# Mummies AC---Egypt

## Notes

Heg expansion in the 1AR – power projection

Middle East miscalc – outweighs other disads since rational incentives and security structures usually prevent escalation

A2 Instability – 1) Involvement of Israel is key, it’s the only nuclear state in the middle east. “Instability” means nothing, the Middle East has been unstable for centuries. 2) Arab-Irsaeli peace treaty outweighs, it’s a major disruption to Israel’s strategic planning. The tenuous peace collapses

Against counterplans, we read the mummies advantage as an add-on in the 1ar the CP couldn’t solve.

## 1AC Framework

### FW – Short

#### All ethical theories must begin from a source of value since only a grounding of value can answer endless questioning of ethics – arguments about rights or respect assume that these things have some intrinsic worth which everyone accepts as good

#### This means consequentialism –

#### First, only states of affairs give teleological relevance to ethics

Ariansen 98 [Per Ariansen (University of Oslo, Department of Philosophy). “Anthropocentrism with a human face.” Ecological Economics 24 (1998) 153–162] AJ

Suspending for a while the idea of morality as a game, one could approach the question of the nature of ethics from another angle. One could try to seek out a set of necessary and sufficient condi- tions for ethics to be operative. What traits of ethics cannot be lacking without ethics losing its meaning? Will ethics be meaningful in a world where no suffering (to focus on the duty to alleviate suffering rather that promote happiness) is known to anyone? Technically it would be possible to tell a lie or break a promise in such a society, but the difference between lying and telling the truth or breaking and keeping promises would have no moral significance, since any outcome of any event is just as good (rather, as indifferent) as any other outcome of the event. In such a world any mention of responsibilities and duties would be meaningless. Ethics clearly needs to relate to joy and suffering. This axiological orientation is necessary to give meaning to the ethical project, to mark it out as an ethical project in contrast to other projects of rationalization.

#### Teleology outweighs and is a litmus test for ethical theories – if other ethics are meaningless then we should use consequentialism anyways

#### Second, all questions of value are meaningless absent the real lived experiences of human beings.

Sam Harris 2010. [CEO Project Reason; PHD UCLA Neuroscience; BA Stanford Philosophy]. The Moral Landscape: How Science Can Determine Human Values.”

Here is my (consequentialist) starting point: all questions of value (right and wrong, good and evil, etc.) depend upon the possibility of experiencing such value. Without potential consequences at the level of experience—happiness, suffering, joy, despair, etc.—all talk of value is empty. Therefore, to say that an act is morally necessary, or evil, or blameless, is to make (tacit) claims about its consequences in the lives of conscious creatures (whether actual or potential). I am unaware of any interesting exception to this rule. Needless to say, if one is worried about pleasing God or His angels, this assumes that such invisible entities are conscious (in some sense) and cognizant of human behavior. It also generally assumes [and] that it is possible to suffer their wrath or enjoy their approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

#### Independent of considerations of future happiness or life, death is ontologically the worst possible evil since it destroys the subject iself

Paterson, 03 – Department of Philosophy, Providence College, Rhode Island (Craig, “A Life Not Worth Living?”, Studies in Christian Ethics, http://sce.sagepub.com)

Contrary to those accounts, I would argue that it is death per se that is really the objective evil for us, not because it deprives us of a prospective future of overall good judged better than the alter- native of non-being. It cannot be about harm to a former person who has ceased to exist, for no person actually suffers from the sub-sequent non-participation. Rather, death in itself is an evil to us because it ontologically destroys the current existent subject — it is the ultimate in metaphysical lightening strikes.80 The evil of death is truly an ontological evil borne by the person who already exists, independently of calculations about better or worse possible lives. Such an evil need not be consciously experienced in order to be an evil for the kind of being a human person is. Death is an evil because of the change in kind it brings about, a change that is destructive of the type of entity that we essentially are. Anything, whether caused naturally or caused by human intervention (intentional or unintentional) that drastically interferes in the process of maintaining the person in existence is an objective evil for the person. What is crucially at stake here, and is dialectically supportive of the self-evidency of the basic good of human life, is that death is a radical interference with the current life process of the kind of being that we are. In consequence, death itself can be credibly thought of as a ‘primitive evil’ for all persons, regardless of the extent to which they are currently or prospectively capable of participating in a full array of the goods of life.81 In conclusion, concerning willed human actions, it is justifiable to state that any intentional rejection of human life itself cannot therefore be warranted since it is an expression of an ultimate disvalue for the subject, namely, the destruction of the present person; a radical ontological good that we cannot begin to weigh objectively against the travails of life in a rational manner. To deal with the sources of disvalue (pain, suffering, etc.) we should not seek to irrationally destroy the person, the very source and condition of all human possibility.82

#### Since preservation of life is intrinsically good we have an ethical obligation to meet that duty to the best of our ability – arguments like over-demandingness, act-omission distinction, and intent/foresight distinction are ultimately useless since they have no ethical grounding in an intrinsic good. It’s tautological to say that maximizing good will maximize the good, so any constraints on my framework are false.

#### Thus, my standard is minimizing risk of death

## 1AC Contention---Trafficking

### 1AC – Contention [New]

#### Text: Egypt ought to presume consent for organ procurement from the deceased

Hughes 09 [J. Andrew Hughes (J.D. candidate, Vanderbilt University Law School, May 2009; B.A., Rhodes College, 2001). “You Get What You Pay For?: Rethinking U.S. Organ Procurement Policy in Light of Foreign Models.” VANDERBILT JOURNAL OF TRANSNATIONAL LAW. Vol. 42:351. 2009] AJ

Only a few countries employ a presumed voluntary consent regime without the opportunity for the donor or the donor’s family to opt out of the “donation.”118 Proponents justify this nationalization of cadavers by considering harvestable organs a national resource.119 As an extreme form of presumed consent, the nationalization of cadavers creates some of the same problems that critics associate with presumed consent procurement systems. Nationalization particularly implicates concerns about the ethics and morality of denying people’s right to control their own bodies.

