Debate continues about how best to balance patent and intellectual property incentives to encourage innovation, on the one hand, and generic utilization and price competition, on the other hand. We review the current framework for accomplishing these dual objectives and the important role of patents and regulatory exclusivity (together, the patent-based system), given the lengthy, costly, and risky biopharmaceutical research and development process. We summarize existing targeted incentives, such as for orphan drugs and neglected diseases, and we consider the pros and cons of proposed voluntary or mandatory alternatives to the patent-based system, such as prizes and government research and development contracting. We conclude that patents and regulatory exclusivity provisions are likely to remain the core approach to providing incentives for biopharmaceutical research and development. However, prizes and other voluntary supplements could play a useful role in addressing unmet needs and gaps in specific circumstances. Technological innovation is widely recognized as a key determinant of economic and public health progress. 1,2 Patents and other forms of intellectual property protection are generally thought to play essential roles in encouraging innovation in biopharmaceuticals. This is because the process of developing a new drug and bringing it to market is **long, costly, and risky**, and the costs of imitation are low. After a new drug has been approved and is being marketed, its **patents protect it** from competition from chemically identical entrants (or entrants infringing on other patents) for a period of time. **For firms** to have an **incentive** to **continue to invest** in innovative development efforts, they must have an **expectation** that they can **charge enough** during this period to **recoup** costs and make a profit. After a drug’s patent or patents expire, **generic rivals** can enter the market at **greatly reduced development cost** and prices, providing added consumer benefit but **eroding** the **innovator drug** company’s revenues. The Drug Price Competition and Patent Term Restoration Act of 1984 (commonly known as the Hatch-Waxman Act) was designed to balance innovation incentives and generic price competition for new drugs (generally small-molecule chemical drugs, with some large-molecule biologic exceptions) by extending the period of a drug’s marketing exclusivity while providing a regulatory framework for generic drug approval. This framework was later changed to encompass so-called biosimilars for large-molecule (biologic) drugs through the separate Biologics Price Competition and Innovation Act of 2009. Other measures have been enacted to provide research and development (R&D) incentives for antibiotics and drugs to treat orphan diseases and neglected tropical diseases. Discussion continues about whether current innovation incentives are optimal or even adequate, given evolving public health needs and scientific knowledge. For instance, the House Energy and Commerce Committee recently embarked on the “21st Century Cures” initiative, 3 following earlier recommendations by the President’s Council of Advisors on Science and Technology on responding to challenges in “propelling innovation in drug discovery, development, and evaluation.” 4 In this context, we discuss the importance of patents and other forms of intellectual property protection to biopharmaceutical innovation, given the unique economic characteristics of drug research and development. We also review the R&D incentives that complement patents in certain circumstances. Finally, we consider the pros and cons of selected voluntary (“opt-in”) or mandatory alternatives to the current patent- and regulatory exclusivity–based system (such as prizes or government-contracted drug development) and whether they could better achieve the dual goals of innovation incentives and price competition. The essential rationale for patent protection for biopharmaceuticals is that long-term benefits in the form of continued future innovation by pioneer or brand-name drug manufacturers outweigh the relatively short-term restrictions on imitative cost competition associated with market exclusivity. Regardless, the entry of other branded agents remains an important source of therapeutic competition during the patent term. Several economic characteristics make patents and intellectual property protection **particularly important** to **innovation incentives** for the biopharmaceutical industry. 5 The R&D process often takes more than a decade to complete, and according to a recent analysis by Joseph DiMasi and colleagues, per new drug approval (including failed attempts), it involves more than a **billion** dollars in out-of-pocket costs. 6 Only approximately one in eight drug candidates survive clinical testing. 6 As a result of the high risks of failure and the high costs, research and development must be funded by the **few successful, on-market products** (the top quintile of marketed products provide the dominant share of R&D returns). 7,8 Once a new drug’s patent term and any regulatory exclusivity provisions have expired, competing manufacturers are allowed to sell generic equivalents that require the investment of only several million dollars and that have a high likelihood of commercial success. **Absent intellectual property protections** that allow marketing exclusivity, innovative firms would be **unlikely** to make the costly and risky investments needed to bring a new drug to market. Patents confer the right to exclude competitors for a limited time within a given scope, as defined by patent claims. However, **they do not guarantee demand**, nor do they prevent competition from nonidentical drugs that treat the same diseases and fall outside the protection of the patents. New products may enter the same therapeutic class with common mechanisms of action but different molecular structures (for example, different statins) or with differing mechanisms of action (such as calcium channel blockers and angiotensin receptor blockers). 9 Joseph DiMasi and Laura Faden have found that the time between a first-in-class new drug and subsequent new drugs in the same therapeutic class has been dramatically reduced, from a median of 10.2 years in the 1970s to 2.5 years in the early 2000s. 10 Drugs in the same class compete through quality and price for preferred placement on drug formularies and physicians’ choices for patient treatment. Patents play an **essential role** in the economic “ecosystem” of **discovery and investment** that has developed since the 1980s. Hundreds of start-up firms, often backed by venture capital, have been launched, and a robust innovation market has emerged. 11 The value of these development-stage firms is largely determined by their proprietary technologies and the candidate drugs they have in development. As a result, the **strength of intellectual property protection** plays a **key role** in funding and partnership opportunities for such firms. Universities also play a key role in the R&D ecosystem because they conduct basic biomedical research supported by sponsored research grants from the National Institutes of Health (NIH) and the National Science Foundation (NSF). The Patent and Trademark Law Amendments Act of 1980 (commonly known as the Bayh-Dole Act) gave universities the right to retain title to patents and discoveries made through federally funded research. This change was designed to encourage technology transfer through industry licensing and the creation of start-up companies. Universities received only 390 patents for their discoveries in 1980, 12 compared to 4,296 in 2011, with biotechnology and pharmaceuticals being the top two technology areas (accounting for 36 percent of all university patent awards in 2012). 13

