# 1NC vs Northern Valley JS

## OFF

### 1NC - OFF

Util NC

#### The standard is maximizing pleasure and minimizing pain. Prefer ---

#### Phenomenal experiences prove that pain is intrinsically bad – one cannot understand what pain without associating it with objective disvalue.

Mendola 06 [Joseph Mendola, (Joseph Mendola is professor and chair in the Department of Philosophy at the University of Nebraska–Lincoln. He is the author of Human Thought and of articles on ethics, metaphysics, and philosophy of mind.) "Goodness and Justice: A Consequentialist Moral Theory" Cambridge University Press, 2006, https://www.cambridge.org/core/books/goodness-and-justice/AE25780DC33533E8797FB684C5FBD36E, DOA:6-7-2019 // WWBW]

While this view is of course controversial in our historical situation, in which many hold that sensory experience is as of yellow though there is nothing in the world that is so, not even a sense datum, or at the very least that the yellow we experience is a natural property constituted by physical properties like a certain range of surface spectral reflectance, still the view in question is, as I’ve said, one live competitor. Indeed, it is often motivated by arguments that are structurally similar to the open-question argument: You look at a gold bar and have a certain sort of phenomenal experience. But it seems to some that it might well be an open question whether your physical twin in a physically identical environment has the same phenomenal experience, or any at all. He might be a zombie or a qualia invert. And the openness of that question suggests to some that **the physical cannot constitute** your **phenomenal experience.** At least such qualia dualism is relatively concrete and robust. Even though it involves physically unconstituted qualia, it involves nothing that is non-natural in Moore’s sense. It is at least concretely comprehensible. And that gives it a great advantage over alternative forms of normative realism. That is my main point, that this so far familiar qualia dualism unexpectedly but very plausibly implies a form of normative realism. **Painfulness** – or, more accurately, the phenomenal property present in certain sorts of extreme and paradigmatic physical pain – **is** a kind of **disvalue**. That is my new idea.34 The phenomenal difference between those in bliss and those in agony includes a difference in a sort of felt phenomenal value. **The phenomenal difference between pain and pleasure seems** (at least in part and sometimes) **to be that the phenomenal component of the former is nastier, intrinsically worse than that of the second. The red knight was stabbed to death.** Just as no one can adequately describe what it was like to be him without capturing his sensation of his red and flowing blood and hence the property of phenomenal redness, so no one can describe what it was like to be him without capturing the nasty sensations he felt and hence the property of phenomenal nastiness or disvalue. And **no one can understand what his phenomenal state was without knowing that it was intrinsically bad, worse than pleasure. No one, not even a Martian, can give a complete and adequate characterization of the red knight’s murder while ignoring the phenomenal state that was a part of that situation. And no one, not even a Martian, can give a complete and adequate characterization of that phenomenal state without capturing its nastiness, its intrinsic disvalue.** The red knight’s murder possessed what we might call objective intrinsic disvalue. If someone feels bad, then there is something bad, at least in cases of extreme physical pain. My further claim, to which constitutive naturalists dissent, is that this involves unconstituted but natural disvalue. **Like other phenomenal properties, the disvalue present in agony is unconstituted by physical properties, though it is itself concrete and natural. It is just like phenomenal yellow.** The objective but unconstituted phenomenal component of agony involves a correspondingly objective and unconstituted phenomenal property that is usually present in cases of at least extreme physical pain, a painfulness or “unpleasant hedonic tone”, as it was once called.35 And **such objective phenomenal properties are, at least in part, a sort of intrinsic disvalue or badness.** Something analogous is true of certain paradigmatic physical pleasures. They involve objective intrinsic value.

#### Revisionary intuitionism is true and proves util

Yudkowsky 08 [Eliezer Yudkowsky (research fellow of the Machine Intelligence Research Institute; he also writes Harry Potter fan fiction). “The ‘Intuitions’ Behind ‘Utilitarianism.’” 28 January 2008. LessWrong. http://lesswrong.com/lw/n9/the\_intuitions\_behind\_utilitarianism/]

