## Plan

#### The United States federal government should substantially increase its health diplomacy with the People’s Republic of China over Africa.

## Advantage 1: Relations

#### US-Chinese competition in Africa is comparatively the greatest emerging challenge to relations, but cooperation is still possible over shared interests – improving trust prevents key issues from damaging relations

Thrall 15 (Lloyd, Deputy Assistant Secretary of Defense for (Force Readiness).

The explosive growth in Sino-African relations over the past decade has heightened trepidation about China’s role in Africa. Of the more than 5 million Chinese citizens living overseas, approximately 1 million live in Africa, up from only a few thousand ten years ago. China’s People’s Liberation Army (PLA) has 20 times the number of peacekeepers in Africa now than it did in 2000, and it is the largest contributor among the permanent United Nations (U.N.) Security Council members. Sino-African trade increased almost twentyfold over the same period, from $10 billion in 2000 to more than $180 billion in 2012, with China supplanting the United States in 2010 as Africa’s largest trading partner. Investment and capital flows have seen a similar expansion, quickly elevating China to a position among Africa’s leading financiers. Such rapid growth, occurring alongside Sino-American tensions in Asia, has fed both simplistic characterizations of China’s role in Africa and fears of renewed geopolitical competition on the continent. A closer look reveals a more complex and less foreboding picture. Sino-African relations are diverse, multifaceted, and evolving. They involve a varied set of Chinese and African actors across 54 African states, so caution should be taken when attempting to generalize across these relationships. U.S., Chinese, and African sources have often reduced Sino-African relations to enduring caricatures and sweeping generalizations that obscure more than they explain. Chinese sources often view Americans as demonizing Chinese behavior in Africa to support containment and *realpolitik*; U.S. sources tend to view China as exploiting African resources with little care for balanced trade or African stability. Both images are incomplete and inaccurate. Africa’s complexity and diversity, rapid change in China’s overseas economic interactions, and a growing sense of Sino-American competition have contributed to such distortions. Several exogenous narratives have also contributed – “peak oil,” colonial and neocolonial exploitation, mercantilism, and containment, to name a few. In truth, China’s emergence in Africa is perhaps the most significant geopolitical and economic event on the continent since the conclusion of the Cold War, and it merits better treatment than such conventional-wisdom approaches. This report explores the economic, political, and security dimensions of Sino-African relations. Its central conclusion is that China’s growing presence in Africa is not a strategic threat to U.S, interests requiring bilateral competition with Beijing. The United States and China share a similar interest in African stability, and Chinese contributions to African development can be positive for both African and American interests. There are areas of natural competition (for market access and diplomatic influence) and areas where American and Chinese interests in Africa contradict, chiefly around democratic governance and adherence to international political norms. However, the issues at stake are generally not zero-sum, and, in any case, are not commensurate with higher levels of political and security competition. Despite this, the climate of strategic distrust between the United States and China threatens to distort and securitize these issues in ways that can damage U.S. ties to both China and African states.

#### Relations between the US and China are at a key tipping point

Cui 5/26 (Tiankai, Chinese Ambassador to the US, "Making the Right Choices: China-U.S. Relations at a Critical Point", China-US Exchange Foundation, 2016)

Thanks to the strong guidance of our two presidents and the joint efforts of both sides, the China-U.S. relationship in the last three years has withstood one test after another and has by and large moved forward on a positive and stable track. Today, our bilateral cooperation is more extensive and comprehensive than what is usually reported in the media. The relationship is stronger and more resilient than many people have realized. At the same time, this relationship now seems to be more difficult to manage than ever before. While our cooperation is expanding and deepening, our differences stand out more and more. While there is growing evidence that our two countries are increasingly connected to each other, there are also mounting worries that we might eventually clash. This is, I believe, partly because of the inherent complexities of the relationship, and partly because fundamental changes in the global political and economic structure have made these complexities even more complicated and have magnified their impact. Therefore, **the China-U.S. relationship today is probably at another defining moment. How we define and direct it now will have far-reaching consequences.** Both countries have a big stake in the choices we are going to make. Whether or not we will be able to make the right choices depends on a few key factors. First, it will depend on our vision of the world today. Do we see a world in which great powers can and should coexist and cooperate with one another, or do we see it as a place of inherent conflict among those powers? Do we embrace the opportunities for win-win cooperation, or do we believe in the inevitability of a zero-sum game? Do we base our policies on full recognition of 21st century global challenges with a view to partnership and community building, or do we still see everything through the lens of “allies versus rivals”? Actually, the case for great-power partnership and global community building is now stronger than ever. We are all faced with tremendous global challenges: climate change, disease, natural disasters, terrorism, poverty, energy security, food security, financial instability, and so on. On the positive side, all major powers are now members of key international institutions such as the United Nations, the World Bank, the International Monetary Fund, and the World Trade Organization. We are also working together in new global governance mechanisms such as the G20. All of this means that the major powers are committed to the maintenance and better functioning of the existing international order. As long as there is sufficient political will, it will be possible for us to seize this historic opportunity and build a new partnership for long-term stability and prosperity in the world. Here let me say a few words about U.S. alliances in the world. We all know the origins of these alliances and how they operated during the Cold War era. People may believe that they served American interests well in those years. But here is the question today. Without necessary reforms, are these alliances really up to the task of addressing the global challenges of the 21st century? Are they winning more partners for the United States or are they turning away and even antagonizing other important players? Second, our ability to make the right choices will depend on our perceptions of each other. There are people in the United States who believe that everything China does is aimed at challenging the U.S. position in the world. And there are people in China who think that everything the United States does is intended to contain China. I believe that both groups are wrong because neither has come to recognize that, when it comes to policymaking in countries like China and the United States, there are always many variables in the equation. For China, the top priority is to accomplish economic, social, and political transformation for the modernization of the country. Its most important tasks are domestic and its foreign policy is first and foremost aimed at preserving a peaceful external environment. Naturally, as China develops and integrates more deeply with the rest of the world, it will have more interests to attend to beyond its borders and greater international responsibilities to fulfill. In doing so, China has to deal with the United States and develop a positive and stable relationship with it. Of course, when U.S. policies hurt China’s interests, we will do what we can to safeguard and protect ourselves and ask the United States to change its position. But this is entirely different from challenging the American global position and trying to establish China’s own dominance in the world. We are also aware that nowadays what China says and does is closely followed by many. But some prevailing perceptions are simply wrong. A telling example is the issue of the South China Sea. The real issue there is disputes over territorial and maritime jurisdiction. China is doing nothing more than maintaining and defending its long-standing and legitimate position. But this has been grossly misperceived as a strategic move by China to challenge U.S. dominance in the Pacific and the world. American responses to the Asian Infrastructure Investment Bank and the “Belt and Road Initiative” are similar examples of misperceived intentions. Some people seem to be concerned about a so-called Asian version of the Monroe Doctrine. They see China’s call for Asians to take up more responsibility for Asian affairs as an attempt to drive the United States out of Asia, whereas China is simply saying that no one else can solve Asian problems if we Asians fail to shoulder our own responsibilities. The fact is that China consistently stands for open and inclusive regional cooperation. But there is an alarming development toward exclusion here. Today, whatever China does, even within its own territory, some people in the United States always question China’s intentions and challenge China’s position. So the reality is not that China is trying to drive anyone out of the Asia-Pacific, but that there are attempts to deny China’s legitimate interests in its own region. I would call this a Monroe Doctrine in reverse. Third, whether or not we can manage differences while enhancing cooperation will depend on our will and our skill. It is encouraging to note that China-U.S. cooperation is expanding and deepening. Our success stories include agreements on climate change and the Iran nuclear issue. However, there are always differences between us. Many of them will not disappear overnight. It is imperative to manage them in a constructive and pragmatic way, so that they will not dominate our bilateral agenda and derail the overall relationship. We are doing relatively well on some issues, such as cyber-security. But we have reason to be concerned about others, such as the situation in the South China Sea. Statements made by U.S. officials and actions taken by the American military risk escalating tensions there. There have been assertions that the United States is against actions to militarize the South China Sea. But it is the United States that is sending more and more military vessels and airplanes there. Such deployments, if not curbed, can only have the effect of militarizing the region. There have been demands on China to abide by international rules, especially the United Nations Convention on the Law of the Sea. But these same people are denying China’s rights under the Convention. Besides that, they often forget to mention that the scope of the Convention does not cover sovereignty and territorial issues, as made clear in the Convention itself. The concept of freedom of navigation is frequently used to justify actions by the U.S. military in the South China Sea. The fact is that the U.S. freedom of navigation operations were originally designed as a counter-measure against the freedom of navigation defined by the Convention, as the United States believed that the Convention provisions would restrict freedom of movement of its navy around the world. What is more disturbing is that such statements and actions are likely to embolden some players to be even more aggressive and provocative. And we are told that the U.S. alliance obligations would be invoked if China responds to such provocations. It could be that all of this is intended to intimidate China, not to start a real conflict. But what if China is not intimidated? This approach is clearly a path to conflict. It is indeed a dangerous path and an irresponsible policy. In conclusion, the world has changed. We need a new vision for our relationship based on a recognition of the new realities in the world. China and the United States should form a new partnership to work together on today’s global challenges. This will help both countries to better accomplish domestic goals and fulfill international roles. It will thus serve the interests of the world community as a whole. This is exactly what President Xi proposed to President Obama here at Sunnylands three years ago—a new model of major-country relations characterized by no conflict, no confrontation, mutual respect, and win-win cooperation. Despite doubts and even suspicions in some quarters, this new model is gradually taking shape. There will be a new administration here in the United States next year, and we should keep moving forward on this positive track. I hope and believe that this Leadership Forum will take the lead in helping shape government policies and public opinion in support of our joint efforts.