#### **R&D’s key to innovation – otherwise, future pandemics.**

Marjanovic et al. ’20 (Sonja; Ph.D. at the University of Cambridge; May 2020; “How to Best Enable Pharma Innovation Beyond the COVID-19 Crisis”; RAND; <https://www.rand.org/pubs/perspectives/PEA407-1.html>; Accessed: 8-31-2021; AU)

As key actors in the healthcare innovation landscape, pharmaceutical and life sciences companies have been called on to **develop** medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also **infectious diseases** that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a **bioterrorism context**.1 The general threat to public health that is posed by **antimicrobial resistance** is also well-recognised as an area **in need of pharmaceutical innovation**. Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and competition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, make pharmaceutical companies and the wider life sciences sector an **indispensable partner** in the search for solutions that save lives. This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceutical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic. In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is **essential** for socially responsible companies in the sector. 2 It is therefore unsurprising that we are seeing industry-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently **contributing in a variety of ways**. Examples include pharmaceutical companies donating existing compounds to assess their utility in the fight against COVID19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating trials for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accelerate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6 The **primary purpose** of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be relatively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pressure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing combination product that is being tested for therapeutic potential against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10 Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider **how** pharmaceutical **innovation** for **responding to emerging** infectious diseases can best be enabled beyond the current crisis. Many **public health threats (including** those associated with other infectious diseases, bioterrorism agents and antimicrobial resistance) **are urgently in need** of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the immediate term. The pharmaceutical industry has responded to previous public health emergencies associated with infectious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contributions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are **important policy questions** as to whether – and how – industry could engage with such public health threats to an even greater extent under **improved innovation conditions.**

#### Disease causes extinction.

Srivatsa ’17 (Kadiyali; specialist in pediatric intensive and critical care medicine in the UK. Invented the bacterial identification tool ‘MAYA’; 1-12-2017; "Superbug Pandemics and How to Prevent Them", American Interest; https://www.the-american-interest.com/2017/01/12/superbug-pandemics-and-how-to-prevent-them/, Accessed: 8-31-2021; AU)