I haven’t said much about metaethics – the nature of morality – because that has a forward dependency on a discussion of the Mind Projection Fallacy that I haven’t gotten to yet. I used to be very confused about metaethics. After my confusion finally cleared up, I did a postmortem on my previous thoughts. I found that my object-level moral reasoning had been valuable and my **meta-level moral reasoning had been** worse than **useless**. And this appears to be a general syndrome – **people do much better when discussing whether torture is** good or **bad than**when they discuss **the meaning of “good” and “bad”. Thus, I deem it prudent to keep moral discussions on the object level** wherever I possibly can. Occasionally people object to any discussion of morality on the grounds that morality doesn’t exist, and in lieu of jumping over the forward dependency to explain that “exist” is not the right term to use here, I generally say, “But what do you do anyway?” and take the discussion back down to the object level. Paul Gowder, though, has pointed out that both the idea of choosing a googolplex dust specks in a googolplex eyes over 50 years of torture for one person, and the idea of “utilitarianism”, depend on “intuition”. He says I’ve argued that the two are not compatible, but charges me with failing to argue for the utilitarian intuitions that I appeal to. Now “intuition” is not how I would describe the computations that underlie human morality and distinguish us, as moralists, from an ideal philosopher of perfect emptiness and/or a rock. But I am okay with using the word “intuition” as a term of art, bearing in mind that “intuition” in this sense is not to be contrasted to reason, but is, rather, the cognitive building block out of which both long verbal arguments and fast perceptual arguments are constructed. **I see** the project of **morality as a project of renormalizing intuition.** We have intuitions about things that seem desirable or undesirable, intuitions about actions that are right or wrong, intuitions about how to resolve conflicting intuitions, intuitions about how to systematize specific intuitions into general principles. **Delete all** the **intuitions, and** you aren’t left with an ideal philosopher of perfect emptiness, **you’re left with a rock. Keep all your** specific **intuitions and** refuse to build upon the reflective ones, and you aren’t left with an ideal philosopher of perfect spontaneity and genuineness, **you’re left with a** grunting **caveperson** running in circles, due to cyclical preferences and similar inconsistencies. “Intuition”, as a term of art, is not a curse word when it comes to morality – there is nothing else to argue from. **Even modus ponens is an “intuition”** in this sense – **it**‘s **just** that modus ponens **still seems like a good idea after being** formalized, **reflected on**, extrapolated out to see if it has sensible consequences, etcetera. So that is “intuition”. However, Gowder did not say what he meant by “utilitarianism”. Does utilitarianism say… That right actions are strictly determined by good consequences? That praiseworthy actions depend on justifiable expectations of good consequences? That probabilities of consequences should normatively be discounted by their probability, so that a 50% probability of something bad should weigh exactly half as much in our tradeoffs? That virtuous actions always correspond to maximizing expected utility under some utility function? That two harmful events are worse than one? That two independent occurrences of a harm (not to the same person, not interacting with each other) are exactly twice as bad as one? That for any two harms A and B, with A much worse than B, there exists some tiny probability such that gambling on this probability of A is preferable to a certainty of B? If you say that I advocate something, or that my argument depends on something, and that it is wrong, do please specify what this thingy is… anyway, I accept 3, 5, 6, and 7, but not 4; I am not sure about the phrasing of 1; and 2 is true, I guess, but phrased in a rather solipsistic and selfish fashion: you should not worry about being praiseworthy. Now, what are the “intuitions” upon which my “utilitarianism” depends? This is a deepish sort of topic, but I’ll take a quick stab at it. First of all, it’s not just that someone presented me with a list of statements like those above, and I decided which ones sounded “intuitive”. Among other things, **if you try to violate** “**util**itarianism”, **you run into paradoxes, contradictions**, circular preferences, **and other** things that aren’t **symptoms of** moral wrongness so much as **moral incoherence**. After you think about moral problems for a while, and also find new truths about the world, and even discover disturbing facts about how you yourself work, you often end up with different moral opinions than when you started out. This does not quite define moral progress, but it is how we experience moral progress. As part of my experienced moral progress, I’ve drawn a conceptual separation between questions of type Where should we go? and questions of type How should we get there? (Could that be what Gowder means by saying I’m “utilitarian”?) The question of where a road goes – where it leads – you can answer by traveling the road and finding out. If you have a false belief about where the road leads, this falsity can be destroyed by the truth in a very direct and straightforward manner. When it comes to wanting to go to a particular place, this want is not entirely immune from the destructive powers of truth. You could go there and find that you regret it afterward (which does not define moral error, but is how we experience moral error). But, even so, wanting to be in a particular place seems worth distinguishing from wanting to take a particular road to a particular place. Our intuitions about where to go are arguable enough, but our intuitions about how to get there are frankly messed up. **After** the two hundred and eighty-seventh **research** study **showing that people will chop their own feet off if you frame the problem the wrong way, you start to distrust first impressions. When you’ve read** enough **research on scope insensitivity** – people will pay only 28% more to protect all 57 wilderness areas in Ontario than one area, **people will pay the same amount to save 50,000 lives as 5,000** lives… that sort of thing… Well, the worst case of scope insensitivity I’ve ever heard of was described here by Slovic: Other recent research shows similar results. Two Israeli psychologists asked people to contribute to a costly life-saving treatment. They could offer that contribution to a group of eight sick children, or to an individual child selected from the group. The target amount needed to save the child (or children) was the same in both cases. Contributions to individual group members far outweighed the contributions to the entire group. There’s other research along similar lines, but I’m just presenting one example, ’cause, y’know, eight examples would probably have less impact. If you know the general experimental paradigm, then the reason for the above behavior is pretty obvious – focusing your attention on a single child creates more emotional arousal than trying to distribute attention around eight children simultaneously. So people are willing to pay more to help one child than to help eight. Now, **you could** look at this intuition, and **think it was** revealing **some** kind of incredibly **deep moral truth** which shows that one child’s good fortune is somehow devalued by the other children’s good fortune. But what about the billions of other children in the world? Why isn’t it a bad idea to help this one child, when that causes the value of all the other children to go down? How can it be significantly better to have 1,329,342,410 happy children than 1,329,342,409, but then somewhat worse to have seven more at 1,329,342,417? **Or you could** look at that and **say: “The intuition is wrong: the brain can’t** successfully **multiply** by eight and get a larger quantity than it started with. **But it ought to**, normatively speaking.” And once you realize that the brain can’t multiply by eight, then the other cases of scope neglect stop seeming to reveal some fundamental truth about 50,000 lives being worth just the same effort as 5,000 lives, or whatever. You don’t get the impression you’re looking at the revelation of a deep moral truth about nonagglomerative utilities. It’s just that the brain doesn’t goddamn multiply. Quantities get thrown out the window. If you have $100 to spend, and you spend $20 each on each of 5 efforts to save 5,000 lives, you will do worse than if you spend $100 on a single effort to save 50,000 lives. Likewise if such choices are made by 10 different people, rather than the same person. As soon as you start believing that it is better to save 50,000 lives than 25,000 lives, that simple preference of final destinations has implications for the choice of paths, when you consider five different events that save 5,000 lives. (It is a general principle that Bayesians see no difference between the long-run answer and the short-run answer; you never get two different answers from computing the same question two different ways. But the long run is a helpful intuition pump, so I am talking about it anyway.) The aggregative valuation strategy of “shut up and multiply” arises from the simple preference to have more of something – to save as many lives as possible – when you have to describe general principles for choosing more than once, acting more than once, planning at more than one time. Aggregation also arises from claiming that the local choice to save one life doesn’t depend on how many lives already exist, far away on the other side of the planet, or far away on the other side of the universe. Three lives are one and one and one. No matter how many billions are doing better, or doing worse. 3 = 1 + 1 + 1, no matter what other quantities you add to both sides of the equation. And if you add another life you get 4 = 1 + 1 + 1 + 1. That’s aggregation. **When you’ve read** enough heuristics and **biases research, and**enough **coherence** and uniqueness **proofs for** Bayesian probabilities and **expected utility**, and you’ve seen the “Dutch book” and “money pump” effects that penalize trying to handle uncertain outcomes any other way, then **you don’t see** the **preference reversals** in the Allais Paradox **as** revealing some incredibly **deep moral truth** about the intrinsic value of certainty. **It** just **goes to show that the brain doesn’t** goddamn **multiply.** The primitive, perceptual intuitions that make a choice “feel good” don’t handle probabilistic pathways through time very skillfully, especially when the probabilities have been expressed symbolically rather than experienced as a frequency. So you reflect, devise more trustworthy logics, and think it through in words. When you see people insisting that no amount of money whatsoever is worth a single human life, and then driving an extra mile to save $10; or when you see people insisting that no amount of money is worth a decrement of health, and then choosing the cheapest health insurance available; then you don’t think that their protestations reveal some deep truth about incommensurable utilities. Part of it, clearly, is that **primitive intuitions don’t**successfully **diminish the emotional impact of** symbols standing for **small quantities** – anything you talk about seems like “an amount worth considering”. And part of it has to do with preferring unconditional social rules to conditional social rules. Conditional rules seem weaker, seem more subject to manipulation. If there’s any loophole that lets the government legally commit torture, then the government will drive a truck through that loophole. So it seems like there should be an unconditional social injunction against preferring money to life, and no “but” following it. Not even “but a thousand dollars isn’t worth a 0.0000000001% probability of saving a life”. Though the latter choice, of course, is revealed every time we sneeze without calling a doctor. The rhetoric of sacredness gets bonus points for seeming to express an unlimited commitment, an unconditional refusal that signals trustworthiness and refusal to compromise. So you conclude that moral rhetoric espouses qualitative distinctions, because espousing a quantitative tradeoff would sound like you were plotting to defect. On such occasions, people vigorously want to throw quantities out the window, and they get upset if you try to bring quantities back in, because quantities sound like conditions that would weaken the rule. But you don’t conclude that there are actually two tiers of utility with lexical ordering. You don’t conclude that there is actually an infinitely sharp moral gradient, some atom that moves a Planck distance (in our continuous physical universe) and sends a utility from 0 to infinity. You don’t conclude that utilities must be expressed using hyper-real numbers. Because the lower tier would simply vanish in any equation. It would never be worth the tiniest effort to recalculate for it. All decisions would be determined by the upper tier, and all thought spent thinking about the upper tier only, if the upper tier genuinely had lexical priority. As Peter Norvig once pointed out, if Asimov’s robots had strict priority for the First Law of Robotics (“A robot shall not harm a human being, nor through inaction allow a human being to come to harm”) then no robot’s behavior would ever show any sign of the other two Laws; there would always be some tiny First Law factor that would be sufficient to determine the decision. Whatever value is worth thinking about at all, must be worth trading off against all other values worth thinking about, because thought itself is a limited resource that must be traded off. When you reveal a value, you reveal a utility. I don’t say that morality should always be simple. I’ve already said that the meaning of music is more than happiness alone, more than just a pleasure center lighting up. I would rather see music composed by people than by nonsentient machine learning algorithms, so that someone should have the joy of composition; I care about the journey, as well as the destination. And I am ready to hear if you tell me that the value of music is deeper, and involves more complications, than I realize – that the valuation of this one event is more complex than I know. But that’s for one event. When it comes to multiplying by quantities and probabilities, complication is to be avoided – at least if you care more about the destination than the journey. **When you’ve reflected** on enough intuitions, **and corrected enough absurdities, you** start to **see a common denominator**, a meta-principle at work, **which one might phrase as “Shut up and multiply.”** Where music is concerned, I care about the journey. When lives are at stake, I shut up and multiply. It is more important that lives be saved, than that we conform to any particular ritual in saving them. And the optimal path to that destination is governed by laws that are simple, because they are math. **And that’s why I’m a utilitarian** – at least when I am doing something that is overwhelmingly more important than my own feelings about it – which is most of the time, because there are not many utilitarians, and many things left undone.