#### Health diplomacy is a key place where the US and China can cooperate, bypassing barriers and spills over to improve overall bilateral relations – the new S/GHD office in the Department of State presents an opportunity for successful negotiations

Hale et. al. 13 (Matthew Brown, Senior Advisor at the Department ", Global Health Governance, Vol. VI, No. 2)

Why would the U.S. government explore expanded public health collaborations with China in Africa? It is important to note that these two nations already have a shared history of public health collaboration. The United States and China have collaborated for more than two decades on infectious diseases (HIV/AIDS, influenza, and emerging infections), cancer, and other non-communicable diseases. 37 These collaborations share common goals for improving the practice of public health as well as strengthening public health institutions in detecting and responding to public health problems in the United States and China. Additionally, improving medical infrastructure and health systems are shared global health objectives and stated priorities of African leaders, and such activities may also facilitate economic development and commerce among these partner nations. 38-39 Despite common goals, strategic cooperation in health development activities on the continent of Africa between the United States and China remains limited. From the early 2000s, the United States has focused on single disease approaches in Africa. For example, the United States has supported a series of large global health initiatives on HIV/AIDS; in fact, the President’s Emergency Plan for AIDS Relief (PEPFAR) represents the largest amount of funding pledged by any nation to a single disease. 40-41 However, PEPFAR’s single-disease approach also supported the development of public health institutions that can tackle additional public health problems that plague African nations. 42 This was the objective behind the creation of the GHI in 2009, capitalizing on the infrastructure of PEPFAR to tackle other diseases of public health significance. 43 For the United States, the next phase of global health investment also coordinated by the DOS includes strengthening health systems. 44 Drawing upon lessons learned from U.S.-China collaborations and employing leadership of the S/GHD to explore and map, potential collective action with the Chinese government presents an opportunity to amplify the public health impact of development assistance by both nations.

#### Sustained cooperation on objectives with shared interests resolves competition

Ciu 16 (Liru, former President of China Institutes of Contemporary International Relations, "Managing Strategic Competition Between China and the U.S.", China-US Exchange Foundation, 2016)

Seeking common ground while shelving differences is an effective, important principle successive Chinese and US governments have followed over a long period. Even the present structural contradictions show some characteristics of competition between a rising power and an incumbent power, the principle remains a precious legacy that must not be abandoned. We have stridden into the 21st century, the changed pattern of China-US relations has actually included some favorable conditions, which makes it possible for us to take one step forward from the previous principle of seeking common ground while shelving differences. The Chinese proposal of jointly building a new type of major-country relationship signifies an effort in that very direction. The Chinese side has put forward three principled ideas, the US side has reservations regarding the practical issues they may involve. In the practical issues troubling China-US relations, the core interests China has identified may inevitably come into conflict with the vested interests the US wants to preserve, the principle of mutual respect China advocates may contradict US hegemony in certain circumstances. Instead of evading it, we should take a pragmatic attitude to such differences. The mega trend of the development of international relations demonstrates that, actively or passively, the US will eventually change its policy of hegemony. Whether the US can retain its hegemony in the long term will rest on developments of factors in two aspects. One is the cost of retaining hegemony, the other is the benefit of forsaking it. The US has been withdrawing from Iraq and Afghanistan, and the Obama administration decided American ground troops are not to intervene in the war in Syria, because the price is deemed too high, and the gains too little compared with losses. As the world enters an era of multi-polarization, US hegemony faces challenges from multiple aspects, of which the China-US relationship is only one important component. However, as long as the benefits of maintaining hegemony outweigh the corresponding cost, the US won’t spontaneously give it up. To China, adhering to the path of peaceful rise means it will co-exist peacefully with US hegemony under certain conditions. That is why, among the three principled ideas China proposed for building a new-type China-US major-country relationship, “no confrontation” has become a basic consensus between the two parties. Likewise, “win-win cooperation”, as another principled idea, calls on both sides to gradually explore the path and form of its implementation, while as a goal of the overall relationship, it is an ideal goal for the future.

#### US-China cooperation promotes trust regardless of spillover by facilitating bilateral communication that lowers tensions on key issues

Cohen et. al. 09 (William S., American politician and author from AND CSIS Commission on China", Center for Strategic International Studies, March)

To be sure, there are a number of areas of serious divergence between Washington and Beijing. This should surprise no one. The United States has disagreements with even its allies. Two large powers with vastly different histories, cultures, and political systems are bound to have challenges. History has shown, however, that the most effective way of addressing issues is for the U.S. and Chinese governments to engage in quiet diplomacy rather than public recrimination. In the U.S.-China context, there is often little to be gained—and much to be lost in terms of trust and respect—by a polarizing debate. Any differences, moreover, must not necessarily impede Sino-U.S. cooperation when both sides share strong mutual interests. F. Scott Fitzgerald wrote that “the test of a first-rate intelligence is the ability hold two opposed ideas in the mind at the same time, and still retain the ability to function.” **Effective policy toward China by the United States, and vice versa, will require this kind of dual-minded intelligence. Moreover, working together on areas of mutual and global interest will help promote strategic trust between China and the United States, facilitating possible cooperation in other areas.** Even limited cooperation on specific areas will help construct additional mechanisms for bilateral communication on issues of irreconcilable disagreement. In fact, many of the toughest challenges in U.S.-China relations in recent years have been the result of unforeseen events, such as the accidental bombing of the Chinese embassy in Belgrade in May 1999 and the EP-3 reconnaissance plane collision in April 2001. Building trust and finding workable solutions to tough problems is the premise behind the Obama administration’s foreign policy of smart power, as articulated by Secretary of State Clinton. Smart power is based on, as Secretary Clinton outlined in her confirmation hearing, the fundamental believe that “We must use . . . the full range of tools at our disposal—diplomatic, economic, military, political and cultural—picking the right tool, or combination of tools, for each situation.” As the CSIS Commission on Smart Power noted in November 2007, “Smart Power is neither hard nor soft—it is the skillful combination of both. . . . It is an approach that underscores the necessity of a strong military, but also invests heavily in alliances, partnerships and institutions at all levels. . . .” As such, smart power necessarily mandates a major investment in a U.S.-China partnership on key issues. The concept enjoys broad support among the Chinese and American people and, by promoting the global good, it reaps concrete results around the world. There should be no expectation that Washington and Beijing will or should agree on all, or even most, questions. But the American and Chinese people should expect their leaders to come together on those vital issues that require their cooperation. U.S.-China partnership, though not inevitable, is indispensable.