It is by now no secret that the human species is locked in a race of its own making with “superbugs.” Indeed, if popular science fiction is a measure of awareness, the theme has pervaded English-language literature from Michael Crichton’s 1969 Andromeda Strain all the way to Emily St. John Mandel’s 2014 Station Eleven and beyond. By a combination of massive inadvertence and what can only be called stupidity, we must now invent new and effective antibiotics faster than deadly bacteria evolve—and regrettably, they are rapidly doing so with our help. I do not exclude the possibility that bad actors might deliberately engineer deadly superbugs.1 But even if that does not happen, humanity faces an existential threat largely of its own making in the absence of malign intentions. As threats go, this one is entirely predictable. The concept of a “black swan,” Nassim Nicholas Taleb’s term for low-probability but high-impact events, has become widely known in recent years. Taleb did not invent the concept; he only gave it a catchy name to help mainly business executives who know little of statistics or probability. Many have embraced the “black swan” label the way children embrace holiday gifts, which are often bobbles of little value, except to them. But the threat of inadvertent pandemics is not a “black swan” because its probability is not low. If one likes catchy labels, it better fits the term “gray rhino,” which, explains Michele Wucker, is a high-probability, high-impact event that people manage to ignore anyway for a raft of social-psychological reasons.2 A pandemic is a quintessential gray rhino, for it is no longer a matter of if but of when it will challenge us—and of how prepared we are to deal with it when it happens. We have certainly been warned. The curse we have created was understood as a possibility from the very outset, when seventy years ago Sir Alexander Fleming, the discoverer of penicillin, predicted antibiotic resistance. When interviewed for a 2015 article, “The Most Predictable Disaster in the History of the Human Race,” Bill Gates pointed out that one of the costliest disasters of the 20th century, worse even than World War I, was the Spanish Flu pandemic of 1918-19. As the author of the article, Ezra Klein, put it: “No one can say we weren’t warned. And warned. And warned. A pandemic disease is the most predictable catastrophe in the history of the human race, if only because it has happened to the human race so many, many times before.”3 Even with effective new medicines, if we can devise them, we must contain outbreaks of bacterial disease fast, lest they get out of control. In other words, we have a social-organizational challenge before us as well as a strictly medical one. That means getting sufficient amounts of medicine into the right hands and in the right places, but it also means educating people and enabling them to communicate with each other to prevent any outbreak from spreading widely. Responsible governments and cooperative organizations have options in that regard, but even individuals can contribute something. To that end, as a medical doctor I have created a computer app that promises to be useful in that regard—of which more in a moment. But first let us review the situation, for while it has become well known to many people, there is a general resistance to acknowledging the severity and imminence of the danger. What Are the Problems? Bacteria are among the oldest living things on the planet. They are masters of survival and can be found everywhere. Billions of them live on and in every one of us, many of them helping our bodies to run smoothly and stay healthy. Most bacteria that are not helpful to us are at least harmless, but some are not. They invade our cells, spread quickly, and cause havoc that we refer to generically as disease. Millions of people used to die every year as a result of bacterial infections, until we developed antibiotics. These wonder drugs revolutionized medicine, but one can have too much of a good thing. Doctors have used antibiotics recklessly, prescribing them for just about everything, and in the process helped to create strains of bacteria that are resistant to the medicines we have. We even give antibiotics to cattle that are not sick and use them to fatten chickens. Companies large and small still mindlessly market antimicrobial products for hands and home, claiming that they kill bacteria and viruses. They do more harm than good because the low concentrations of antimicrobials that these products contain tend to kill friendly bacteria (not viruses at all), and so clear the way for the mass multiplication of surviving unfriendly bacteria. Perhaps even worse, hospitals have deployed antimicrobial products on an industrial scale for a long time now, the result being a sharp rise in iatrogenic bacterial illnesses. Overuse of antibiotics and commercial products containing them has helped superbugs to evolve. We now increasingly face microorganisms that cannot be killed by antibiotics, antifungals, antivirals, or any other chemical weapon we throw at them. Pandemics are the major risk we run as a result, but it is not the only one. Overuse of antibiotics by doctors, homemakers, and hospital managers could mean that, in the not-too-distant future, something as simple as a minor cut could again become life-threatening if it becomes infected. Few non-medical professionals are aware that antibiotics are the foundation on which nearly all of modern medicine rests. Cancer therapy, organ transplants, surgeries minor and major, and even childbirth all rely on antibiotics to prevent infections. If infections become untreatable we stand to lose most of the medical advances we have made over the past fifty years.

# Contention 2 - hegemony

#### **U.S dominance over biotech now BUT Misguided policy cedes control to China.**

Gupta 6/11 [“As Washington Ties Pharma's Hands, China Is Leaping Ahead.”, Gaurav Gupta, *Opinion | America Risks Ceding Its Biotech Dominance to China | Barron's*, Barrons, 11 June 2021, www.barrons.com/articles/as-washington-ties-pharmas-hands-china-is-leaping-ahead-51623438808., *Gaurav Gupta, a physician, is the founder of the biotechnology investment firm Ascendant BioCapital.]//Lex AKu*