#### Supply and demand gap in Egypt makes it an organ trafficking hub – cultural biases make the plan inherent. Modified for offensive language

Hozayen 4/17 [Heidie, Staff Writer for the AUC Times, April 17, “Egypt Dominates an Underground Market: Organ Trafficking,” http://auctimes.com/?p=2111]

With the rise of globalization, a trend towards organ trafficking sprang to life, cutting short the lives of many vulnerable human beings. As the demand for organ transplants increased, manipulative opportunists took advantage of this need and created a strong market. Organ traffickers needed a place to practice their business effortlessly, and what better place than a country with lax laws, dangerously high poverty rates and rock bottom education? In 2010, the World Health Organization (WHO) estimated that 42,000 people in Egypt were in need of transplants. According to Dr. Hamdy Sayed, the former Medical Syndicate directors, commercial living donors supply between 80–90 percent of kidney transplants in Egypt. This issue has only been brought up for debate a few years ago, with the last entity to govern transplant processes in Egypt founded as far back as 1976. A controversial solution was to transplant organs from deceased donors, however, that solution was hastily ruled out because dead bodies are believed to be sacred. While this debate only wasted precious time, traffickers were already geared up, and all set to pursue their profits. Accordingly, the WHO titled Egypt as the “hub” for organ trafficking. And in 2010, a law was issued banning any commercialization of organs and allowing transplants from deceased donors, but by then Egypt had been among the latest Arab countries to implement this legislation. In 2009, a 36yearold Egyptian baker was reported for selling his kidney to pay off his debts to avoid a lawsuit. Amr Mostafa, a field researcher in the Coalition for OrganFailure Solutions (COFS) Egypt, recounted the presence of a famous broker who was known to circle around local cafes ahawi in a BMW to screen his targets. He promises them a job abroad and asks them to take a simple medical test; one that will falsely diagnose them with kidney stones. He then offers to cover their operations’ costs. They later end up without a kidney. The following year Daily News Egypt published two other cases. The first was that of a Jordanian man who was arrested at Sanaa airport for leading seven Yemenis on a venture to Egypt to sell their kidneys. The other lawsuit concerned a 26yearold Yemeni male who incited 200 of his people to trade their organs. In 2011, COFS Egypt reported a brutal Sudanese woman who, after falling victim to a trafficker, vended her son’s kidney in order to get some cash. Later, her son revealed that she had also disposed of his 15yearold sister’s kidney, while his older brother’s organ removal was being scheduled. These accounted cases speak of a cycle of corruption; whether as a victim or a broker, once you are in, you can’t get out. Kabir Karim, COFS’s Egypt director, believes that these individuals should not be called ‘commercial living donors,’ he says “the name is misleading as really they are more victims than donors.” Alternatively, one should think about the multiplier effect that these ‘victims’ create when they convert to being brokers for just capturing the extra cash. It then becomes a hassle to curb, which is the exact problem in Sinai. Dr. Hamdy al Azazy, Head of New Generation Foundation, revealed photos of South African corpses in Arīsh morgues that had wounds all across their abdominal areas. Dr. Hamdy hypothesized that corrupt doctors from prominent hospitals in Cairo are involved with Sinai Bedouins in organ theft. The WHO estimates that 10% of worldwide transplants are of a commercial nature, which are usually supplied by citizens of developing countries, this crosscountry trade has been known as ‘transplant tourism’. One may see this trend as another exploitive affair resembling child labor where the vulnerable are always the targets. Silenced Third World citizens with minimal political rights serve the underground nature of organ trafficking well. Their hunger for cash pushes them into the market regardless of the exchange conditions. They usually don’t have an alternative as they are robbed of any source of income. This is evidenced by COFS’ Egypt findings; “Over 90 percent of donors don’t have a regular job, and are … in debt because of their circumstances”. The lack of education also plays a striking role; more than 60% of Egyptian victims are illiterate, to the extent that, one targeted man did not even know what a liver was. When the law prohibiting commercialization was first publicized, the government promised to finance transplant operations for the poor and offer donors subsidized medical care. Yet, the issue is not solely financial. The question is who will supply these needy recipients? Dr. Meteini, Liver Transplant Unit Head at Ain Shams University, supposes that, “the one who will pay for this is the patient, as we will not be doing the number of transplants we do now”. He seems to have missed the pivotal point. Humans in need of transplants will not sit and watch themselves bite the dust. They will undoubtedly seek a leeway and, like most other Egyptian sectors, it will be an informal one tapping into a black [an illegal] market. Susanne Lundin, a wellknown ethnologist, argues that such law issuance “will drive the market underground as has happened in other countries that passed similar legislation.” Problematically, these are only some of the instances that happen on the ground in Egypt. While there are many victims who come forward to unveil their stories, plenty more stay in the shade out of fear. Unfortunately, with increasing diabetes rates worldwide, renal failure will probably multiply and so will the market for kidney donors, followed by organ trafficking as well. The huge gap between supply and demand will continue to be a point of contention. Dr. Debra, COFS director, argues that Egypt is not very responsive to the cause on its own land and COFS has “yet to adequately get commitments from Egyptian authorities.” With the added pressure of political instability, Egypt provides the perfect setting for the trade.