#### US-Chinese relations solve a host of existential threats – climate change, pandemics, natural disasters

Wu 15 (Jianmin, Former President of China Foreign Affairs University; Member, Berggruen Institute's 21st Century Council, "Cooperation on Curbing Nukes and Climate Change Strengthens U.S.-China Link," 6/16, <http://www.huffingtonpost.com/wu-jianmin/china-us-nukes-climate-change_b_7079932.html)>

China-U.S. cooperation is multi-dimensional. It covers three areas: global challenges; bilateral trade, economic, cultural and educational cooperation; and military exchanges and security cooperation. The common challenges facing [hu]mankind have never been so daunting as they are today — climate change, nuclear weapons proliferation, terrorism, pandemics, natural disasters, drug trafficking, just to name a few. **No country, no matter how powerful it is, is able to meet these challenges alone**. Common challenges bring people together. Mankind is bound to unite for its survival. “When China and the U.S., the world’s two largest economies, cooperate, it makes a difference.” When China and the U.S., the world’s two largest economies, cooperate, it makes a difference. In November 2014, President Xi Jinping and President Obama made a [joint pledge](https://www.whitehouse.gov/the-press-office/2014/11/11/fact-sheet-us-china-joint-announcement-climate-change-and-clean-energy-c" \t "_hplink) on reducing pollution and carbon gas emissions. As a result, the [upcoming United Nations conference on climate change](http://climate-l.iisd.org/events/unfccc-cop-21/" \t "_hplink) to be held in Paris from Nov. 30th to Dec. 11th this year, looks much more promising. Nuclear weapons proliferation also poses a serious threat to international peace and security. Of all the global challenges it is the most complicated. The North Korean nuclear issue is the other major concern along with Iran. The [Six-Party Talks](http://www.cfr.org/proliferation/six-party-talks-north-koreas-nuclear-program/p13593" \t "_hplink) on this issue have so far stalled for six years and at present show no sign of resuming any time soon. Even so, the fact that China and the U.S. have [agreed to pursue the goal of denuclearization on the Korean Peninsula](http://www.chinadaily.com.cn/world/2015-01/19/content_19347486.htm" \t "_hplink) has kept the issue from getting out of control. The year 1950 witnessed [violent confrontation between China and U.S.](http://afe.easia.columbia.edu/special/china_1950_us_china.htm" \t "_hplink) in the Korean theater, but 2015 is a long way from 1950. China-U.S. cooperation has been a significant factor in keeping the lid on this conflict. Such cooperation, whether on Iran, North Korea or climate change, is an important building block for the new model of the major countries relationship. The way to conceive of this relationship is as a big house. It has to be built gradually, block by block. The more building blocks laid, the faster that house will be built. As President Xi Jinping has [put it:](http://www.fmprc.gov.cn/mfa_eng/topics_665678/ytjhzzdrsrcldrfzshyjxghd/t1211023.shtml" \t "_hplink) “A sound China-U.S. cooperation can become a ballast stone of world stability and a booster of world peace.”

#### Runaway warming from positive feedback loops that guarantees extinction within 100 years – it exacerbates conflicts from resource scarcity as well as economic collapse.

Jamail, Dahr. "Mass Extinction: It's the End of the World as We Know It." truth-out.org. N.p., 6 July 2015. Web. 21 June 2016. <http://www.truth-out.org/news/item/31661-mass-extinction-it-s-the-end-of-the-world-as-we-know-it>.