There should be no doubt that we are living at the dawn of a golden age of biomedical innovation. The American scientific engine that produced Covid-19 vaccines in record time was fueled by a convergence of advances in genomics, biomarkers, data science, and manufacturing years in the making. The first Food and Drug Administration approvals of a host of new product formats—oligonucleotide, bispecific, oncolytic virus, CAR-T, and lentivirus/AAV—all took place within the last decade. These represent an unprecedented expansion of the armamentarium that physicians have at their disposal to treat and cure disease. In the last few years, 47% of all new medicines were invented by U.S. biopharma companies, with homegrown startups driving the majority of innovation. The bulk of the remainder were developed by foreign companies specifically for the U.S. market. An indirect benefit of these trends is that most novel therapeutics undergo clinical development and early commercial launch here in the U.S. The rest of the world understands that the American patient has earlier and broader access to groundbreaking therapies via these mechanisms. Indeed, the past decade is filled with examples of medical “firsts” for American patients: the first cure for Hepatitis C, the first gene therapy for blindness, the first immunotherapy for cancer. Future rewards will be greater still if we preserve our current system of incentivizing and protecting The remarkable innovation capacity of our biopharmaceutical industry ought to be a source of national pride. Yet while “Made in America” is the global standard for medicines in development today, misguided policy risks ceding our scientific prowess to other countries in the future. This is particularly true in the case of China, where biotechnology has become a strategic pillar for the health of its people and economy. From 2016 to 2020, the market capitalization of all Chinese biopharma companies increased exponentially from $1 billion to over $200 billion. China saw over $28 billion invested in its life sciences sector in 2020, double the previous year’s amount. Returns on China’s investment are already arriving. The FDA approved a drug developed in China for the first time ever in 2019. While China’s innovation capacity currently remains behind America’s, my experiences as a biopharma professional make it clear they are doing everything they can to catch up and catch up fast. In fact, when I speak to Chinese biotechnology executives, they boast that they can run clinical trials faster than their U.S. counterparts. The danger of misguided policies that disincentivize pharmaceutical innovation in the U.S. is effectively driving that same innovation to China. If we close off the market in the U.S. at the same time that China is opening its market to innovative new products, then we will see companies choose to first launch impactful novel medicines in China, based on clinical trials conducted in China. Because the FDA rarely accepts data generated entirely outside the U.S., this relocation of research capacity will negatively affect Americans’ access to cutting-edge therapies. The biotechnology field is advancing rapidly. Promising technologies such as targeted protein degradation and gene editing are perhaps not far from being developed into impactful medicines, and the U.S. risks these technologies being mastered by Chinese companies.

#### The plan chills American biomed innovation and cedes control to China.

Paulsen 7/9 [ERIK PAULSEN: We can save the world with our vaccines — without surrendering our IP to China," Bakersfield Californian, https://www.bakersfield.com/opinion/erik-paulsen-we-can-save-the-world-with-our-vaccines-without-surrendering-our-ip-to/article\_b0b87692-df61-11eb-9a13-d7fa02eefaee.html]//Lex AKu

The Biden administration gave Beijing a gift when it endorsed a petition before the World Trade Organization to force the American developers of Covid-19 vaccines and therapeutics to relinquish their intellectual property rights to these medicines. The Chinese government seeks to take over in biotech, a sector where U.S. innovators lead. Biotech is included in its “Made in China 2025” plan, which lists 10 sectors that China aims to dominate. The government intends to force anyone doing business in China in those spheres to hand over know-how. Surrendering IP protections on biomedical technology has dire consequences. Foremost, it guts the foundation of biomedical innovation, which takes huge investments spanning many years to bear fruit. IP protections assure innovators that they can recover those investments and make a profit. Losing IP protection would have a chilling effect on investments in the sector. Equally injurious to America, the IP waiver would allow China to become a biotech powerhouse by piggybacking on American innovation. A waiver on IP for Covid-19 vaccines would accelerate the timeline for “Made in China 2025.” The mRNA technology, which undergirds the Pfizer-BioNTech and Moderna vaccines has uses beyond this pandemic. It has the potential to take on cancers and other diseases. With the waiver, China and others will be emboldened to use the once-proprietary mRNA know-how for broader research and applications. Is this in America’s interest? Mark Cohen, an expert on Chinese IP theft, recently told the Washington Post that the waiver would deliver “a competitive advantage to countries that are increasingly viewed as our adversaries, at taxpayer expense.” Beyond the damage that an mRNA giveaway will inflict on US R&D investments, the waiver sends a signal that America could agree to force American innovators to part with trade secrets every time there’s a global crisis. That attitude will arrest biopharmaceutical innovation. Small biotech firms spearhead 70 percent of the R&D pipeline, relying heavily on private investors to fund that work. If investors know that innovators may have to give away their discoveries in a global crisis, they’ll deploy their money elsewhere. That’ll make it even harder to draw the R&D investments needed to address infectious diseases, including drug-resistant infections and viruses. America is benefitting greatly from the early access to COVID-19 treatments and vaccines, saving lives and speeding economic recovery. Preserving U.S. leadership in biomedical innovation includes preserving the incentives that helped make it the world’s leader. A final downside of the waiver is the ability for American firms to find a cure for the next pandemic. Among the greatest threats is bacteria resistant to our current arsenal of antibiotics that becomes a pandemic-inducing superbug. Already, the market for new antimicrobials is broken. Only a handful of biotechs have them in development, and many have gone bankrupt trying to commercialize one. “A lot of people have rightly said we need to start thinking about preparing for the next pandemic now,” noted Craig Garthwaite, a healthcare-business professor at Northwestern University. “Suspending IP for vaccine manufacturers would send exactly the wrong signal for the future.” For the sake of patients everywhere, American IP rights must stay protected. It’s the only way to keep China at bay and American innovators at work.