#### Aff solves trafficking and the illegal market – it’s the best legal avenue and ensures accurate organ matching and effective operations. Modified for offensive language

Glaser 05 [Sheri, J.D. candidate at the Washington College of Law, “Formula to Stop the Illegal Organ Trade: Presumed Consent Laws and Mandatory Reporting Requirements for Doctors,” Human Rights Brief, Vol. 12 No. 2, pg. 20-2]

APPROXIMATELY 15 TO 20 NATIONS have enacted presumed consent laws for organ donation. These laws are intended to produce a surplus of organs for transplant surgery, establish equity in the distribution of organs, and end any illicit trade in organs. They essentially create situations where people must opt-out of being an organ donor, rather than opt-in, as in the United States and other countries. These laws vary in terms of their strength. For example, many of the European laws are weaker, meaning they have easy opt-out provisions. In France the family is given an opportunity to stop the donation, even if the deceased expressed his or her desire to be an organ donor. Where the system of presumed consent is weak, it does not increase organ supply to the point of meeting demand. Instead, those systems operate like the opt-in system in the United States because people who would have chosen to remain a nonorgan- donor in the United States may stop a family member’s donation and opt themselves out of being organ donors. Such systems do not effectively increase the supply of organs. In contrast, Brazil’s Presumed Organ Donor Law is an example of a strict presumed consent law, where it is more difficult to opt-out. The law defines all Brazilian adults as universal organ donors unless they officially declare themselves “non-donors of organs and tissues.” In order to opt-out, citizens must have “nondonor of organs and tissues” permanently stamped on their civil identity card or driver’s license. Citizens must pay for their documentation, which presents an economic hardship and thus a major hurdle for many in Brazil. Additionally, citizens must navigate various bureaucratic obstacles in order to opt-out. For example, authorities reportedly told Maria Celestina de Oliveira Pinto, a domestic worker in Sao Paulo, that she was not allowed to declare herself a non-donor when she went to get her new documents. She reportedly had to wait in line four times and argue before she received a “non” before the word “donor” on her card. Though strict presumed consent laws effectively increase supply, they may create unfair hardships on those individuals who wish to opt-out. States that pass strict presumed consent laws should make the process by which citizens opt-out free of charge and simpler than Brazil’s system. IMPACT OF PRESUMED CONSENT LAWS Presumed consent, when the state strictly follows it, is the best practice method of legally obtaining organs. In countries with presumed consent laws, there is a higher procurement rate for organs than in countries without these laws. Many argue that if the demand for organs were met legally, then people would have less incentive to illegally obtain organs and the [illegal] black market would eventually diminish. On a more basic level, if there were more organs available for transplant, then more people’s lives would be saved. In addition, presumed consent leads to improvements in tissue matching between donor organs and recipients, and it allows surgeons to be more particular about which organs are selected. Furthermore, these laws allow for more careful application of brain-death criteria because the increased supply of donor organs diminishes incentive to obtain organs through “inappropriate” means. For example, there have been cases in Russia and Argentina where organs were removed from comatose patients who were prematurely declared brain-dead. Presumed consent also ensures that organs are “fresher” because it eliminates the doctor’s need to contact the deceased’s next of kin, thus shortening the time between death and determination of consent. Lastly, the decision as to whether or not to donate organs is not made during the grieving period immediately following someone’s death. Financially, presumed consent lowers costs on the part of the government. For example, in the United States, with a federally funded dialysis program, the cost of a kidney transplant, taking into account the cost per year after the transplant for further medical care, is less than the yearly cost of dialysis. One could reasonably argue that, as kidney transplants become even more commonplace, the costs will continue to fall. If a nation has a system of presumed consent and has more organs available for transplants, then that nation will presumably be performing more transplants and will have fewer patients on dialysis, thus lowering government costs.

### Sinai violence

#### Profitability of organ trafficking motivates violence and instability in Northern Sinai – two warrants

Scholz 13 [Matthias, MA in International Relations and Diplomacy at Leiden University, June 10, “Egypt's Sinai since the Uprising 2011 - Explaining the Differences in the Amount of Violence between North and South,” https://openaccess.leidenuniv.nl/bitstream/handle/1887/24174/Thesis\_Scholz.pdf?sequence=1]