Guy McPherson is a professor emeritus of evolutionary biology, natural resources and ecology at the University of Arizona, and has been a climate change expert for 30 years. He has also become a controversial figure, due to the fact that he does not shy away from talking about the possibility of near-term human extinction. While McPherson's perspective might sound like the stuff of science fiction, there is historical precedent for his predictions. Fifty-five million years ago, a 5-degree Celsius rise in average global temperatures seems to have occurred in just 13 years, according to a study published in the October 2013 issue of the Proceedings of the National Academy of Sciences. A report in the August 2013 issue of Science revealed that in the near term, **earth's climate will change 10 times faster than during any other moment in the last 65 million years.** McPherson fears that **we are well along in the process of causing our own extinction.** Prior to that, the Permian mass extinction that occurred 250 million years ago, also known as the "Great Dying," was triggered by a massive lava flow in an area of Siberia that led to an increase in global temperatures of 6 degrees Celsius. That, in turn, caused the melting of frozen methane deposits under the seas. Released into the atmosphere, those gases caused temperatures to skyrocket further. All of this occurred over a period of approximately 80,000 years. **The change in climate is** thought to be the key to what caused the extinction of most species on the planet. In that extinction episode, it is estimated that 95 percent of all species were wiped out. Today's current **scientific** and observable evidence strongly suggests we are in the midst of the same process - only this time it is anthropogenic, and happening exponentially faster than even the Permian mass extinction did. In fact, a recently published study in Science Advances states, unequivocally, that the planet has officially entered its sixth mass extinction event. The study shows that **species are already being killed off at rates much faster than they were during the other five extinction events**, and warns ominously that **humans could very likely be among the first wave of species to go extinct.** So if some feel that McPherson's thinking is extreme, when the myriad scientific reports he cites to back his claims are looked at squarely and the dots are connected, the perceived extremism begins to dissolve into a possible, or even likely, reality. The idea of possible human extinction, coming not just from McPherson but a growing number of scientists (as well as the aforementioned recently published report in Science), is now beginning to occasionally find its way into mainstream consciousness. **Humans will be extinct in 100 years because the planet will be uninhabitable, according to Australian microbiologist Frank Fenner**, one of the leaders of the effort to eradicate smallpox in the 1970s. He blames overcrowding, denuded resources and climate change. Fenner's prediction is not a sure bet, but he is correct that there is no way emissions reductions will be enough to save us from our trend toward doom. And there doesn't seem to be any big global rush to reduce emissions, anyway. McPherson, who maintains the blog "Nature Bats Last," told Truthout, "We've never been here as a species and the implications are truly dire and profound for our species and the rest of the living planet." Truthout first interviewed **McPherson in early 2014**, at which time he **had identified 24 self-reinforcing positive feedback loops triggered by human-caused climate disruption. Today that number has grown to more than 50, and continues to increase.** A self-reinforcing positive feedback loop is akin to a "vicious circle": It accelerates the impacts of anthropogenic climate disruption (ACD). An example would be methane releases in the Arctic. Massive amounts of methane are currently locked in the permafrost, which is now melting rapidly. As the permafrost melts, methane - a greenhouse gas 100 times more potent than carbon dioxide on a short timescale - is released into the atmosphere, warming it further, which in turn causes more permafrost to melt, and so on.As soon as this summer, we are likely to begin seeing periods of an ice-free Arctic. (Those periods will arrive by the summer of 2016 at the latest, according to a Naval Postgraduate School report.) Once the summer ice begins melting away completely, even for short periods, methane releases will worsen dramatically. Is it possible that, on top of the vast quantities of carbon dioxide from fossil fuels that continue to enter the atmosphere in record amounts yearly, **an increased release of methane could signal the beginning of the** sort of process that led to the **Great Dying**?McPherson, like the scientists involved in the recent study that confirms the arrival of the sixth great extinction, fears that the situation is already so serious and **so many self-reinforcing feedback loops are already in play that we are well along in the process of causing our own extinction.** Furthermore, McPherson remains convinced that it could happen **far more quickly than generally believed possible** - in the course of just the next few decades, or even sooner. Truthout caught up with McPherson in Washington State, where he was recently on a lecture tour, sharing his dire analysis of how far along we already are regarding ACD. Dahr Jamail: How many positive feedback loops have you identified up until now, and what does this ever-increasing number of them indicate? Guy McPherson: I can't quite wrap my mind around the ever-increasing number of self-reinforcing feedback loops. A long time ago, when there were about 20 of them, I believed evidence would accumulate in support of existing loops, but we couldn't possibly identify any more. Ditto for when we hit 30. And 40. There are more than 50 now, and the hits keep coming. And **the evidence for existing feedback loops continues to grow.** In addition to these positive feedback loops "feeding" within themselves, they also interact among each other. Methane released from the Arctic Ocean is exacerbated and contributes to reduced albedo [reflectivity of solar radiation by the ice] as the Arctic ice declines. Tack on the methane released from permafrost and it's obvious we're facing a shaky future for humanity. You talk often about how when major industrial economic systems collapse, this will actually cause a temperature spike. Please explain, in layperson's terms, how this occurs. Industrial activity continually adds reflective particles into earth's atmosphere. Particularly well known are sulfates produced by burning coal ("clean coal" has a lower concentration of sulfates than "dirty coal"). These particles reflect incoming sunlight, thus artificially cooling the planet. These reflective particles constantly fall out of the atmosphere, but industrial activity continuously adds them, too. When industrial activity ceases, all the particles will fall out within a few days. As a result, earth will lose its "umbrella" and rapid warming of the planet will ensue. According to a 2011 paper by James Hansen and colleagues, the warming will add 1.2 plus or minus 0.2 degrees Celsius. Subsequent research indicates the conservative nature of this paper, suggesting termination of industrial activity will add a minimum of 1.4 degrees Celsius to the global average temperature. What indicators are you seeing that show the possibility of major economic collapses in the near future? **We cannot sustain the unsustainable forever, and this version of civilization is the least sustainable of them all. It teeters on the brink, and many conservative voices have predicted economic collapse this year or next.** According to a June 2012 report by David Korowicz for the Feasta group**, a disruption of supply will trigger collapse of the world's industrial economy in as little as three weeks.** The supply disruptions to which Korowicz refers include water, food and oil. We can add financial credit to the list. In other words, credit could dry up as it nearly did in late 2008. Or the bond markets could trigger hyperinflation. California could have insufficient water to grow enough food to support much of the US, and not long from now. The list goes on. Go into detail about what you're seeing as far as indications of abrupt climate change. When I'm in the midst of a speaking tour, as I am now, I deliver a presentation approximately every day. Lately, I include a [different] indication of abrupt climate change [in] each presentation. In other words, I've been coming across evidence every day. Recent examples include the June 19, 2015, paper in Science Advances: We are in the midst of the sixth great extinction. According to the abstract, the "sixth mass extinction is already under way." The lead author, in an interview, said, "life would take many millions of years to recover, and our species itself would likely disappear early on." According to data from The Cryosphere Today, Arctic ice extent declined 340,000 square kilometers between June 17 and 18, 2015. Such an event is unprecedented. We could witness an ice-free Arctic by September of this year for the first time in human history. How much temperature increase, over what period of time? **Depending upon the timing of economic collapse and release of the 50-gigaton burst of methane Natalia Shakhova warns about, earth could warm an additional 3 degrees Celsius within 18 months.** The relatively slow rate of planetary warming we're seeing so far exceeds the ability of organisms to adapt by a factor of 10,000, according to a paper in the August 2013 edition of Ecology Letters. We depend upon a living planet for our survival. We're killing non-human species at an astonishing rate. To believe we're clever enough to avoid extinction is pure hubris. Is there an historical precedent for this phenomenon? There is no historical precedent for ongoing planetary warming. We're dumping carbon into the atmosphere at a rate faster than the Great Dying from about 250 million years ago. That time, nearly all life on earth was driven to extinction. What does this mean for humans? How do we cope and survive? Astonishingly, against cosmological odds, you and I get to live. But not forever. And not much longer. Coping with the reality of abrupt climate change and human extinction is hardly an easy undertaking. The message I've been delivering for several years is a heavy burden. I suggest fully absorbing the message that we get to live! Part of the process of living is death. In addition to my latest book [Extinction Dialogs], co-authored by Carolyn Baker, I've developed other means for dealing with reality. Among these are a book for young adults co-authored by Pauline Schneider and a workshop co-developed and facilitated by Ms. Schneider. We signed a contract for the book in mid-June and the workshop is described at onlyloveremains.org. What are some events of late you can point to as evidence that we are already experiencing abrupt climate change? In addition to the information presented above, there's the ongoing collapse of the Larsen ice shelves in Antarctica, abundant evidence we're headed for a warmer year than 2014 (the hottest year in history), and numerous extreme weather events. These ongoing phenomena have been anticipated for years. And now, they're here. What are other factors you feel people should be aware of? We're in serious human-population overshoot. **We're driving to extinction at least 150 species each day.** Nuclear power plants require grid-tied electricity, cooling water and people getting paychecks. Without all these, they melt down, thus immersing all life on earth in ionizing radiation. There's more. Much more. But all the evidence points toward our individual deaths and the extinction of our species in the near future. But most importantly, we get to live now.

#### Nuclear war causes extinction

Phillips 2000 (Dr. Allen, Peace Activist, Nuclear Winter Revisited, October, <http://www.peace.ca/nuclearwinterrevisited.htm)>

Those of us who were involved in peace activities in the 80's probably remember a good deal about nuclear winter. Those who have become involved later may have heard little about it. No scientific study has been published since 1990, and very little appears now in the peace or nuclear abolition literature. It is still important. With thousands of rocket-launched weapons at "launch-on-warning," any day there could be an all-out nuclear war by accident. The fact that there are only half as many nuclear bombs as there were in the 80s makes no significant difference. Deaths from worldwide starvation after the war would be several times the number from direct effects of the bombs, and the surviving fraction of the human race might then diminish and vanish after a few generations of hunger and disease, in a radioactive environment.

#### And even if it didn’t, it destroys society and makes us vulnerable to other extinction events

Shulman ‘13 (Carl Shulman is a Research Fellow at the Machine Intelligence Research Institute, Some notes on existential risk from nuclear war, December 9, <http://lesswrong.com/lw/jb9/some'notes'on'existential'risk'from'nuclear'war/)>

If all regions of the world suffered damage at the scale of all-out Cold War nuclear exchange, it would seem to set economic activity back by many decades or centuries as populations, industry, and social institutions recovered. If some large developed uninvolved regions were spared the effect would be lessened but still would represent a reversal of many years or several decades in global economic and population growth. Even if the human population eventually recovered and was able to realize most of its potential, this would still have consequences from a long-run perspective dwarfing the immediate casualties. For one, a 'pause' of decades or centuries would mean that large future populations would live under worse conditions (this is a problem relatively independent of one's population ethics). A setback of civilizational progress would result in astronomical waste. And, without being large enough to constitute an existential catastrophe, societal changes might constitute a trajectory change in the long run future, e.g. brutalizing society by allowing Malthusian trends to suppress per capita wealth near subsistence during a slow recovery. Damage on this scale could bring about an existential catastrophe by ruining responses to some other threat capable of causing extinction directly, but perhaps the most plausible route to permanently and drastically curtailing our civilization's potential would be if recovery from a small population turns out to be impossible under modern conditions. We will return to this after the discussion of nuclear winter.