#### Adopt a Parliamentary model to account for moral uncertainty. This entails minimizing existential risk.

Bostrom 09 [Bostrom, Nick (*Existential*ist of a different sort). “Moral uncertainty – toward a solution?” 1 January 2009. <http://www.overcomingbias.com/2009/01/moral-uncertainty-towards-a-solution.html>]

It seems people are overconfident about their moral beliefs. But **how should one** reason and **act if one** acknowledges that one **is uncertain about morality** – not just applied ethics but fundamental moral issues? if you don’t know which moral theory is correct? It doesn’t seem **you can[’t] simply plug your uncertainty into expected utility** decision theory and crank the wheel; **because many** moral **theories** state that you **should not** always **maximize** expected **utility.** Even if we limit consideration to consequentialist theories, it still is hard to see how to combine them in the standard decision theoretic framework. For example, suppose you give X% probability to total utilitarianism and (100-X)% to average utilitarianism. Now an action might add 5 utils to total happiness and decrease average happiness by 2 utils. (This could happen, e.g. if you create a new happy person that is less happy than the people who already existed.) Now what do you do, for different values of X? The problem gets even more complicated if we consider not only consequentialist theories but also deontological theories, contractarian theories, virtue ethics, etc. We might even throw various meta-ethical theories into the stew: error theory, relativism, etc. I’m working on a paper on this together with my colleague Toby Ord. We have some arguments against a few possible “solutions” that we think don’t work. On the positive side we have some tricks that work for a few special cases. But beyond that, the best **we have managed** so far is **a** kind of **metaphor, which** we don’t think is literally and exactly correct, and it is a bit under-determined, but it **seems to get things roughly right** and it might point in the right direction: **The Parliamentary Model.** Suppose that you have a set of mutually exclusive moral theories, and that you assign each of these some probability. Now imagine that **each** of these **theorie**s **gets to send** some number of **delegates to The Parliament**. The number of delegates each theory gets to send is **proportional to the probability of the theory.** Then the delegates bargain with one another for support on various issues; and the Parliament reaches a decision by the delegates voting. What you should do is act according to the decisions of this imaginary Parliament. (Actually, we use an extra trick here: we imagine that the delegates act as if the Parliament’s decision were a stochastic variable such that the probability of the Parliament taking action A is proportional to the fraction of votes for A. This has the effect of eliminating the artificial 50% threshold that otherwise gives a majority bloc absolute power. Yet – unbeknownst to the delegates – the Parliament always takes whatever action got the most votes: this way we avoid paying the cost of the randomization!) The idea here is that moral theories get more influence the more probable they are; yet **even a** relatively **weak theory can still get its way on some issues** that the theory think are extremely important **by sacrificing** its influence **on other** i**s**sues that other theories deem more important. For example, **suppose you assign 10% probability to** total **util**itarianism and 90% to moral egoism (just to illustrate the principle). Then **the Parliament** would mostly take actions that maximize egoistic satisfaction; however it **would make some concessions to util**itarianism **on** issues that utilitarianism thinks is especially important. In this example, the person might donate some portion of their income to **existential risks** research and otherwise live completely selfishly. I think there might be wisdom in **this model**. It **avoids the** dangerous and **unstable extremism** that would result **from letting one’s current favorite moral theory completely dictate action**, while still allowing the aggressive pursuit of some non-commonsensical high-leverage strategies so long as they don’t infringe too much on what other major moral theories deem centrally important

#### Actor-specificity: side constraints freeze action because government policies always require trade-offs since they have finite resources—the only justifiable way to resolve those conflicts is by benefiting everyone. Actor-specificity first -- different agents have different ethical obligations.