#### Biotech leadership key to future military primacy.

Moore 21 [(Scott Moore is a political scientist and administrator at the University of Pennsylvania and the author of a forthcoming book, “How China Shapes the Future,” on China’s role in public goods and emerging technologies.) 8-8-2021, "In Biotech, the Industry of the Future, the U.S. Is Way Ahead of China," Lawfare, https://www.lawfareblog.com/biotech-industry-future-us-way-ahead-china]//Lex AKu

A continuing refrain from Washington in recent years has been that the United States is falling behind China in the development of critical emerging technologies. In some fields, this may be true. But not in biotechnology. To be sure, China’s biotech sector is growing at a torrid pace, and some of its firms are becoming leaders in certain areas, such as cancer treatment. Yet the U.S. retains a dominant position in research, development and commercialization, accounting for almost half of all biotech patents filed from 1999 to 2013. The triumph of its biotechnology industry during the coronavirus pandemic, producing two highly effective vaccines using an entirely new approach based on messenger RNA, and in record time, shows that the U.S.’s competitive edge in biotechnology remains largely intact. And that has important implications as Washington gears up for a sustained period of geopolitical competition with Beijing. Biotech is such a critical area for technological competition between the U.S. and China because it is transforming fields from medicine to military power. The great advances of the 19th century, like chemical fertilizers, resulted from mastering chemistry. In the 20th century, mastery of physics led to nuclear energy—and, more ominously, nuclear weapons. In the 21st century, biology offers a similar mix of peril and promise. This was illustrated dramatically by the award of the 2020 Nobel Prize for the discovery of an enzyme system known as CRISPR-Cas9, which allows an organism’s genomes to be edited with high precision. It is a transformational breakthrough. But while CRISPR shows great promise in the development of new cures for long-untreatable diseases, it could also lead to a whole new generation of deadly bioweapons. That’s a prospect that increasingly alarms U.S. intelligence officials. In 2016, then-Director of National Intelligence James Clapper warned Congress that “[r]esearch in genome editing conducted by countries with different regulatory or ethical standards than those of western countries probably increases the risk of the creation of potentially harmful biological agents or products.” Although Clapper didn’t name specific countries, it soon became clear that he was referring mainly to China. Four years later, his successor, John Ratcliffe, issued a far more pointed warning that “China has even conducted human testing on members of the People’s Liberation Army in hope of developing soldiers with biologically enhanced capabilities. There are no ethical boundaries to Beijing’s pursuit of power.” Such capabilities are almost certainly only speculative—but they underscore why biotech leadership is so important for national security as well as economic competitiveness. Beijing has long envied the United States’s dominant position in biotechnology and spent heavily to overtake it. Biotech has been a priority sector for state investment since the 1980s, and by one estimate Beijing had poured some $100 billion into the sector by 2018. Nowhere did it lavish more attention or invest more of its propaganda power than in developing a coronavirus vaccine. State media have spent months crowing that “China is working around the clock for breakthroughs in COVID-19 vaccines.” Yet despite this push, China’s vaccine program quickly took on a Potemkin air. In February 2020, barely two months after the onset of the pandemic and after a supposedly crash vaccine effort, a military doctor stood in front of a Chinese flag to receive what was billed as an experimental vaccine dose but was widely suspected to be a staged photo op. Now, having spent months talking up its two primary vaccine candidates to developing countries like Brazil and Indonesia, both of which have entered into purchase agreements with Chinese biotech firms, Chinese officials face severe mistrust among their nation’s overseas partners. For China’s leaders, the disappointing returns on their big bet on biotechnology look likely to cause them more headaches at home as well as abroad—there are already signs that affluent Chinese place more trust in foreign-developed coronavirus vaccines than the homegrown ones produced at such great expense. For U.S. officials, though, China’s relative underperformance in vaccine development presents an opportunity to reassert the United States’s leadership in biotechnology and public health and bolster the nation’s depleted soft power in the process. The Biden administration has already signaled it will reengage in multilateral bodies such as the World Health Organization. Yet the U.S. shouldn’t stop there. Washington should begin thinking now about how to emulate the success of the President’s Emergency Plan for AIDS Relief (PEPFAR)—which, though imperfect, is widely regarded as one of the most successful single public health interventions in history—to address growing disparities in access to coronavirus vaccines between countries. At the moment, vaccine supplies are controlled largely by rich countries, creating the risk of moral and public health failure if the gap persists. While COVID-19, the respiratory disease caused by the novel coronavirus, differs in many respects from AIDS, PEPFAR combined research, prevention, and access to therapeutics. Developing a comparable institutional structure to close the coronavirus vaccine access gap is the right thing to do—but it would also go a long way to restoring America’s battered global reputation. At the same time, the United States can’t afford to rest on its laurels in biotechnology, or any other field. Aside from China, other nations like Singapore and Israel have also invested heavily to develop their biotechnology sectors, with Israel in particular giving rise to a thriving biotech industry. U.S. public investment in basic scientific research and development has meanwhile been on the decline for decades, and there are worrying signs that America’s once world-beating innovation ecosystem is less productive, and less entrepreneurial, than it once was. Despite strengths in translational research, moreover, the frontiers of biology increasingly sit at the intersection with other disciplines like computer science, meaning that funding agencies, universities and other organizations need to break down disciplinary silos. Boosting support for biotechnology research, while reforming how that money is used, will go a long way toward shoring up the United States’s leading position in the global biotech sector. The U.S. biotechnology sector also faces other threats, not least growing espionage and intellectual property theft by foreign actors, especially those linked to China. Several high-profile cases brought by the U.S. Department of Justice’s China Initiative have involved biotechnology researchers, and American biotech firms have been top targets for cyber theft and intrusion. Sustained outreach to researchers and research institutions is critical to preventing such theft. But efforts to clamp down on the threats posed by espionage and intellectual property theft can easily go too far and must preserve the researcher mobility and data-sharing that is essential to doing cutting-edge science. Beyond its shores, the United States should work with its partners and allies to enhance export controls on dual-use biotechnology—used for both peaceful and military gain—especially DNA templates. Many forms of genetic material and synthetic biology products are already subject to U.S. export controls, but gaps remain, and screening for genetic sequence orders relies primarily on voluntary regulation by biotech firms. Better coordinating export controls among major economies and U.S. allies can dramatically reduce the risk of sophisticated bioweapons development in the decades to come.