## Advantage 2: Public Health

#### US-China health diplomacy in Africa is low now, but cooperation has the potential to amplify the current public health impact

Brown et al. 13 (Matthew Brown, Bryan A. Liang, Braden Hale, and Thomas Novotny, Senior Advisor at Office of Global Affairs, US Department of Health and Human Services - ‎US Department of Health and Human Services, “China's Role in Global Health Diplomacy: Designing Expanded U.S. Partnership for Health System Strengthening in Africa”, Global Health Governance, Volume 6, No. 2, CL)

Why would the U.S. government explore expanded public health collaborations with China in Africa? It is important to note that these two nations already have a shared history of public health collaboration. The United States and China have collaborated for more than two decades on infectious diseases (HIV/AIDS, influenza, and emerging infections), cancer, and other non-communicable diseases.37 These collaborations share common goals for improving the practice of public health as well as strengthening public health institutions in detecting and responding to public health problems in the United States and China. Additionally, improving medical infrastructure and health systems are shared global health objectives and stated priorities of African leaders, and such activities may also facilitate economic development and commerce among these partner nations.38-39 **Despite common goals, strategic cooperation in health development activities on the continent of Africa between the United States and China remains limited.** From the early 2000s, the United States has focused on single disease approaches in Africa. For example, the United States has supported a series of large global health initiatives on HIV/AIDS; in fact, the President’s Emergency Plan for AIDS Relief (PEPFAR) represents the largest amount of funding pledged by any nation to a single disease.40-41 However, PEPFAR’s single-disease approach also supported the development of public health institutions that can tackle additional public health problems that plague African nations.42 This was the objective behind the creation of the GHI in 2009, capitalizing on the infrastructure of PEPFAR to tackle other diseases of public health significance.43 For the United States, the next phase of global health investment also coordinated by the DOS includes strengthening health systems.44 Drawing upon lessons learned from U.S.-China collaborations and employing leadership of the S/GHD to explore and map potential collective action with the Chinese government presents an opportunity to amplify the public health impact of development assistance by both nations. It also provides the basis to respond to African leaders’ call for stronger coordination among donor nations. characteristic of this evolution is the critical role U. S. Ambassadors now play in allocating and directing public health resources. As the U.S. President’s representative to a foreign country, Ambassadors negotiated PEPFAR expansion and Partnership Frameworks directly with leaders of host governments. While the implementing agencies were still responsible for the funds appropriated for their programs, U.S. Ambassadors were held accountable for the overall success or failure of the PEPFAR country program. Authority to make funding recommendations rested with the Ambassador and PEPFAR performance elements were integrated into U.S. Mission Strategic Plans in each target country. This escalation and expansion of public health management accountability to the diplomatic sector was unprecedented and helped engender stronger foreign policy attention overall to global health in embassies abroad and, to some extent, in the DOS as a whole. For example, both the Global AIDS Coordinator and the deputy head of the Office of Global Health Diplomacy routinely attend the Secretary’s weekly staff meeting of all the bureau heads.

#### Effective medical infrastructure in Africa is needed, which is currently insufficient – substantially increasing US-China health diplomacy solves

Brown et al. 13 (Matthew Brown, Bryan A. Liang, Braden Hale, and Thomas Novotny, Senior Advisor at Office of Global Affairs, US Department of Health and Human Services - ‎US Department of Health and Human Services, “China's Role in Global Health Diplomacy: Designing Expanded U.S. Partnership for Health System Strengthening in Africa”, Global Health Governance, Volume 6, No. 2, CL)

Like the MDGs, the global community and African Ministries of Health have endorsed blueprints to grow African laboratory systems, but currently lack capacity to fully implement these systems. Targets for disease reporting established by the World Health Assembly in the International Health Regulations (IHR) to enhance global security, and the MDGs, established to enhance global health and development, strengthen laboratory systems and need a strong a coordinated community of donor support.134-153 The United States and China share economic, security and public health reasons to strengthen lab systems in Africa. Further, U.S. professional society programs such as the American Society of Clinical Pathology have already engaged with U.S.-based capacity building programs such as PEPFAR.136 ASLM may provide an opportunity to exploit these shared interests. No partner or international donor has yet pledged to meet the massive physical infrastructure needs that laboratories require. However, China overseas construction capacity is far in excess of what the U.S. government can support under PEPFAR and can greatly enhance efforts to build laboratories in Africa. In this space, China has announced that as part of its package of international collaboration with African nations, it will assist in building more than 50 medical facilities over the next five years.137\_ENREF\_38 The challenge in building the physical medical infrastructure is that unless there is a clear, defined, strategic plan in place to address the human and system capacity needs, it may not be implemented, maintained, nor be useful to the target population. By partnering with the United States, PEPFAR and the ASLM, Chinese medical infrastructure projects could be vetted in advance and integrated into the African government’s own blueprints for national and regional laboratory systems. In doing this, the United States, China and selected African nations could greatly enhance health security, economic cooperation, while achieving greater country ownership of critical public health and clinical infrastructure needs that can also address other health needs within the country. The United States has already demonstrated leadership in this arena by using PEPFAR resources to facilitate the creation and establishment of ASLM.138 The ASLM’s purpose is to assist donors and help coordinate assistance to any partners who works in clinical laboratory medicine strengthening in Africa.139 By engaging China’s strength and experience in building medical infrastructure, the impact of the U.S.-supported public health laboratory systems and networks could also be dramatically enhanced and relations among nations strengthened.

#### Public health problems, specifically disease, is a huge and growing problem – US-China health diplomacy coop is key to reinforce the health care systems in Africa

Brown et al. 13 (Matthew Brown, Bryan A. Liang, Braden Hale, and Thomas Novotny, Senior Advisor at Office of Global Affairs, US Department of Health and Human Services - ‎US Department of Health and Human Services, “China's Role in Global Health Diplomacy: Designing Expanded U.S. Partnership for Health System Strengthening in Africa”, Global Health Governance, Volume 6, No. 2, CL)

Africa has the worst health indicators of any continent on the globe.19 Africa accounts for only 13 percent of the world’s population, but carries 24 percent of the global disease burden.20 Africa has 19 of the 20 countries with the highest maternal mortality rates, 60% of the world’s HIV infections, and 90% of the malaria cases.21 These burdens are compounded by the inadequacy of health systems that have suffered from enduring problems of conflict, corruption, weak public sectors, and inadequate financing.22 World Bank reports and other economic analyses have described a strong association between health systems and economic development.23-24 However, efforts to strengthen health systems need thoughtful planning, coordination, and a dedicated and sustained effort from all parties that maintain collaborations or provide assistance in Africa.25-27 This paper explores the potential value of U.S. engagement with Chinese-African partnerships by expanding and exploiting existing U.S.-Chinese cooperation in global public health within the diplomatic arena. In particular, collaborative efforts to address health system needs among African nations may be a comparative advantage for such cooperation. For example, China’s huge investment in physical health infrastructure can reinforce the large health system investments made by the United States and others for the care and treatment of people living with HIV/AIDS (PLWHA).