#### No intent-foresight distinction – if we foresee a consequence, then it is intrinsic to our action since we intend it to happen

#### Lexical pre-requisite: Threats to life preclude the ability for moral actors to effectively utilize and act upon other moral theories

#### Reject calc indicts: Empirically denied—both individuals and policymakers carry out effective cost-benefit analysis which means even if decisions aren’t always perfect it’s still better than not acting at all

#### Permissibility and presumption negate:

#### We presume statements false absent an active reason to think otherwise – proven by conspiracy theories

#### Statements are more often false than true because any part can be false – this means you negate in the absence of offense

### 1NC - OFF

ABR DA

#### CP Text: The member nations of the WTO should provide for longer exclusivities for antibiotics.

Batista et. Al. 19 [Pedro Henrique D. Batista,LL.M. (Munich); Doctoral Student and Junior Research Fellow, Max Planck Institute for Innovation and Competition, Munich, Germany. Dennis Byrski, M.Sc.; Doctoral Student and Junior Research Fellow, Max Planck Institute for Innovation and Competition, Munich, Germany. Matthias Lamping, Dr. jur.; Senior Research Fellow, Max Planck Institute for Innovation and Competition, Munich, Germany. Roberto Romandini, Dr. jur.; LL.M. (Munich); Senior Research Fellow, Max Planck Institute for Innovation and Competition, Munich, Germany. “IP-Based Incentives Against Antimicrobial Crisis: A European Perspective.” January 16, 2019. https://link.springer.com/article/10.1007/s40319-018-00782-w]

A first IP-based option to create stronger incentives for antimicrobials innovation is to provide for longer exclusivities.112 Under this approach, an entity that has developed an active substance for an antimicrobial indication would enjoy a longer lasting shield against generic competition than would otherwise be possible under the legislation in force. An example for this approach is offered by the Generating Antibiotic Incentives Now Act (hereinafter GAIN Act) signed into law by President Obama as part of the Food and Drug Administration Safety and Innovation Act in 2012.113 The act provides for an extension of five years for any data exclusivity period granted under the applicable US statutory rules for a drug where the latter has been qualified by the Secretary of Health and Human Services – upon request of the manufacturer or sponsor of the drug concerned – as an ‘‘infectious disease product’’.115 The designation can also be requested for and granted to products including active moieties previously authorized by the FDA.116 As a consequence, the reward is not tailored to privilege and fosters research in new chemical entities. The intended beneficiary of the legislation is the holder of the market approval granted for the antimicrobial product and of a related statutory exclusivity that is eligible for an extension under the GAIN Act.

#### Reducing patents leads to antibiotic overuse and destroys incentives to fund new research --- leads to ABR

Horowitz, J. B., & Moehring, H. B. 04 [Department of Economics, Ball State University. Business Economist. (2004). How property rights and patents affect antibiotic resistance. Health Economics, 13(6), 575–583. doi:10.1002/hec.851]

Ineffective antibiotics are most likely when there is open-access. In the case of antibiotics, open-access occurs when anyone can produce, sell, and use the antibiotic. In other words, no patents or licenses govern the production of the antibiotic and it is sold over the counter. Under these circumstances, producers would be unwilling to incur any cost to enhance the future efficacy of an antibiotic that had no property rights attached to it and thus was subject to open-access. The 14-year delay (1928– 1942) between the discovery and the production of penicillin may be attributed to the lack of property rights (patent protection) [1, p. 32–51]. Streptomycin and sulpha drugs got to market much faster partly because Merck and Company and I.G. Farben were secretive until they developed a patentable production process and financially benefitted from their discoveries. The classic case of open-access is a fishery. Any fisherman leaving a fish in the water to grow larger is unlikely to catch it in the future. This leads fishermen to act as if they were unconcerned about future fish stocks and catch too many immature fish. A prominent reason for open-access in antibiotics is expired patents. This causes the price of antibiotic *j* to decrease and the quantity used to increase. This is depicted in Figure 1. When there is openaccess, since producers have no private future benefits to discount, the industry’s equilibrium output and price is where D=MC. Quantity is now Qt c and price is Pt c . There is no economic profit at Qt c because total revenue (TR) equals total costs (TC).i With open-access, pharmaceutical companies have less incentive to research and develop new antibiotics.

#### Only new treatments now solve AMR super-bugs -- timeframe’s key.

Sobti 19 [Dr. Navjot Kaur Sobti is an internal medicine resident physician at Dartmouth-Hitchcock-Medical Center/Dartmouth School of Medicine and a member of the ABC News Medical Unit. May 1, 2019. “Amid superbug crisis, scientists urge innovation”. <https://abcnews.go.com/Health/amidst-superbug-crisis-scientists-urge-innovation/story?id=62763415>] Dhruv

[The United Nations](https://abcnews.go.com/Politics/amal-clooney-angelina-jolie-speak-us-weighed-vetoing/story?id=62574726) has called antimicrobial resistance a “global crisis.” With the [rise in superbugs](https://abcnews.go.com/Health/superbug-fungus-global-health-threat-600-us-infected/story?id=62297532) across the globe, common infections are becoming harder to treat, and lifesaving procedures riskier to perform. Drug-resistant infections result in about 700,000 deaths per year, with at least 230,000 of those deaths due to multidrug resistant tuberculosis, [according to a groundbreaking report from the World Health Organization (WHO).](https://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_final_report_EN.pdf?ua=1) Given that antibiotic resistance is present in every country, antimicrobial resistance (AMR) now represents a global health crisis, according to the UN, which has urged immediate, coordinated and global action to prevent a potentially devastating health and financial crisis. With the rising rates of AMR -- including antivirals, antibiotics, and antifungals -- estimates from the WHO show that AMR may cause 10 million deaths every year by 2050, send 24 million people into extreme poverty by 2030, and lead to a financial crisis as severe as the on the U.S. experienced in 2008. Antimicrobial resistance develops when germs like bacteria and fungi are able to “defeat the drugs designed to kill them,” according to the Centers for Disease Control and Prevention. Through a biologic “survival of the fittest,” germs that are not killed by antimicrobials and continue to grow. WHO explains that “poor infection control, inadequate sanitary conditions and inappropriate food handling encourage the spread” of AMR, which can lead to “superbugs.” Those superbugs require powerful and oftentimes more expensive antimicrobials to treat. Examples of superbugs are far and wide, and can range from drug-resistant bacteria like Pseudomonas aeruginosa and Staphylococcus aureus to fungi like Candida. These bugs can cause illnesses that range from pneumonia to urinary tract and sexually transmitted infections. According to the WHO, AMR has caused complications for nearly 500,000 people with tuberculosis, and a number of people with HIV and malaria. The people at the [highest risk for AMR](https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed) are those with chronic diseases, people living in nursing homes, hospitalized in the ICU or undergoing life-saving treatments such as organ transplantation and cancer therapy. These people often develop infections, which can become antimicrobial-resistant, rendering them difficult, if not impossible, to treat. [(MORE: Melissa Rivers talks about her father's suicide with Dr. Jennifer Ashton)](https://abcnews.go.com/Health/melissa-rivers-talks-fathers-suicide-dr-jennifer-ashton/story?id=62733179&cid=clicksource_26_null_headlines_hed) The CDC notes that “antibiotic resistance has the potential to affect people at any stage of life,” including the “healthcare, veterinary, and agriculture industries, making it one of the world’s most urgent public health problems." AMR can cause prolonged hospital stays, billions of dollars in healthcare costs, disability, and potentially, death. “The most important thing is to understand and embrace the interconnectedness of all of this,” said Dr. Robert Redfield, director of the CDC, in a recent interview with ABC News’ Dr. Jennifer Ashton. It’s not just our countries that are connected.” Research has shown that superbugs like Candida auris “came from multiple places, at the same time. It wasn’t just one organism that [evolved]” in a single location, Redfield added. Given longstanding concerns about antimicrobial misuse leading to AMR, physicians have embraced a medical approach called antibiotic stewardship. This encourages physicians to carefully evaluate which antibiotic is most appropriate for their patient, and discontinue it once it is no longer medically needed. WHO has also highlighted that the inappropriate use of antimicrobials in agriculture -- such as on farms and in animals -- may be an underappreciated cause of AMR. Noting these trends, the WHO has urged for “coordinated action...to minimize the emergence and spread of antimicrobial resistance.” It urges all countries to make national action plans, with a focus on the development of new antimicrobial medications, vaccines, and careful antimicrobial use. Redfield emphasized the importance of vaccination during the global superbug crisis, stating that “the only way we have to eliminate an infection is vaccination.” He added that investing in innovation is key to solving the crisis. While WHO continues to advocate for superbug awareness, they warn that AMR has reversed “a century of progress in health.” The WHO added that “the challenges of antimicrobial resistance” are “not insurmountable,” and that coordinated action will “help to save millions of lives, preserve antimicrobials for generations to come and secure the future from drug-resistant diseases.”