#### Hegemony solves arms races, land grabs, rogue states, and great power war and extinction.

Brands 18 [Hal, Henry Kissinger Distinguished Professor at Johns Hopkins University's School of Advanced International Studies and a senior fellow at the Center for Strategic and Budgetary Assessments." American Grand Strategy in the Age of Trump." Page 129-133]

Since World War II, the United States has had a military second to none. Since the Cold War, America has committed to having overwhelming military primacy. The idea, as George W. Bush declared in 2002, that America must possess “strengths beyond challenge” has featured in every major U.S. strategy document for a quarter century; it has also been reflected in concrete terms.6 From the early 1990s, for example, the United States consistently accounted for around 35 to 45 percent of world defense spending and maintained peerless global power-projection capabilities.7 Perhaps more important, U.S. primacy was also unrivaled in key overseas strategic regions—Europe, East Asia, the Middle East. From thrashing Saddam Hussein’s million-man Iraqi military during Operation Desert Storm, to deploying—with impunity—two carrier strike groups off Taiwan during the China-Taiwan crisis of 1995– 96, Washington has been able to project military power superior to anything a regional rival could employ even on its own geopolitical doorstep. This military dominance has constituted the hard-power backbone of an ambitious global strategy. After the Cold War, U.S. policymakers committed to averting a return to the unstable multipolarity of earlier eras, and to perpetuating the more favorable unipolar order. They committed to building on the successes of the postwar era by further advancing liberal political values and an open international economy, and to suppressing international scourges such as rogue states, nuclear proliferation, and catastrophic terrorism. And because they recognized that military force remained the ultima ratio regum, they understood the centrality of military preponderance. Washington would need the military power necessary to underwrite worldwide alliance commitments. It would have to preserve substantial overmatch versus any potential great-power rival. It must be able to answer the sharpest challenges to the international system, such as Saddam’s invasion of Kuwait in 1990 or jihadist extremism after 9/11. Finally, because prevailing global norms generally reflect hard-power realities, America would need the superiority to assure that its own values remained ascendant. It was impolitic to say that U.S. strategy and the international order required “strengths beyond challenge,” but it was not at all inaccurate. American primacy, moreover, was eminently affordable. At the height of the Cold War, the United States spent over 12 percent of GDP on defense. Since the mid-1990s, the number has usually been between 3 and 4 percent.8 In a historically favorable international environment, Washington could enjoy primacy—and its geopolitical fruits—on the cheap. Yet U.S. strategy also heeded, at least until recently, the fact that there was a limit to how cheaply that primacy could be had. The American military did shrink significantly during the 1990s, but U.S. officials understood that if Washington cut back too far, its primacy would erode to a point where it ceased to deliver its geopolitical benefits. Alliances would lose credibility; the stability of key regions would be eroded; rivals would be emboldened; international crises would go unaddressed. American primacy was thus like a reasonably priced insurance policy. It required nontrivial expenditures, but protected against far costlier outcomes.9 Washington paid its insurance premiums for two decades after the Cold War. But more recently American primacy and strategic solvency have been imperiled. THE DARKENING HORIZON For most of the post–Cold War era, the international system was— by historical standards—remarkably benign. Dangers existed, and as the terrorist attacks of September 11, 2001, demonstrated, they could manifest with horrific effect. But for two decades after the Soviet collapse, the world was characterized by remarkably low levels of great-power competition, high levels of security in key theaters such as Europe and East Asia, and the comparative weakness of those “rogue” actors—Iran, Iraq, North Korea, al-Qaeda—who