#### Specifically, malaria kills millions in Africa – US-China coop is key to rapidly reduce deaths

Cooke 08 (Jennifer, director of the CSIS Africa Program and formerly worked for the National Academy of Sciences in the Office of Human Rights and the Office of News and Public Information and in the U.S. Congress on the House Subcommittee on Africa, "US and Chinese Engagement in Africa: Prospects for Improving US-China-Africa cooperation", CSIS)

China and the United States have both rapidly expanded their public health initiatives in Africa, at a time when international attention on global public health is also expanding. HIV/AIDS, malaria, avian flu, and SARS have generated a greater appreciation for the internationalization of health and the need for international health diplomacy and cooperation. Major government initiatives, along with the expansion of efforts by nongovernmental organizations, multilateral institutions, foundations, and faith-based organizations, offer new opportunities for collaboration to address African public health challenges. Africa’s challenges are many, and there are ample areas for coordinated work. At least 300 million cases of acute malaria are diagnosed annually. Malaria kills over 1 million people each year in Africa and is among the leading causes of death for children under age five. More than 8 million new cases of tuberculosis are detected annually, and **despite the availability of effective treatment, those numbers continue to rise.** Sub-Saharan Africa is home to 85 percent of the world’s HIV/ AIDS cases, and the disease compounds other diseases and other developmental problems. New epidemics such as avian influenza could be devastating. As Africa’s urban populations expand, alcohol, drug abuse, and chronic diseases like hypertension, heart disease, and diabetes are increasing as well. Structural challenges persist, including lack of trained health personnel and health infrastructure, weak interest internationally in tropical disease research, and limited African capacity, for example, in minimizing the influx and proliferation of counterfeit drugs. U.S. contributions to Africa’s health challenges have risen dramatically in recent years, enjoying strong bipartisan support that is likely to endure. By the end of the first five-year phase of the President’s Emergency Plan for AIDS Relief (PEPFAR) in late 2008, the United States will have expended over $19 billion on global AIDS control, roughly 60 percent in Africa. To date, U.S. efforts have been focused primarily on tackling specific infectious diseases—first and foremost HIV/ AIDS—and targeting select focal countries. In fighting HIV, there is increasing recognition that long-term management will require greater support for building health systems, and PEPFAR’s next five-year phase will almost certainly devote greater resources to the training of skilled personnel. President George W. Bush has also launched a major $1.2-billion, five-year initiative on malaria. In 2007, the United States spent $338 million on malaria efforts in Africa versus $1 million spent in 1997. Compared to HIV, control of malaria is more straightforward and affordable, with respect to the science of the disease as well as prevention and treatment. The challenge is to remain focused over time and to collaborate with partners to ensure maximum coverage. Chinese contributions to Africa are gradually increasing and are an important component of China’s Africa policy overall. China will continue to send medical teams to Africa and increase cooperation with Africa on prevention, treatment, research, and the application of traditional medicines. There are approximately 1,000 Chinese medical workers in 38 countries in Africa; more than half of the doctors are senior physicians and surgeons. Together they have treated an estimated 170 million patients suffering from various diseases. China has helped build numerous hospitals in Africa and has plans in the next three years to build 10 hospitals and 30 malaria clinics in Africa. On training, the Chinese Ministry of Health provides 15 courses each year to African participants in the areas of HIV/AIDS, malaria, hospital management, and health reform. Malaria will remain a prominent focus of China’s health efforts. China’s expanding health engagement and efforts to link it to an international strategy are new and worthy of encouragement. Through one promising initiative, the Ministry of Health has turned to global health experts at Peking University to help review existing Chinese programs, develop a long-term Chinese health strategy for Africa that updates the Chinese approach and ties it more effectively to African health outcomes, and identify opportunities for collaboration with the international community. These experts have recently concluded a summary review of all donor activities in the area of health in Africa. It is expected that reform of health approaches will take several years to formulate and execute. There are [thus] promising areas for public health cooperation among China, the United States, and African countries, although currently there are bureaucratic obstacles to greater dialogue and joint projects. At a minimum, there is need for greater communication to avoid duplication of efforts and identify gaps. African countries should engage China and the United States on bilateral projects, but also on multilateral efforts. Moreover, China could play a more active role in multilateral initiatives, building on its present substantial contributions to the board of the Global Fund to Fight AIDS, TB, and Malaria, and its leadership of the World Health Organization. China and the United States bring complementary strengths to the table: China places an emphasis on infrastructure and health systems, and the United States on treatment of specific diseases. African governments with robust public health strategies in place can push for cooperation in what they identify as priority areas. Collaboration on malaria is a particularly promising area in which to build cooperation, given the priority African governments attach to this disease and rising commitments by both the United States and China. It is also an area that could deliver significant, rapid returns and perhaps help encourage future cooperation in more complex health efforts. Despite China’s interest in malaria, the Chinese and other Asian governments were absent at the 2007 Roll Back Malaria Partnership Board meeting in Addis Ababa. China should be welcomed and encouraged to participate more fully in these and other multilateral global health fora. Cooperation on health will require greater political will—by the United States, China, and African governments—than currently exists. This will require senior leadership that supports in- novation and flexibility in the field, minimizes political obstacles to communication, and favors joint initiatives. A future priority should be strengthening African capacities to address chronic diseases as well. Cooperation should not be limited to government-to-government engagement. Linking non- governmental organizations, research institutes, faith-based organizations, and corporate interests in active partnerships should also be a priority.

#### The world is particularly vulnerable to disease now – specifically, an Avian influenza pandemic could kill 16 million – cooperation has the potential to solve while reducing health disparities and improving relations

Long 11 (William J., professor and chair at the Sam Nunn School of International Affairs at the Georgia Institute of Technology. He is the author of three books and numerous articles on conflict resolution, international cooperation, and trade and technology transfer policy and Jennings Randolph fellow at the U.S. Institute of Peace in 2009-10, "Pandemics and Peace: Cooperation in Zones of Conflict", USIP Press Books)