#### Extinction - generic defense doesn’t apply.

Srivatsa 17 Kadiyali Srivatsa 1-12-2017 “Superbug Pandemics and How to Prevent Them” <https://www.the-american-interest.com/2017/01/12/superbug-pandemics-and-how-to-prevent-them/> (doctor, inventor, and publisher. He worked in acute and intensive pediatric care in British hospitals)//Elmer

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. And the problem is already here. In the summer of 2011, a 43-year-old woman with complications from a lung transplant was transferred from a New York City hospital to the Clinical Center at the National Institutes of Health (NIH), in Bethesda, Maryland. She had a highly resistant superbug known as Klebsiella pneumoniae carbapenemase (KPC). The patient was treated and eventually discharged after doctors concluded that they had contained the infection. A few weeks later, a 34-year-old man with a tumor and no known link to the woman contracted KPC while at the hospital. During the course of the next few months, several more NIH patients presented with KPC. Doctors attacked the outbreak with combinations of antibiotics, including a supposedly powerful experimental drug. A separate intensive care unit for KPC patients was set up and robots disinfected empty rooms, but the infection still spread beyond the intensive care area. Several patients died and then suddenly all was silent on the KPC front, with doctors convinced they had seen the last of the dangerous bacterium. They couldn’t have been more mistaken. A year later, a young man with complications from a bone marrow transplant arrived at NIH. He became infected with KPC and died. This superbug is now present in hospitals in most, if not all U.S. states. This is not good. This past year an outbreak of CRE (carbapenem-resistant enterobacteriaceae) linked to contaminated medical equipment infected 11 patients and killed two in Los Angeles area hospitals. This family of bacteria has evolved resistance to all antibiotics, including the powerful carbapenem antibiotics that are often used as a last resort against serious infections. They are now so resilient that it is virtually impossible to remove them from medical tools such as catheters and breathing tubes placed into the body, even after cleaning. Then we have gonorrhea, chlamydia, and other sexually transmitted diseases that we cannot treat and that are spreading all over the world. Anyone who has sex can catch these infections, and because most people may not exhibit any symptoms they spread infections without anyone knowing about it. Sexually transmitted diseases used to be treatable with antibiotics, but in recent years we have witnessed the rise of multi-drug resistant STDs. Untreated gonorrhea can lead to infertility in men and women and blindness and other congenital defect in babies. As is well known, too, we have witnessed many cases of drug-resistant pneumonia. These problems have arisen in part because of simple mistakes healthcare professionals repeatedly make. Let me explain. Neither superbugs nor common bacterial infections produce any special symptoms indicative of their cause. Rashes, fevers, sneezing, runny noses, ear pain, diarrhea, vomiting, coughing, fatigue, and weakness are signs of common and minor illnesses as well as uncommonly deadly ones. Therefore, the major problem for clinicians is to identify a common symptom that may potentially be an early sign of a major infection that could result in an epidemic. We know that dangerous infections in any given geographical area do not start at the same time. They start with one victim and gradually spread. But that victim is only one among hundreds of patients a doctor will typically see, so many doctors will miss patients presenting with infections that are serious. They will probably identify diseases that kill fast, but slow-spreading infections such as skin infections that can lead to septicemia are rarely diagnosed early. In addition, I have seen doctors treating eczema with antibiotic cream, even though they know that bacteria are resistant to the majority of these drugs. This sort of action encourages simple infections to spread locally, because patients are therefore not instructed to take other, more useful precautions. On top of that, some people are frivolous about infections and assume doctors are exaggerating the threat. And some people are selfish. Once I was called to see a passenger during a flight who had symptoms consistent with infection. He boarded the plane with these symptoms, but began to feel much worse during the flight. I was scared, knowing how infections such as Ebola can spread. This made me think about a way to screen passengers before they board a flight. Airlines could refund a traveler’s ticket, or issue a replacement, in case of sickness—which is not the policy now. We currently have no method to block infectious travelers from boarding flights, and there are no changes in the incentive system to enable conscientious passengers to avoid losing their money if they responsibly miss a flight because of illness. Speaking of selfishness, I once saw a mother drop her daughter off at school with a serious bout of impetigo on her face. When I asked her why she had brought her daughter to school with a contagious infection, she said she could not spare the time to keep her at home or take her to the doctor. By allowing this child to contact other children, a simple infection can become a major threat. Fortunately, I could see the rash on the girl’s face, but other kids in schools may have rashes we cannot see. Incorrect diagnosis of skin problems and mistaken use of antibiotics to treat them is common all over the world, and so we are continually creating superbugs in our communities. Similarly, chest infections, sore throats, and illnesses diagnosed as colds that unnecessarily treated with antibiotics are also a major threat. By prescribing antibiotics for viral infections, we are not only helping bacteria develop resistance, but we are also polluting the environment when these drugs are passed in urine and feces. All of this helps resistant bacteria to spread in the community and become an epidemic. Ebola is very difficult to transmit because people who are contagious have visible and unusual symptoms. However, the emerging infections and pandemics of the future may not have visible symptoms, and they could break out in highly populous countries such as India and China that send thousands of travelers all over the world every day. When a person is infected with a contagious disease, he or she can expect to pass the illness on to an average of two people. This is called the “reproduction number.” Two is not that high a number as these things go; some diseases have far greater rates of infection. The SARS virus had a reproduction number of four. Measles has a reproduction number of 18. One person traveling as an airplane passenger and carrying an infection similar to Ebola can infect three to five people sitting nearby, ten if he or she walks to the toilet. The study that highlighted this was published in a medical journal a few years ago, but the airline industry has not implemented any changes or introduced screening to prevent the spread of infections by air travel passengers, a major vehicle for the rapid spread of disease. It is scary to think that nobody knows what will happen when the world faces a lethal disease we’re not used to, perhaps with a reproduction number of five or eight or even ten. What if it starts in a megacity? What if, unlike Ebola, it’s contagious before patients show obvious symptoms? Past experience isn’t comforting. In 2009, H1N1 flu spread around the world before we even knew it existed. The Questions Remains Why do seemingly intelligent people repeatedly do such collectively stupid things? How did we allow this to happen? The answer is disarmingly simple. It is because people are incentivized to prioritize short-term benefits over long-term considerations. It is what social scientists have called a “logic of collective action” problem. Everyone has his or her specialized niche interest: doctors their patients’ approval, business and airline executives their shareholders’ earnings, hospitals their reputations for best-practice hygienics, homemakers their obligation to keep their own families from illness. But no one owns the longer-term consequences for hundreds of millions of people who are irrelevant to satisfying these short-term concerns. Here is an example. At a recent Superbug Super Drug conference in London that I attended, scientists, health agencies, and pharmaceutical companies were vastly more concerned with investing millions of dollars in efforts to invent another antibiotic, claiming that this has to be the way forward. Money was the most pressing issue because, as everyone at the conference knew, for many years pharmaceutical companies have been pulling back from antibiotics research because they can’t see a profit in it. Development costs run into billions of dollars, yet there is no guarantee that any new drug will successfully fight infections. At the same conference Dr. Lloyd Czaplewski spoke about alternatives to antibiotics, in case we cannot come up with new ones fast enough to outrun superbug evolution. But he