Another part of the violence can be traced back to economic motives. Those, I argue are a result of the involvement of certain groups in illegal activities in the North, most importantly smuggling of arms and other goods to Gaza, as well as human trafficking – or e Israeli defense wall along the border to Sinai (AFP 12.12.2011), the selling of organs of immigrants who get as far as Sinai but then fall into the hands of ruthless gangs. The smuggling of goods and arms from Sinai into Gaza constitutes an issue in the area since 1948 and in particular became an issue after Egypt regained authority in Sinai in 1982. Firstly, having few legal sources of income available, smuggling constituted a lucrative business for the people of Rafah and Al Arish. Second, the presence of the Palestinian refugees in North Sinai provided personal links to the buyers in Gaza. Third, the smuggling of arms in particular was not only lucrative, but has also to be seen in the context of Arab struggle against Israel. Smuggling, however, is limited in the amount of money it can provide and a fierce competition over the control of the smuggling routes emerged. Today, most of the smuggling tends to be controlled by several families (Sawarka, Rumaylat, and Tarabeen) who sometimes cooperate with particular factions in Gaza (ICG 2007: 8). Aside from goods, the North of Sinai constitutes a major route of human trafficking. Africans who get to Egypt try to get to Israeli from here. However, and in particular since Israel finished the construction of its defense wall towards Sinai (Reuters 02.02.2013), more and more of the African migrants who get smuggled into Sinai are held hostage there to blackmail their families for more money or get killed if no further payments are possible. As Sigal Rozen, Israeli NGO worker in the field of immigration put it in an interview in Der Spiegel, “Whole valleys in Sinai smell like death and decay”, as dozens if not hundreds of Africans get killed there every year while trying to escape their imprisonment (Der Spiegel 03.09.2011). According to Israeli sources at least 10.000 African migrants have made their way through Sinai across the border into Israel during recent years (DPA 24.05.2011). The business is again divided between criminal gangs and Islamic militants, who control who is allowed to pass through the mountains of North Sinai and who is not (Ibid.). The illegal economic activities in two ways lead to violence in North Sinai. On the one hand, obviously, some of the shooting at the border can be traced back to confrontations between smugglers and security forces. On the other hand, the activities are also disputed amongst the local population who compete for bigger shares, or try to prevent others from engaging in these activities. First, violence erupts from clashes between smugglers and security forces along the border between Egypt and Israel. Right after the uprising in 2011, a first member of the security forces was shot when he was trying to prevent a “group of masked smugglers with sacks of drugs attempting to infiltrate Israel” from crossing the border (Egypt Independent 24.02.2011). Not only drug smugglers, but also human traffickers clash with security forces, and October 2011 for example shooting between armed forces and smugglers broke out close to Rafah where an “officer was shot and injured after an encounter with a gang attempting to smuggle African migrants into Israel (MENA 25.10.2011). Second, these lucrative and illegal activities however are also not undisputed between the different groups controlling them, and also subject to criticism or open confrontation by other – non-involved – tribes. This constitutes one of the drawbacks of the breaking down of the security infrastructure in North Sinai, as the competition for larger shares in the smuggling business between the different tribes escalated, or tribes not involved in the business attempted to take justice into their own hands, while at the same time the tribal structures originally mitigating these conflicts had suffered from increasing erosion as a result of Egyptian state oppression. Subsequently, several tribal feuds escalated in North Sinai. In November 2011 for example, the confrontation between the Al-Tiaha tribe and the Al-Nakhlawa tribe escalated into fierce gun-fighting, with the former accusing the latter of “smuggling Africans and stealing their organs” (Egypt Independent, 14.11.2011). One Nakhlwa tribesman was shot and another one arrested and handed over to the police following fierce gun battles between the two tribes. A report in the Arabic edition of Al- Masry Al-Youm confirms that “traffickers are stealing the organs of the refugees they kidnap, adding that there were violent confrontations in central Sinai as the Al-Tiaha tribe accused members of the Nakhlwa tribe of stealing organs” (Carr 06.12.2011). Another escalation of tribal tensions occurred in May 2012 in Rafah between members of the Rumailat tribe and the Barahma tribe. Although the precise reasons are unclear, it is likely that conflicts about smuggling fueled the fight over a seemingly unimportant issue – the assumed stealing of a bike. Within hours the small handfight had escalated and eyewitnesses “said that machine guns and RPGs were used in the subsequent battle” (Al-Masry Alyoum 31.05.2012). According to Palestinian sources even mortars were used and two shells fell into the Gaza Strip (Ibid.). Illustrating the extent of the inability of the regular security forces in North Sinai to contain these tensions, witnesses reported that “security forces have not intervened to end the clashes” while “pillars of smoke could be seen and shooting heard” several hours into the skirmish (Ibid.). A third incident of significant infighting between different Bedouin tribes in North Sinai was recorded in November 2012. Again, a minor dispute about cutting in line at a gas station sparked a fight which subsequently escalated into a fierce battle in the area west of Al-Arish. More than twenty people were severely injured and at least four Bedouins died in the battle (Al Masry Al Youm 09.11.2012). Those incidents of infighting in the North of Sinai, and the lack of similar events in South Sinai is a strong indicator of the lack of group cohesion, and illustrates the negative effects on the society in the North as a whole of the competition between different families for bigger shares of the informal economic sector.

#### Instability causes Middle East war – Hamas, Israel, and Egyptian wars.

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The growing instability in Egypt’s Sinai Peninsula represents one of the most dangerous, and most anticipated, crises in the Middle East. Even before the 2011 Egyptian revolution, the security vacuum in the Sinai allowed criminals and terrorists, including those with an ideology akin to Al Qaeda’s, to expand their operations. In the chaos after the revolution, these problems have worsened. Meanwhile, various Palestinian groups use the Sinai as a launching pad for attacks against Israel. The large-scale smuggling of weapons and civilian goods to and through this territory—much of it bound for Gaza—has fostered an illicit economy in both Gaza and Sinai while helping Hamas bolster its military capacity and political grip over Gaza. Increasing violence and instability in Sinai could complicate Egypt’s already-troubled transition and raise the prospect of renewed large-scale conflict between Israel and Hamas. And the reverse is also true, as witnessed by the dramatic spike in deadly violence in Sinai following the ouster of Egypt’s Islamist president Mohamed Morsi in July. In addition to instability in Egypt, prospects for an Egyptian-Israeli military clash also could be heightened, in which case the United States could find itself caught between its closest ally in the region, Israel, and a vital Arab partner on which regional stability depends.