The spread of avian influenza and other naturally occurring or man-made biological threats presents a grave security and humanitarian threat regionally and globally. Dramatic increases in the worldwide movement of people, animals, and goods; growing population density; and uneven public health systems worldwide are the driving forces behind heightened vulnerability to the spread of both old and new infectious diseases. Since the global spread of the human immunodeficiency virus (HIV) began in the early 1980s, twenty-nine new bacteria or viruses have been identified, many of which are capable of global reach. Commenting on this trend in 2007, the United Nations’ World Health Organization warned, “Since the 1970s, newly emerging diseases have been identified at the unprecedented rate of one or more per year. . . . It would be extremely naïve and complacent to assume that there will not be another disease like AIDS, another Ebola, or another SARS, sooner or later. Senior World Health officials have noted that “inadequate surveillance and response capacity in a single country can endanger national populations and public health security of the entire world.” With more than a million travelers flying across national boundaries every day, it is not an exaggeration to say that a health problem in any part of the world can rapidly become a health threat to many or all—what one author calls the microbial unification of the world. The outbreak of severe acute respiratory syndrome (SARS) in 2002 and 2003 demonstrated how a previously unknown but lethal virus could spread by modern air transport, traveling from Hong Kong to Toronto in fifteen hours and eventually reaching twenty-seven countries. The increased speed of transmission also means that contagion is likely to be well established before governments and international organizations are aware of the presence of the disease. SARS, in turn, focused attention on the ability of public health systems worldwide to cope with an anticipated pandemic associated with the next major antigenic shift in the influenza A virus. Although the influenza A virus mutates regularly (antigenic drift), every decade or so the virus undergoes a major change, or shift, for which most people have little or no protection. The threat is magnified today by the ability of such diseases to spread worldwide very rapidly. For example, since emerging in 1997, avian influenza—which to date has infected more than 400 people and killed more than 200—could create, if it becomes capable of human-to-human transmission as a new influenza A virus, a global pandemic of unprecedented lethality. Avian influenza could, if it becomes capable of human-to-human transmission as SARS did in 2002, kill somewhere between 200,000 to 16 million Americans. Countries with less robust public health systems would lose an even larger percentage of their population to such a disease. The relatively benign H1N1, or swine flu, outbreak provides a harbinger of this future danger. Global economic and political stability could fall victim to a pandemic too. Today, nations much provide for their citizens’ health and well-being and protect them from disease. Health provision has become a primary public good and part of the social contract between a people and its government. Accelerating transnational flows, especially pathogens, can stress and could overwhelm a state’s capacity to meet this essential function. Weak states could fail economically or politically, thereby creating regional instability and a breeding ground for terrorism or human rights violations. Statistical studies reveal that declining public health substantially increases the probability of state failure, and historical examples of the correlation between disease outbreak and political instability and violence extend from the fall of ancient Athens to recent violence in Zimbabwe. Even in the strongest states, leaders must be prepared, in an integrated way, to respond to the full spectrum of biological threats that could impede essential social functions such as food supply, transportation, education, and workforce operation and result in huge economic costs. Reducing the danger of influenza or other infectious diseases requires a focus on preparedness and monitoring. Rapidly identifying the problem, sharing information, and coordinating response are each critical to limiting the perils of pathogenic threats. Although the peril is great, so too is the promise of building cooperation **through regional disease surveillance, detection, and response. H**ere is the positive potential of globalization: it can facilitate the rapid response to health challenges by quickly mobilizing health professionals, medicines, and supplies, and by deploying information technology for disease surveillance and sharing best health practices across nations. These exchanges, between neighboring states and even between traditional adversaries, could contribute to reducing disparities in health and help improve regional relations. Armed with a theoretical understanding of the basis for such cooperation, the regional and international practitioner and political communities can respond more effectively to this critical transnational security and humanitarian concern.

#### Inaction towards infectious diseases is unethical and wrong, perpetuating a mindset that views these deaths as "acceptable losses" – by addressing diseases like malaria we begin to rectify this unacceptable norm

Author

The morning after Ronald Ross confirmed that mosquitoes formed a critical link in the lifecycle of the malaria parasite, he wrote in his notebook: …I have found thy secret deeds Oh million-murdering Death. I know that this little thing A million men will save [1]. In the US and Europe, Ross’s prediction has come true. Although 1 million malaria cases occurred annually in the US throughout the 1930s, today the disease is virtually nonexistent. The story of malaria eradication in the US recounts the development of our health care infrastructure and the success of public health programs. However, in the developing world where such advances are absent, malaria rages as one of the worst infectious killers. And yet malaria is by no means the only one. Infectious diseases are the leading cause of global morbidity and mortality [2]. The “big 3” pathogens—HIV, tuberculosis, and malaria—cause hundreds of millions of infections annually and collectively kill more than 5 million people each year, mostly in sub-Saharan Africa and Asia. The great travesty of these statistics is that all 3 “perpetual” epidemics are preventable and largely treatable. Why do preventable, treatable diseases continue to weigh heavily on the poor? What are the ethical implications for the medical profession and society when drastic health disparities are perpetuated? What arguments can be made for changing the status quo? Since the history of malaria encapsulates our failure to combat global health threats, it is worth exploring the above issues as they relate to malaria in particular and all “forgotten epidemics” in general. Poverty and Health Bacterial, viral, and parasitic diseases cause approximately 163 000 deaths in the developed world annually (mostly among the elderly and those with compromised immune systems) compared to 9.2 million deaths (mostly among children) in the developing world [3]. Communicable diseases cause 56 percent of deaths in the poorest fifth of the world compared to only 8 percent in the richest fifth [4]. Infectious diseases are the world’s leading killers of children and young adults [5]. By every measurable health statistic, the developing world is at an extreme disadvantage in matters of infectious disease. In addition to morbidity and mortality, infectious diseases are bidirectionally linked to poverty. Malaria has micro- and macroeconomic consequences for affected regions: decreased income, tourism, and foreign investment and increased health expenditures [6]. In contrast, areas that control malaria realize higher life expectancies and economic gains. Malarious countries face far more than the parasite itself; they must also grapple with limited access to essential medicines or health care, poor hygiene and sanitation, low subsistence incomes, limited education, and scant health information. Unfortunately, the developed world has not committed to addressing these problems. Ninety percent of health care dollars treat a mere 10 percent of the world’s population. This skew is reflected in pharmaceutical portfolios; only 13 of 1233 drugs licensed from 1975 to 1997 were approved for tropical diseases, despite the overwhelming burden imposed by these diseases [7]. Current antimalarial drugs are being rendered ineffective by parasite resistance. Without colonial interests to mandate tropical disease research, and with these diseases virtually eliminated from developed countries, governments have refocused their attention on health problems at home. Meanwhile, as “acceptable losses,” millions continue to die from malaria and other infections, leaving us with intensifying disease burdens among the poor, limited interest among the rich, and a dangerous and ever-widening gap between these spheres. According to public health expert Paul Farmer, the world’s double standard for health is the leading bioethical problem of our time [8]. History of Infectious Diseases and Bioethics As a discipline, bioethics is just beginning to address the health disparities that keep malaria and other infectious epidemics embedded in the developing world. While HIV/AIDS has garnered the recent attention of ethicists, malaria and tuberculosis have seen almost zero interest [5]. As discussed by Selgelid, there are several reasons behind the overlooked problem of global infectious diseases [5]. First, bioethics was founded to deal with increasingly complex issues of modern medicine, epitomized most recently by debates over euthanasia, organ transplants and stem cell research [5,8,9]. These interests directed the attention of medical ethicists to people who receive care, leaving those who don’t—in particular, citizens of developing countries—to be addressed primarily as research subjects [8]. Secondly, bioethics emerged during a period of naïve belief that infectious diseases would ultimately be eradicated. Third, infectious diseases are often considered problems of the “other”—Africans, homosexuals, or drug users, for example [10]. Thus, Selgelid believes practical and psychological factors led ethicists to concentrate on problems facing mainstream, domestic patients rather than those overseas [5]. Four Arguments for Action Despite a lack of bioethics commentary on tropical diseases, there are at least 4 major reasons why fighting malaria and other microbes worldwide is a “win-win” situation for donor and recipient countries [5,11-14]. The arguments appeal to different constituencies, but collectively they provide a compelling case for aggressively combatting global infectious diseases. As outlined below, such actions could (1) ensure human rights through justice, (2) secure domestic health, (3) create economic prosperity, and (4) bolster security and peace. Ensuring human rights through social and global justice. Basic health care, equality, and justice are essential human rights. While enshrined in the declarations of the United Nations and other global organizations, in practice these principles are often ignored. Wars, poverty, political corruption, and moral indifference all contribute to injustice and poor health. As one of the worst evils plaguing humanity, disease is something that domestic and international organizations should work to abolish [5,9,15,16]. In the words of J. Dwyer, “the health of an individual may depend on particular susceptibilities or exposures; the health of a population often depends on justice” [17]. Thus a fair and just society must form institutions and programs to combat preventable and treatable diseases while also supporting and stimulating research on all diseases. In doing so, society may eliminate inequitable conditions, including the poverty brought on by poor health.