omitted mention of preventive strategies that use the internet or communication software to help reduce the spread of infections among families, communities, and countries. It is madness that we don’t have a concrete second-best alternative to new antibiotics, because we need them and we need them quickly. Of course, this is why we have governments, which have been known occasionally in the past as commonwealths. Governments are supposed to look out for the wider, common interests of society that niche-interested professionals take no responsibility for, and that includes public health. It is why nearly every nation’s government has an official who is analogous to the U.S. Surgeon General, and nearly every one has a public health service of some kind. Alas, national governments do not always function as they should. Several years ago physician and former Republican Senator Bill Frist submitted a proposal to the Senate for a U.S. Medical Expeditionary Corps. This would have been a specialized organization that could coordinate and execute rapid responses to global health emergencies such as Ebola. Nothing came of it, because Dr. Frist’s fellow politicians were either too shortsighted or too dimwitted to understand why it was a good idea. Or perhaps they simply realized that they could not benefit politically from supporting it. Plenty of mistakes continue to be made. In 2015, a particularly infectious form of bird flu ripped through 14 U.S. states, leading farmers to preventively slaughter nearly 40 million birds. The result of such callous and unnecessary acts is that, instead of exhausting themselves in the host population of birds, the viruses quickly find alternative hosts in which to survive, and could therefore easily mutate into a form that can infect humans. Earlier, during the 1980s, AIDS garnered more public attention because a handful of rich and famous people were infected, and because the campaign to eradicate it dovetailed with and boosted the political campaign on behalf of homosexual rights. Methicillin resistant Staphylococcus aureus (MRSA) in hospitals, by far the bigger threat at the time, was virtually ignored. Some doctors knew that MRSA would bring us to our knees and kill millions of people worldwide, but pharmaceutical companies and device and equipment manufacturers ignored these doctors and the thousands of patients dying in hospitals as a result of MRSA. They prioritized the wrong thing, and government did not correct the error. And that is partly how antibiotic-resistant infection went from an obscure hospital problem to an incipient global pandemic. Politics well outside the United States plays several other roles in the budding problem that we are confronting. Countries often will not admit they have a problem and request help because of the possible financial implications in terms of investment and travel. Guinea did not declare the Ebola epidemic early on and Chinese leaders, worried about trade and tourism, lied for months in 2002 about the presence of the SARS virus. In 2004, when avian influenza first surfaced in Thailand, officials there displayed a similar reluctance to release information. Hospitals in some countries, including India, are managed and often owned by doctors. They refuse to share information about existing infections and often categorically deny they have a problem. Reporting infections to public health authorities is not mandatory, and so hospitals that fail to say anything are not penalized. Even now, the WHO and the CDC do not have accurate and up-to-date information about the spread of E. coli or other infections, and part of the reason is that for-profit hospitals are reluctant to do anything to diminish their bottom line. Syria and Yemen are among those countries that are so weak and fragmented that they cannot effectively coordinate public healthcare. But their governments are also hostile to external organizations that offer relief. Part of the reason is xenophobia, but part is that this makes the government look bad. Relatedly, most poor-nation governments do not trust the efficacy of international institutions, and think that cooperating with them amounts to a re-importation of imperialism. They would rather their own people suffer and die than ask for needed help. That brings us to the level of international public health governance. Alas, sometimes poor-country governments estimate the efficacy of international institutions accurately. The WHO’s Ebola response in 2014-15 was a disaster. The organization was slow to declare a public health emergency even after public warnings from Médecins Sans Frontières, some of whose doctors had already died on the front line. The outbreak killed more than 28,000 people, far more than would have been the case had it been quickly identified. This isn’t just an issue of bureaucratic incompetence. The WHO is under-resourced for the problems it is meant to solve. Funding comes from voluntary donations, and there is no mechanism by which it can quickly scale up its efforts during an emergency. The result is that its response to the next major disease outbreak is likely to be as inadequate as were its responses to Ebola, H1N1, and SARS. Stakeholders admit that we need another mechanism, and most experts agree that the world needs some kind of emergency response team for dangerous diseases. But no one knows how to set one up amid the dysfunctional global governance structures that presently exist. Maybe they should turn to Bill Frist, whose basic concept was sound; if the U.S. government will not act, perhaps some other governments will, and use the UN system to do so. But as things stand, we lack a health equivalent of the military reserve. Neither government leaders nor doctors can mobilize a team of experts to contain infections. People who want to volunteer, whether for government or NGO efforts, are not paid and the rules, if any, are sketchy about what we do with them when they return from a mission. Are employers going to take them back? What are the quarantine rules? It is all completely ad hoc, meaning that humanity lacks the tools it needs to protect itself. And note, by the way, the contrast between how governments prepare for facing pandemics and how they prepare for making war. War is not more deadly to the human race than pandemics, but national defense against armed aggression is much better planned for than defense against threats to public health. There is a wealth of rules regarding it, too. Human beings study and plan for war, which kills people both deliberately and accidentally, but they do not invest comparable effort planning for pandemics, which are liable to kill orders of magnitude more people. To the mind of a medical doctor, this is strange. Creating Conditions for Infections to Spread Superbug infections spread for several interlocking reasons. Some are medical-epidemiological. Most of the infections of the past thirty years have started in one place and in one family. As already noted, they spread because many infectious diseases are highly contagious before the onset of symptoms, and because it is difficult to prevent patients who know they are sick from going to hospitals, work, and school, or from traveling further afield. But again, one reason for the problem is political, not medical. Many governments have no strategies in place to prevent pandemics because they are unwilling to tell their people how infections spread. They don’t want to worry people with such talk; it will make them, they fear, unpopular. So governments may have mountains of bureaucracy with great heaps of rules and regulations concerning public health, but they are generally unwilling to trust their own citizens to use common sense on their own behalf. This, too, seems very strange. Until now, no one has come forward to help us develop strategies to educate people how to identify and prevent the spread of infection to their families and communities. The majority of stakeholders have also been oblivious to the use of new technologies to help reduce the spread of these infections. There are some exceptions. In a fun blog post called Preparedness 101: Zombie Apocalypse, the CDC uses the threat of a zombie outbreak as a metaphor to encourage people to prepare for emergencies, including pandemics. It is well meaning and insightful, yet when my colleagues and I try to discuss ways of scaling up the CDC’s example with doctors and nurses, they shut down. Nobody plans for an actual crisis partly because it is too scary and hence paralyzing to think about. But it is also because it is not most health professionals’ job; it is not what they are trained and paid to do. It is always someone else’s job, except that it has turned out to be nobody’s job. Worse, the situation is not static. While we sit paralyzed, superbugs are evolving. Epidemiological models now predict how an algorithmic process of disease spread will move through the modern world. All urban centers around the entire globe can become infected within sixty days because we move around and cross borders much more than our ancestors did, thanks to air travel. A new pandemic could start crossing borders before we even know it exists. A flu-like disease could kill more than 33 million people in 250 days.3