#### Unique characteristics makes nuclear war uniquely likely in the Middle East – causes extinction

Russell ‘9 James A. Russell, Senior Lecturer, National Security Affairs, Naval Postgraduate School, ‘9 (Spring) “Strategic Stability Reconsidered: Prospects for Escalation and Nuclear War in the Middle East” IFRI, Proliferation Papers, #26, http://www.ifri.org/downloads/PP26\_Russell\_2009.pdf

Strategic stability in the region is thus undermined by various factors: (1) asymmetric interests in the bargaining framework that can introduce unpredictable behavior from actors; (2) the presence of non-state actors that introduce unpredictability into relationships between the antagonists; (3) incompatible assumptions about the structure of the deterrent relationship that makes the bargaining framework strategically unstable; (4) perceptions by Israel and the United States that its window of opportunity for military action is closing, which could prompt a preventive attack; (5) the prospect that Iran’s response to pre-emptive attacks could involve unconventional weapons, which could prompt escalation by Israel and/or the United States; (6) the lack of a communications framework to build trust and cooperation among framework participants. These systemic weaknesses in the coercive bargaining framework all suggest that escalation by any the parties could happen either on purpose or as a result of miscalculation or the pressures of wartime circumstance. Given these factors, it is disturbingly easy to imagine scenarios under which a conflict could quickly escalate in which the regional antagonists would consider the use of chemical, biological, or nuclear weapons. It would be a mistake to believe the nuclear taboo can somehow magically keep nuclear weapons from being used in the context of an unstable strategic framework. Systemic asymmetries between actors in fact suggest a certain increase in the probability of war – a war in which escalation could happen quickly and from a variety of participants. Once such a war starts, events would likely develop a momentum all their own and decision-making would consequently be shaped in unpredictable ways. The international community must take this possibility seriously, and muster every tool at its disposal to prevent such an outcome, which would be an unprecedented disaster for the peoples of the region, with substantial risk for the entire world.

#### Outweighs other scenarios – miscalc is especially likely in the Middle East

Kapila ‘9 (Subhash, Royal British Army Staff College, MA Defense Science – Madras U., PhD Strategic Studies – Allahabad U., Consultant in Strategic Affairs – South Asia Analysis Group, South Asia Analysis Group Paper # 3114, “MIDDLE EAST 2009: POLITICAL DYNAMICS STIRRED BY UNITED STATES”, http://www.southasiaanalysis.org/%5Cpapers32%5Cpaper3114.html)

More than any other strategic regions of the globe, the Middle East in the 21st Century presents the dubious prospect of being the most conflict-prone region globally. Global armed conflicts or strategic jostling can arise at any moment in this region not only because of intra-regional rivalries but more for reasons connected to energy security, control of strategic choke points and nuclear and WMD proliferation. Besides these major issues the propensity of major conservative Islamic countries not to be pro-active in controlling or liquidating Islamic Jihadi impulses to proliferate to threaten US and the West, are another complicating feature.

#### Sinai instability collapses Israel-Egypt peace treat and ignites regional wars – one attack is all it takes

Udall 12 Mark Udall, Special to CNN updated 9:27 AM EDT, Thu July 12, 2012 Sinai chaos threatens Israel-Egypt stability

(CNN) -- Egypt's Sinai Peninsula, inhabited by some 30 Bedouin tribes, has long been a lawless land that serves as a buffer between Egypt and Israel. But it is now drawing comparisons to the ungoverned tribal regions of Pakistan as networks of Bedouin tribes, Sinai's criminal elements and radical Islamists have begun to capitalize on Egypt's post-revolution security vacuum by increasingly engaging in drug and arms smuggling, human trafficking and terrorism. The escalating lawlessness in the Sinai risks turning the region into apowder keg. Egypt's domestic power struggle has implications for all nations in the region. Post-Arab Spring instability has increased Israel's concerns about its own security, concerns that will probably grow no matter who is in charge in Cairo. As a member of the Senate Intelligence Committee, I am concerned about the threat that Iran's nuclear program poses to Israel. However, instability in the Sinai is also a growing threat to Israel and Egypt's security. The Israel-Egypt peace treaty, which has provided security and balanced tensions in the region since 1978, is at risk. Human trafficking in the Sinai has become a human rights nightmare. While leading a congressional delegation visit to Israel and Egypt this summer, I learned about the steady and growing flow of African migrants from Eritrea, Sudan and Ethiopia who are desperate to get to Israel and Europe in search of economic opportunity. But these migrants are increasingly waylaid in the Sinai desert by Bedouin tribes, for whom hostage-taking has become a flourishing business. While a few years ago a migrant might be ransomed for $3,000, the going price today is more than 10 times that amount. Thousands of refugees are being held captive and subjected to torture, forced labor and rape, while those who cannot pay for their release are often murdered. The Sinai powder keg nearly exploded in August after Islamist militants in Sinai attacked near the southern Israeli city of Eilat, killing and wounding Israeli soldiers and civilians. While pursuing the attackers, Israeli forces killed several Egyptian security guards, which then sparked attacks on the Israeli Embassy in Cairo and led to Egyptian demands for an end to the peace treaty. Israel has stepped up its military deployment on its side of the border. We have also seen recent attacks on and abductions of members of the Multinational Force and Observers, whose important peacekeeping mission -- established by treaty protocol -- will be increasingly difficult to accomplish amid unraveling security on the peninsula. Recently, southern Israel has seen rocket attacks from the Sinai, as well as an attack by militants who crossed from the Sinai into Israel and opened fire on Israeli civilians. While Israel is building a barrier along part of the Sinai border, that cannot stop all attacks, andone deadly rocket fired from the Sinai could be enough to kill the peace treaty altogether and ignite a regional war**.**

#### Israeli-Egyptian peace treaty facilitates U.S.-Egyptian relations by removing Egypt from the Arab-Israeli conflict – key to power projection, terrorism, and the Arab-Israel dispute