## Solvency

#### Combining US's vertical approach with China's horizontal approach to health systems solves best – any other approach ensures the failure of the health systems

Penfold 14 (Erica 26 Pieter, Researcher/Project coordinator, Poverty Reduction and Regional Integration project, Research Fellow, Poverty Reduction and Regional Integration project, South African Institute for International Affairs, "Ebola and Cultures of Engagement: Chinese Versus Western Health Diplomacy", Council of Councils initiative of the Council on Foreign Relations, 10/30)

Vertical systems also potentially divert human and financial resources from resource-constrained health systems. Vertical programs are, however, attractive to donors and political bodies, as results are quick and such systems are easier to manage than horizontal programs. Despite the weaknesses attributed to vertical programs—which arise due to a lack of follow-through for active case surveillance, integration of disease surveillance into primary healthcare services, and specific disease response services—funding from sources like the Global Fund and Gavi, the Vaccine Alliance, has targeted vertical programs in health systems. The Global Fund and Gavi, despite having differing approaches, have had success in slowing the rate of HIV infection, tuberculosis, and malaria (Global Fund) and providing vaccines and immunization against diseases such as pneumococcal disease and meningitis worldwide (Gavi). Horizontal approaches are delivered through publicly financed healthcare systems, also referred to as comprehensive primary care. Horizontal approaches, which include the financed provision of routine immunization, community directed treatment strategies (for example, the control programs for African onchocerciasis, also known as river blindness, or Robles disease) focus on prevention and care for prevailing health problems. Horizontal systems are cost effective and sustainable in the long term, can deliver preventive services to poorer people who can't afford private healthcare, and are preferential for policymakers, because of the appeal of long-term sustainability. In addition, if financed by government revenue and a broader, sustainable health plan, horizontal healthcare systems can be integrated into the public sector. However, such care systems only work effectively in stable environments, which most developing states lack due to poor infrastructure and limited resources. And more often than not, resource deficient countries cannot afford to implement integrated programs into public healthcare systems. As a result, international health assistance programs have tended to rely on vertical short-term approaches, despite evidence that horizontal care could offer a more effective integrated and comprehensive health care solution in the long term. **An ideal healthcare response would combine vertical and horizontal health systems**, particularly in countries with weakened post-war economies such as Liberia, Sierra Leone, and Guinea. Such an approach would also seek to distribute health assistance funding to improve the conditions necessary for long-term sustainable healthcare solutions to be instituted. To this end, the WHO has called for coordination between both horizontal and vertical health approaches to strengthen existing health systems and ensure successful communicable disease response programs.

#### US-China health cooperation improves global public health

Jun 15 (Zhou, executive director of the U.S.-China Healthcare Cooperation Program, "Xi's visit will push Sino-US medical co-op," China.org.cn, 9/26)

Chinese President Xi Jinping began his state visit to the U.S. on Tuesday, and has currently elevated Sino-U.S. relations to the international spotlight. During the trip, Xi is expected to share his views on different issues, including regional and international issues, as well as domestic and diplomatic policies. Economic and trade cooperation is always the foundation of bilateral relations. Just as State Councilor Yang Jiechi said that economic and trade cooperation is a "propeller" of Sino-U.S. relations. In 2014, the trade volume of the two countries set a record of US$555.1 billion, and investment stocks surpassed US$120 billion. With the growing bilateral economic and trade cooperation, cooperation in the field of medical treatment and public health is an important part. It not only brings a win-win result in economic areas, but also promotes technological innovation in the two countries, while improving people's health. With China's urbanization, aging process, and development of the middle class, market demands on the medical service industry are increasing rapidly. In the past decade, China's compound average growth rate of total health consumption has stayed at 17 percent. The U.S. public health industry and institutions have become the backbone which meets the needs of the Chinese market. Meanwhile, exchange and cooperation between the two sides has also promoted technological development in China's healthcare industry. Health and medicine are the priority for technological development in all countries, including China. The U.S. has the world's most advanced technology and innovation in medical information, precision medicine, chronic disease prevention and control, and in many other fields. Bilateral cooperation between the U.S. and China, such as exchange of visits, talent communication and project co-construction, has become an effective way to promote Chinese medical professional training. In January 2011, during the Summit between then Chinese President Hu Jintao and the U.S. President Barack Obama, China's National Health and Family Planning Commission (NHFPC), the Ministry of Commerce, the U.S. Department of Health and Human Services (HHS), the U.S. Trade and Development Agency (USTDA), and the U.S. Department of Commerce (DOC) issued a joint communiqué on the China-U.S. Public and Private Partnership on Healthcare (PPPH), in order to promote healthcare cooperation between the two countries. Under the framework of the joint statement, both countries supported the establishment of the U.S.-China Healthcare Cooperation Program (HCP). The program is aimed at building closer working relations between Chinese and the U.S. governments while leveraging healthcare industry strengths in order to foster long-term cooperation in the areas of public health, policy research, training, R&D and technology. During the past four and half years since the HCP was established, exchange and communication between the two sides has become more frequent and thorough. Each year, medical and healthcare seminars are held in both countries, hundreds of doctors pay exchange visits, and training programs are held for health care managers. Meanwhile, bilateral communication and cooperation also encourage the two countries to make more contributions to infectious disease prevention and control, medical information, medical services, and technological innovations across the world. After this state visit to the U.S., Chinese President Xi Jinping will attend summits marking the 70th anniversary of the United Nations. Healthcare is one of the main elements of the UN's sustainable development goals after 2015. We believe that in future, China and the U.S. will strengthen and widen their communication and cooperation in medical treatment and the healthcare industry to support the world's healthcare governance, and other countries' economic and social development.

#### China says yes – the U.S. and China are invested in collaborating on fighting infectious disease and global public health

NIH 15 (National Institutes of Health. "US-China Renew Commitment to Global Health Security."*National Institutes of Health*. U.S. Department of Health and Human Services, July-Aug. 2015. Web. 04 Mar. 2017.)

Ebola and global health security were on the agenda at a meeting of U.S. and Chinese health officials held on the NIH campus in June. Both countries agreed to renew a longstanding commitment to collaborate on the prevention, detection and response to global infectious disease outbreaks. "With each day, the distances between us shrink," U.S. Health and Human Services (HHS) Secretary, Sylvia M. Burwell, told participants. "Our world grows more interconnected. As we are seeing now with MERS-coronavirus, our borders will not stop diseases, and evolving health threats require coordinated responses. Our global health community needs global health solutions. And we know that none of us can operate in isolation, especially when it comes to the health of our people." The Chinese delegation was led by Vice Premier Liu Yandong and included Minister Li Bin, of the National Health and Family Planning Commission, and Dr. Wang Yu, Director of China's CDC. NIH Director Dr. Francis S. Collins also participated. Burwell thanked the Chinese visitors for the important contributions their country made to the Ebola response. The close partnership between U.S. and Chinese staff in the mobile lab China sent to Sierra Leone played an important role in saving lives and turning the tide of the epidemic, Burwell said. The two countries were among the first to respond to the outbreak. The U.S. sent surveillance teams, established treatment facilities and deployed thousands of public health experts. China mounted its largest-ever overseas global health effort - delivering medical supplies, deploying clinical and public health experts, and building laboratory and clinical facilities. Both countries are committed to supporting the Global Health Security Agenda, an effort to accelerate progress toward a safe and secure world free from infectious disease threats. Burwell noted U.S. and Chinese scientists have also worked together to help stop the spread of SARS and bird flu, as well as to combat cancer, HIV/AIDS and other diseases. In addition, the NIH is currently hosting more than 700 Chinese scientists in its Bethesda labs. Both sides agree it's a priority to continue to build the global infrastructure for health, Burwell said. "Challenges will continue to threaten the health and security of our nations," she said. "But with better strategies and a strong partnership, we can be ready to face whatever comes our way, and better deliver for the people we serve."