most aggressively challenged American power. During the 1990s, some observers even spoke of a “strategic pause,” the idea being that the end of the Cold War had afforded the United States a respite from normal levels of geopolitical danger and competition. Now, however, the strategic horizon is darkening, due to four factors. First, great-power military competition is back. The world’s two leading authoritarian powers—China and Russia—are seeking regional hegemony, contesting global norms such as nonaggression and freedom of navigation, and developing the military punch to underwrite these ambitions. Notwithstanding severe economic and demographic problems, Russia has conducted a major military modernization emphasizing nuclear weapons, high-end conventional capabilities, and rapid-deployment and special operations forces— and utilized many of these capabilities in conflicts in Ukraine and Syria.10 China, meanwhile, has carried out a buildup of historic proportions, with constant-dollar defense outlays rising from US$26 billion in 1995 to US$226 billion in 2016.11 Ominously, these expenditures have funded development of power-projection and antiaccess/area denial (A2/AD) tools necessary to threaten China’s neighbors and complicate U.S. intervention on their behalf. Washington has grown accustomed to having a generational military lead; Russian and Chinese modernization efforts are now creating a far more competitive environment. Second, the international outlaws are no longer so weak. North Korea’s conventional forces have atrophied, but it has amassed a growing nuclear arsenal and is developing an intercontinental delivery capability that will soon allow it to threaten not just America’s regional allies but also the continental United States.12 Iran remains a nuclear threshold state, one that continues to develop ballistic missiles and A2/AD capabilities while employing sectarian and proxy forces across the Middle East. The Islamic State, for its part, is headed for defeat, but has displayed military capabilities unprecedented for any terrorist group, and shown that counterterrorism will continue to place significant operational demands on U.S. forces whether in this context or in others. Rogue actors have long preoccupied American planners, but the rogues are now more capable than at any time in decades. Third, the democratization of technology has allowed more actors to contest American superiority in dangerous ways. The spread of antisatellite and cyberwarfare capabilities; the proliferation of man-portable air defense systems and ballistic missiles; the increasing availability of key elements of the precision-strike complex— these phenomena have had a military leveling effect by giving weaker actors capabilities which were formerly unique to technologically advanced states. As such technologies “proliferate worldwide,” Air Force Chief of Staff General David Goldfein commented in 2016, “the technology and capability gaps between America and our adversaries are closing dangerously fast.”13 Indeed, as these capabilities spread, fourth-generation systems (such as F-15s and F-16s) may provide decreasing utility against even non-great-power competitors, and far more fifth-generation capabilities may be needed to perpetuate American overmatch. Finally, the number of challenges has multiplied. During the 1990s and early 2000s, Washington faced rogue states and jihadist extremism—but not intense great-power rivalry. America faced conflicts in the Middle East—but East Asia and Europe were comparatively secure. Now, the old threats still exist—but the more permissive conditions have vanished. The United States confronts rogue states, lethal jihadist organizations, and great-power competition; there are severe challenges in all three Eurasian theaters. “I don’t recall a time when we have been confronted with a more diverse array of threats, whether it’s the nation state threats posed by Russia and China and particularly their substantial nuclear capabilities, or non-nation states of the likes of ISIL, Al Qaida, etc.,” Director of National Intelligence James Clapper commented in 2016. Trends in the strategic landscape constituted a veritable “litany of doom.”14 The United States thus faces not just more significant, but also more numerous, challenges to its military dominance than it has for at least a quarter century.