Peckarsky 13 [Int'l Affairs @ Tufts, Staff Writer - Al Naklah.Navigating U.S.-Egyptian Relations in the Post-Mubarak Era: Strategies for Preserving American Interests, http://alnakhlah.org/2013/05/01/navigating-u-s-egyptian-relations-in-the-post-mubarak-era-strategies-for-preserving-american-interests-by-micah-peckarsky/]

Despite these times of great uncertainty, the U.S. still has important strategic interests in Egypt that encourage the persistence of a wide-ranging relationship, including the maintenance of the Israeli-Egyptian peace treaty, military cooperation, safe passage through the Suez Canal, and counterterrorism collaboration, among other areas. Following the 1973 October/Yom Kippur War between Israel and Egypt, Egyptian President Anwar Sadat began to openly soften his country’s stance toward Israel, traveling to Jerusalem to address the Israeli Knesset in 1977, signing the Camp David peace accords in 1978, and agreeing to a comprehensive peace treaty with Israel in 1979. This enabled Egypt’s reacquisition of the Sinai Peninsula in 1982 and moved the country away from the Soviet axis, firmly into the pro-American camp. The 1979 peace treaty remains intact, removing Egypt from the Arab-Israeli conflict and facilitating a U.S.-Egyptian strategic relationship. Within this context, Egypt has served as a reliable interlocutor in helping to advance U.S.-led peace initiatives aimed at solving the Palestinian-Israeli conflict, as well as the wider Arab-Israeli dispute.[33] Beyond the Arab-Israeli arena, Egypt grants U.S. vessels access through the Suez Canal, enabling the free flow of commercial goods, including energy resources and military supplies. Use of the Suez facilitates the U.S. projecting its influence in the Mediterranean, Red Sea, Persian Gulf, and South Asian regions. The U.S. military enjoys over-flight rights over Egypt and has access to bases in the country, including naval facilities in Alexandria and the Cairo West Air Base, key elements of the U.S. ability to transport forces throughout the region and contain Iran. Egypt also hosts Operation Bright Star on its territory, a biennial[34] multilateral military exercise organized by the Egyptian armed forces and U.S. Central Command (CENTCOM). Bright Star is the largest military exercise in the region and provides training opportunities for future multilateral military operations in the Middle East, North Africa, and beyond.[35] Egypt served as a major partner in the U.S.-led coalition that expelled Iraq from Kuwait in 1991 during Operation Desert Storm, contributing 35,000 troops to the military effort. The Egyptian contingent was the third-largest country force, after the U.S. and UK, and provided important Arab legitimacy for other states, such as Syria and Morocco, to join the alliance.[36] Throughout Operation Desert Storm, Egypt permitted 34,952 over-flights by coalition forces, instrumental to the military campaign.[37] In the post-9/11 era, Egypt has functioned as a major partner in U.S. counterterrorism efforts. In addition to intelligence sharing, Egypt’s experience in dealing with radical Sunni Islamist militant organizations has been invaluable to U.S. operations. Egyptian groups such as the Egyptian Islamic Group (Al-Gama’a al-Islamiyya, EIG) and Egyptian Islamic Jihad (Al-Jihad al-Islami al-Masri, EIJ) waged a violent campaign in Egypt in the 1990s, which involved current al-Qaeda (AQ) leader and Egyptian national Ayman al-Zawahiri. As a part of the U.S.-Egyptian strategic relationship, the U.S. gives Egypt a large annual aid package of $1.55 billion, over 80% of which ($1.3 billion) is dispensed to the Egyptian military.[38]

### 1AC – Terror Impact

#### Terrorism triggers a global war – security expert consensus

Hellman 8 (Martin E. Hellman, emeritus prof of engineering @ Stanford, “Risk Analysis of Nuclear Deterrence” SPRING 2008 THE BENT OF TAU BETA PI, <http://www.nuclearrisk.org/paper.pdf>)