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#### Dems win the Senate now, but it’s close---it determines the Biden presidency.

Shane **Goldmacher 7/17**. Reporter, New York Times, “Democrats See Edge in Early Senate Map as Trump Casts Big Shadow,” The New York Times, July 17, 2021, <https://www.nytimes.com/2021/07/17/us/politics/midterm-elections.html>

Six months into the Biden administration, Senate Democrats are expressing a **cautious optimism** that the party can keep control of the chamber in the 2022 midterm elections, enjoying large fund-raising hauls in marquee races as they plot to exploit Republican retirements in key battlegrounds and a divisive series of unsettled G.O.P. primaries.

Swing-state Democratic incumbents, like Senators Raphael Warnock of Georgia and Mark Kelly of Arizona, **restocked their war chests** with multimillion-dollar sums ($7.2 million and $6 million, respectively), according to new financial filings this week. That gives them an early financial head start in two key states where Republicans’ disagreements over former President Donald J. Trump’s refusal to accept his loss in 2020 are threatening to distract and fracture the party.

But Democratic officials **are all too aware of the foreboding political history** they confront: that in a president’s first midterms, the party occupying the White House typically loses seats — often in bunches. For now, Democrats hold power by **only the narrowest of margins** in a 50-50 split Senate, with Vice President Kamala Harris **serving as the tiebreaker** to push through President Biden’s **expansive agenda** on the economy, the pandemic and infrastructure.

#### The plan is unpopular---it’s seen as soft on China.

Cynthia **Hicks 21**. Director of Public Affairs at PhRMA focusing on polling and opinion research that supports advocacy communications and strategy. “New polling shows Americans are sounding the alarm on the TRIPS IP waiver,” PhRMA, May 14, 2021, <https://catalyst.phrma.org/new-polling-shows-americans-are-sounding-the-alarm-on-the-trips-ip-waiver>

\*\*\*NOTE – the stuff after “include the following” is a picture that couldn’t be pasted. Go to the URL if you want to see it.

2. Americans are concerned that the TRIPS waiver could risk patient safety, sow public confusion, and **cede America’s global innovation leadership to China.**

Americans worry that waiving intellectual property introduces unnecessary and dangerous risks to safety and vaccine manufacturing. The top concerns – expressed by **more than six in ten voters** – include the following:

#### China is the key for the midterms---Senate control hinges on it.

Sarah **Mucha 21**. Politics reporter at Axios, covering the Biden administration and Congress. “Parties pounce on China as midterm issue,” Axios, June 23, 2021, <https://www.axios.com/democrat-republicans-china-2022-midterms-6c242c54-b51b-444e-b9b2-65ff0afb906a.html>

Democrats and Republicans in purple states are already **leaning into U.S. competition** with China as a key issue in the fight to control the Senate in 2022.

Why it matters: American voters hold [**increasingly negative feelings**](https://www.pewresearch.org/fact-tank/2021/04/12/americans-views-of-asia-pacific-nations-have-not-changed-since-2018-with-the-exception-of-china/) toward the Chinese government, particularly around bilateral economic relations and following the nation’s handling of the COVID-19 outbreak.

President Biden also has made it clear that **confronting China remains a foreign policy priority.**

[Possibly vulnerable Democratic senators](https://www.axios.com/senate-seats-2022-midterm-elections-aa166e09-65e9-49be-a1f4-428c36a8dad0.html) are capitalizing on the passage of the U.S. Innovation and Competition Act, a sweeping global competition bill focused on China that [recently passed by a rare bipartisan vote](https://www.axios.com/senate-china-competition-bipartisan-e2fa3f88-16d4-4d79-bab0-1b9c6a4f2774.html).

Sen. Raphael Warnock (D-Ga.) visited Kia’s West Point factory in Georgia to address how the bill could address the recent semiconductor shortage and avoid future plant shutdowns, like one the factory experienced.

Sens. Maggie Hassan (D-N.H.) and Mark Kelly (D-Ariz.) wrote op-eds in their local news outlets highlighting the bill's benefits.

The Democratic Senatorial Campaign Committee and state Democratic parties are calling out Republicans like Sens. Ron Johnson (R-Wis.) and Marco Rubio (R-Fla.), both of whom voted against the bill.