# Case

# 2N

#### We’re on the Brink – new diseases are emerging.

Deccan Herald 21 1-4-2021 Deccan Herald "New deadly virus 'Disease X', much more fatal than COVID-19, could affect humans: Scientists" (Indian English language daily newspaper published from the Indian state of Karnataka by The Printers Mysore Private Limited, a privately held company owned by the Nettakallappa family. It has seven editions printed from Bengaluru, Hubballi, Davanagere, Hosapete, Mysuru, Mangaluru, and Kalaburagi)//Elmer

A **woman** in a remote town in the Democratic Republic of Congo has been **showing** symptoms of hemorrhagic fever, which scientists fear may be a **sign of a new deadly virus, termed ‘Disease X’,** which could be **as contagious as** **COVID**-19 virus **but have Ebola’s fatality** **rate of** 50-**90 per cent**. Disease X, where the ‘X’ standard for ‘unexpected’, has been termed by the World Health Organization (WHO) as hypothetical for now. But the woman in Ingende has been tested for many diseases, including Ebola, but they have all come out negative. Scientists now fear this could be **that deadly virus**, one of many that **could emerge from the** African tropical **rainforests**. “We are now **in a world where new pathogens will come out**. And that is what **constitutes** a **threat for humanity**,” Professor Jean-Jacques Muyembe Tamfum, the scientist who helped discover the Ebola virus in 1976 told CNN, adding that **these new viruses** could be **much deadlier than Covid-19**. The scientist has warned of **many** animal-based **viruses** or those viruses that **can jump the species barrier** and infect humans. He said that Covid-19 is among those diseases, along with rabies and yellow fever.

#### Disease is a non-linear, existential risk - encompasses AND outweighs other threats

Pamlin and Armstrong 15 Dennis Pamlin and Stuart Armstrong February 2015 “Global Challenges: 12 Risks that threaten human civilization: The case for a new risk category” https://web.archive.org/web/20171006070112/https://api.globalchallenges.org/static/wp-content/uploads/12-Risks-with-infinite-impact.pdf (Dennis Pamlin, Executive Project Manager Global Risks, Global Challenges Foundation, and Stuart Armstrong, James Martin Research Fellow, Future of Humanity Institute, Oxford Martin School, University of Oxford)//Re-cut by Elmer

3.1 Current risks Pandemic 3.1.4 Global **A pandemic** (from Greek πᾶν, pan, “all”, and δῆμος demos, “people”) is an epidemic of infectious disease that has spread through human populations across a large region; for instance several continents, or even **worldwide**. Here only worldwide events are included. A widespread endemic disease that is stable in terms of how many people become sick from it is not a pandemic. 260 84 Global Challenges – Twelve risks that threaten human civilisation – The case for a new category of risks 3.1 Current risks 3.1.4.1 Expected impact disaggregation 3.1.4.2 Probability Influenza subtypes266 Infectious diseases have been one of the **greatest causes of mortality in history**. Unlike many other global challenges pandemics have happened recently, as we can see where reasonably good data exist. **Plotting** historic epidemic **fatalities** on a log scale **reveals** that these tend to follow **a power law with a small exponent**: many plagues have been found to follow a power law with exponent 0.26.261 These kinds of power laws are **heavy-tailed**262 **to a significant degree**.263 In consequence most of the fatalities are accounted for by the top few events.264 If this law holds for future pandemics as well,265 then **the majority** of people who **will die** from epidemics will likely die **from the single largest pandemic**. Most epidemic fatalities follow a power law, with some extreme events – such as the Black Death and Spanish Flu – being even more deadly.267 There are other grounds for suspecting that such a highimpact epidemic will have a **greater probability than usually assumed**. **All the features** of an extremely devastating disease **already exist** in nature: essentially **incurable** (Ebola268), nearly **always fatal** (rabies269), **extremely infectious** (common cold270), and **long incubation periods** (HIV271). **If a pathogen** were to emerge that somehow **combined these** features (and **influenza** has **demonstrated antigenic shift**, the **ability to combine features from different viruses272**), **its death toll would be extreme**. Many relevant features of **the world have** **changed** considerably, **making past comparisons problematic**. The modern world has better sanitation and medical research, as well as national and supra-national institutions dedicated to combating diseases. Private insurers are also interested in modelling pandemic risks.273 Set against this is the fact that **modern transport** and **dense** human **population** allow infections to spread much more rapidly274, and there is the potential for urban slums to serve as breeding grounds for disease.275 Unlike events such as nuclear wars, pandemics would not damage the world’s infrastructure, and initial survivors would likely be resistant to the infection. And there would probably be survivors, if only in isolated locations. Hence the risk of a civilisation collapse would come from the **ripple effect** of the fatalities and the policy responses. These would include **political and agricultural disruption** as well as economic dislocation and damage to the world’s trade network (including the food trade). Extinction risk is only possible if the aftermath of the **epidemic fragments** and diminishes **human society to the extent that recovery becomes impossible277 before humanity succumbs to other risks (such as** **climate** change **or further pandemics**). Five important factors in estimating the probabilities and impacts of the challenge: 1. What the true probability distribution for pandemics is, especially at the tail. 2. The capacity of modern international health systems to deal with an extreme pandemic. 3. How fast medical research can proceed in an emergency. 4. How mobility of goods and people, as well as population density, will affect pandemic transmission. 5. Whether humans can develop novel and effective anti-pandemic solutions.