The threat of nuclear terrorism looms much larger in the public’s mind than the threat of a full-scale nuclear war, yet this article focuses primarily on the latter. An explanation is therefore in order before proceeding. A terrorist attack involving a nuclear weapon would be a catastrophe of immense proportions: “A 10-kiloton bomb detonated at Grand Central Station on a typical work day would likely kill some half a million people, and inflict over a trillion dollars in direct economic damage. America and its way of life would be changed forever.” [Bunn 2003, pages viii-ix]. The likelihood of such an attack is also significant. Former Secretary of Defense William Perry has estimated the chance of a nuclear terrorist incident within the next decade to be roughly 50 percent [Bunn 2007, page 15]. David Albright, a former weapons inspector in Iraq, estimates those odds at less than one percent, but notes, “We would never accept a situation where the chance of a major nuclear accident like Chernobyl would be anywhere near 1% .... A nuclear terrorism attack is a low-probability event, but we can’t live in a world where it’s anything but extremely low-probability.” [Hegland 2005]. In a survey of 85 national security experts, Senator Richard Lugar found a median estimate of 20 percent for the “probability of an attack involving a nuclear explosion occurring somewhere in the world in the next 10 years,” with 79 percent of the respondents believing “it more likely to be carried out by terrorists” than by a government [Lugar 2005, pp. 14-15]. I support increased efforts to reduce the threat of nuclear terrorism, but that is not inconsistent with the approach of this article. Because terrorism is one of the potential trigger mechanisms for a full-scale nuclear war, the risk analyses proposed herein will include estimating the risk of nuclear terrorism as one component of the overall risk. If that risk, the overall risk, or both are found to be unacceptable, then the proposed remedies would be directed to reduce which- ever risk(s) warrant attention. Similar remarks apply to a number of other threats (e.g., nuclear war between the U.S. and China over Taiwan). his article would be incomplete if it only dealt with the threat of nuclear terrorism and neglected the threat of full- scale nuclear war. If both risks are unacceptable, an effort to reduce only the terrorist component would leave humanity in great peril. In fact, society’s almost total neglect of the threat of full-scale nuclear war makes studying that risk all the more important. The cosT of World War iii The danger associated with nuclear deterrence depends on both the cost of a failure and the failure rate.3 This section explores the cost of a failure of nuclear deterrence, and the next section is concerned with the failure rate. While other definitions are possible, this article defines a failure of deterrence to mean a full-scale exchange of all nuclear weapons available to the U.S. and Russia, an event that will be termed World War III. Approximately 20 million people died as a result of the first World War. World War II’s fatalities were double or triple that number—chaos prevented a more precise deter- mination. In both cases humanity recovered, and the world today bears few scars that attest to the horror of those two wars. Many people therefore implicitly believe that a third World War would be horrible but survivable, an extrapola- tion of the effects of the first two global wars. In that view, World War III, while horrible, is something that humanity may just have to face and from which it will then have to recover. In contrast, some of those most qualified to assess the situation hold a very different view. In a 1961 speech to a joint session of the Philippine Con- gress, General Douglas MacArthur, stated, “Global war has become a Frankenstein to destroy both sides. … If you lose, you are annihilated. If you win, you stand only to lose. No longer does it possess even the chance of the winner of a duel. It contains now only the germs of double suicide.” Former Secretary of Defense Robert McNamara ex- pressed a similar view: “If deterrence fails and conflict develops, the present U.S. and NATO strategy carries with it a high risk that Western civilization will be destroyed” [McNamara 1986, page 6]. More recently, George Shultz, William Perry, Henry Kissinger, and Sam Nunn4 echoed those concerns when they quoted President Reagan’s belief that nuclear weapons were “totally irrational, totally inhu- mane, good for nothing but killing, possibly destructive of life on earth and civilization.” [Shultz 2007] Official studies, while couched in less emotional terms, still convey the horrendous toll that World War III would exact: “The resulting deaths would be far beyond any precedent. Executive branch calculations show a range of U.S. deaths from 35 to 77 percent (i.e., 79-160 million dead) … a change in targeting could kill somewhere between 20 million and 30 million additional people on each side .... These calculations reflect only deaths during the first 30 days. Additional millions would be injured, and many would eventually die from lack of adequate medical care … millions of people might starve or freeze during the follow- ing winter, but it is not possible to estimate how many. … further millions … might eventually die of latent radiation effects.” [OTA 1979, page 8] This OTA report also noted the possibility of serious ecological damage [OTA 1979, page 9], a concern that as- sumed a new potentiality when the TTAPS report [TTAPS 1983] proposed that the ash and dust from so many nearly simultaneous nuclear explosions and their resultant fire- storms could usher in a nuclear winter that might erase homo sapiens from the face of the earth, much as many scientists now believe the K-T Extinction that wiped out the dinosaurs resulted from an impact winter caused by ash and dust from a large asteroid or comet striking Earth. The TTAPS report produced a heated debate, and there is still no scientific consensus on whether a nuclear winter would follow a full-scale nuclear war. Recent work [Robock 2007, Toon 2007] suggests that even a limited nuclear exchange or one between newer nuclear-weapon states, such as India and Pakistan, could have devastating long-lasting climatic consequences due to the large volumes of smoke that would be generated by fires in modern megacities. While it is uncertain how destructive World War III would be, prudence dictates that we apply the same engi- neering conservatism that saved the Golden Gate Bridge from collapsing on its 50th anniversary and assume that preventing World War III is a necessity—not an option.