They’ve also targeted Republicans running in open Senate seats who have expressed opposition to the bill.

Meanwhile, Rubio has been **making a play for China hawks** in Florida, Axios’ Lachlan Markay [reported last week](https://www.axios.com/rubios-anti-china-voters-senate-race-florida-7f6539ab-86b8-4d08-a423-0a26598863ea.html).

Rubio, who is up for re-election next year, has been sending campaign emails with subject lines such as, "Dems <3 China," and, "Is it time to stand up to Communist China?" to a list maintained by a nonprofit group called Stand Up to China.

In Arizona, Republicans latched onto [Kelly's ties to a Chinese tech firm](https://www.azcentral.com/story/news/politics/elections/2020/05/14/senate-elections-2020-mark-kelly-business-ties-chinese-tech-firm-under-fire/5187587002/) last year, and it's likely they'll continue to use that strategy.

The senator's team has argued he isn't beholden to Chinese authorities.

Republicans have long branded Democrats as "weak" on China as a line of attack. Expect that to continue through the campaign cycle, as Democratic candidates tout the passage of the U.S. Innovation Act and reframe the narrative.

They plan to focus on increasing the United States' competitive edge with China as a policy priority.

What they’re saying: David Bergstein, a spokesman for the DSCC, said the campaign committee will be “reminding voters that any Republican who refused to back this critical bill was too weak to stand up to China in order to protect and grow good-paying jobs.”

Chris Hartline, spokesman for the NRSC, said in a statement that "no one believes that Joe Biden and Senate Democrats will do what it takes to confront the geopolitical and economic threat posed by (President) Xi (Jinping) and **the Chinese** Communist Party.

#### Holding Congress in 2022 prevents collapse of American democracy.

David Faris 5-28. Associate Professor of Political Science at Roosevelt University. "The Republican Assault on Democracy is Worse Than You Think." 5-28-2021. Washington Monthly. https://washingtonmonthly.com/2021/05/28/the-republican-assault-on-democracy-is-worse-than-you-think/.

If Democrats lose both chambers of Congress, cough up multiple governorships, and the 2024 election is another squeaker, we know the playbook. GOP governors will certify Republican Electors no matter what the voters want, and Republican congressional majorities will try to deliver the presidency to their party’s candidate. State Legislatures, which used to pick Senators, will supplant secretaries of state where Republicans detect any wobbling. Wherever it goes from there is anyone’s guess, but democracy as we know it will be gone. The country could crack.

#### Democratic backsliding in the U.S. spills over globally and risks great power conflict.

Dr. Larry Diamond 19. Professor of Political Science and Sociology at Stanford University, Senior Fellow at the Hoover Institution, Senior Fellow at the Freeman Spogli Institute for International Studies, PhD in Sociology from Stanford University, Ill Winds: Saving Democracy from Russian Rage, Chinese Ambition, and American Complacency, p. 199-202

The most obvious response to the ill winds blowing from the world’s autocracies is to help the winds of freedom blowing in the other direction. The democracies of the West cannot save themselves if they do not stand with democrats around the world.

This is truer now than ever, for several reasons. We live in a globalized world, one in which models, trends, and ideas cascade across borders. Any wind of change may gather quickly and blow with gale force. People everywhere form ideas about how to govern—or simply about which forms of government and sources of power may be irresistible—based on what they see happening elsewhere. We are now immersed in a fierce global contest of ideas, information, and norms. In the digital age, that contest is moving at lightning speed, shaping how people think about their political systems and the way the world runs. As doubts about and threats to democracy are mounting in the West, this is not a contest that the democracies can afford to lose.

Globalization, with its flows of trade and information, raises the stakes for us in another way. Authoritarian and badly governed regimes increasingly pose a direct threat to popular sovereignty and the rule of law in our own democracies. Covert flows of money and influence are subverting and corrupting our democratic processes and institutions. They will not stop just because Americans and others pretend that we have no stake in the future of freedom in the world. If we want to defend the core principles of self-government, transparency, and accountability in our own democracies, we have no choice but to promote them globally.

It is not enough to say that dictatorship is bad and that democracy, however flawed, is still better. Popular enthusiasm for a lesser evil cannot be sustained indefinitely. People need the inspiration of a positive vision. Democracy must demonstrate that it is a just and fair political system that advances humane values and the common good.

To make our republics more perfect, established democracies must not only adopt reforms to more fully include and empower their own citizens. They must also support people, groups, and institutions struggling to achieve democratic values elsewhere. The best way to counter Russian rage and Chinese ambition is to show that Moscow and Beijing are on the wrong side of history; that people everywhere yearn to be free; and that they can make freedom work to achieve a more just, sustainable, and prosperous society.

In our networked age, both idealism and the harder imperatives of global power and security argue for more democracy, not less. For one thing, if we do not worry about the quality of governance in lower-income countries, we will face more and more troubled and failing states. Famine and genocide are the curse of authoritarian states, not democratic ones. Outright state collapse is the ultimate, bitter fruit of tyranny. When countries like Syria, Libya, and Afghanistan descend into civil war; when poor states in Africa cannot generate jobs and improve their citizens’ lives due to rule by corrupt and callous strongmen; when Central American societies are held hostage by brutal gangs and kleptocratic rulers, people flee—and wash up on the shores of the democracies. Europe and the United States cannot withstand the rising pressures of immigration unless they work to support better, more stable and accountable government in troubled countries. The world has simply grown too small, too flat, and too fast to wall off rotten states and pretend they are on some other planet.

Hard security interests are at stake. As even the Trump administration’s 2017 National Security Strategy makes clear, the main threats to U.S. national security all stem from authoritarianism, whether in the form of tyrannies from Russia and China to Iran and North Korea or in the guise of antidemocratic terrorist movements such as ISIS.1 By supporting the development of democracy around the world, we can deny these authoritarian adversaries the geopolitical running room they seek. Just as Russia, China, and Iran are trying to undermine democracies to bend other countries to their will, so too can we contain these autocrats’ ambitions by helping other countries build effective, resilient democracies that can withstand the dictators’ malevolence.

Of course, democratically elected governments with open societies will not support the American line on every issue. But no free society wants to mortgage its future to another country. The American national interest would best be secured by a pluralistic world of free countries—one in which autocrats can no longer use corruption and coercion to gobble up resources, alliances, and territory.

If you look back over our history to see who has posed a threat to the United States and our allies, it has always been authoritarian regimes and empires. As political scientists have long noted, no two democracies have ever gone to war with each other—ever. It is not the democracies of the world that are supporting international terrorism, proliferating weapons of mass destruction, or threatening the territory of their neighbors.