#### Risk of nuclear terrorism is real and high now – consistent data

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A joint U.S.-Russian View q  First ever U.S.-Russian joint threat assessment q  Concludes the danger is real, urgent action is needed to reduce it q  Endorsed by broad range of retired military, intelligence experts Could terrorists cause a “security Fukushima”? q  Fukushima caused by inadequate preparation and an extraordinary natural disaster q  Reaffirmed that a nuclear accident can cause extraordinary terror, disruption, and cost q Al Qaeda, Chechens, and other terrorist groups have considered sabotaging nuclear reactors. Nuclear safety and security are closely linked – you can’t be safe without being secure. Cs-137 “dirty bomb” q  Potentially dangerous sources used in hospitals, industry, in almost every country q Al Qaeda, Chechens have repeatedly considered dirty bomb attacks With nuclear material, terrorists may be able to make crude nuclear bombs q With HEU, gun-type bomb – as obliterated Hiroshima – very plausibly within capabilities of sophisticated terrorist group q  Implosion bomb (required for plutonium) more difficult, still conceivable (especially if they got help) –  Doesn’t need to be as complex as Nagasaki bomb Source: NATO Doesn’t take a Manhattan Project -- >90% of the effort was focused on producing nuclear material. And making a crude terrorist bomb is far easier than making a safe, reliable weapon With nuclear material, terrorists may be able to make crude nuclear bombs (II) q Government studies – in the United States and elsewhere – have repeatedly concluded that a sophisticated terrorist group could plausibly make a nuclear bomb. “A small group of people, none of whom have ever had access to the classified literature, could possibly design and build a crude nuclear explosive device... Only modest machine-shop facilities that could be contracted for without arousing suspicion would be required.” -- U.S. Office of Technology Assessment, 1977 q U.S. security rules for some types of material based on preventing adversaries from setting off a nuclear blast while they are still in the building Al Qaeda has actively sought to get nuclear bombs q  Repeated attempts to purchase nuclear material or nuclear weapons q  Repeated attempts to recruit nuclear expertise q  Focused program that reported directly to Zawahiri q  Reached the point of carrying out crude (but sensible) explosive tests for the nuclear program in the Afghan desert Al Qaeda has actively sought to get nuclear bombs (II) q  2001: Bin Laden and Zawahiri meet with 2 senior Pakistani nuclear scientists to discuss nuclear weapons -  Now-sanctioned UTN network was helping with chemical, biological, nuclear efforts – also offered nuclear weapons technology to Libya q  2003: -  bin Laden gets fatwa from radical Saudi cleric authorizing use of nuclear weapons against civilians -  Saudi al Qaeda cell negotiating to buy 3 nuclear devices – if “Pakistani expert” confirms they are real q  2008: Zawahiri reiterates, elaborates arguments of nuclear fatwa North Caucasus terrorists have pursued nuclear and radiological terrorism q Multiple cases: –  2 cases of teams carrying out reconnaissance at nuclear weapon storage sites – 2 more on nuclear weapon transport trains –  Repeated threats to attack nuclear reactors – terrorists who seized Moscow theater in 2002 considered seizing reactor at the Kurchatov Institute –  Repeated threats to use radiological “dirty bombs” – buried Cs-137 source in Moscow park –  Captured documents indicate plan to seize a Russian nuclear submarine (possibly with nuclear weapons on board) Aum Shinrikyo sought nuclear weapons before its nerve gas attacks q Aum’s efforts –  Cult leader Shoko Asahara was obsessed with nuclear weapons –  Repeated shopping trips to former Soviet Union – acquired wide range of conventional weapons, recruited thousands of followers, sought to buy nuclear weapons and materials –  Purchased farm in Australia, stole enrichment documents – idea to mine, enrich its own uranium –  Turned to chemical and biological weapons when nuclear proved too slow –  No intelligence agency was aware of their nuclear, biological, or chemical work until after nerve gas attacks Has the threat disappeared? q  Bin Laden dead, core al Qaeda profoundly disrupted, key North Caucasus terrorist leaders killed q Nuclear security is substantially improved at many sites – many sites have no weapons-usable material left q  But: —  al Qaeda has proved resilient – could resurge —  “Emirate Kavkaz” terrorists in North Caucasus strengthening –  Other groups have pursued nuclear weapons as well – with 2-3 groups having gone the nuclear path in last 15 years, cannot expect they will be the last –  Intent is enduring; capability may increase as technology spreads; strong nuclear security needed to remove opportunity –  The problem of nuclear terrorism and the need for nuclear security will be with us for decades – no room for complacency The scale of the catastrophe q  Tens of thousands killed; tens of thousands more burned, injured, irradiated –  Radioactive fallout would require large-scale evacuation q  Terrorists may claim they had more bombs hidden in cities, threaten to detonate them unless their demands were met –  Potential for widespread panic, flight from major cities, resulting economic and social chaos q Huge pressure on leaders of attacked state to take any action necessary to prevent further attacks – and to retaliate –  Effects on international affairs likely far larger than 9/11 Notions of sovereignty and civil liberties may be radically altered – every state’s behavior affects every other Nuclear terrorism anywhere would be a global catastrophe q Not just a risk to the United States q  Economic, political, military consequences would reverberate worldwide –  Likely shut-down of much of world trade, for a period “Were such an attack to occur, it would not only cause widespread death and destruction, but would stagger the world economy and thrust tens of millions of people into dire poverty…. [A]ny nuclear terrorist attack would have a second death toll throughout the developing world.” – Kofi Annan, “A Global Strategy for Fighting Terrorism,” March 10, 2005 q  Political consequences would doom prospects for large-scale nuclear growth, putting nuclear industry at risk Insecure nuclear material anywhere is a threat to everyone, everywhere.

### 1AC – Naval Power

#### Suez is vital to US naval power and key to the global economy – cooperation prevents intervention

Cook 12/3 [Steven A. Cook (Hasib J. Sabbagh Senior Fellow for Middle Eastern Studies at the Council on Foreign Relations and a noted expert on the Arab world and the Middle East). “Why Suez Still Matters: The Canal that Holds the United States and Egypt Together.” Foreign Affairs. DECEMBER 3, 2013] AJ

Recent spikes in attacks on Egyptian security forces and installations in northern Sinai have apparently exposed the canal’s vulnerability. With a width of only about 900 feet, it would not take much in the way of weaponry for militants to disrupt the operation of the canal and attack large ships in its confined space. This is precisely why the Egyptian armed forces have devoted significant resources to ensure safe transit. Egypt’s army, navy, air force, air defense forces, and internal security services have fortified the route and its related facilities to mitigate the possibility of an attack. Of course, there are no guarantees -- and plenty of reasons to question the effectiveness of the Egyptian military, especially given the trouble it has encountered in the Sinai and its often bungled, always heavy-handed attempts at running the country since Hosni Mubarak’s fall. Nevertheless, both Egyptian and U.S. officials regard the potential for terrorists to disrupt the functioning of the canal a “low probability.” The current debate about U.S. military assistance to Egypt, sparked by the military’s takeover in July, in fact hinges in large part on the canal. If, for example, changes in regional politics, global economics, and American strategic interests have rendered the Suez Canal less important than it once was, the consequences for the United States of suspending aid to Egypt’s defense establishment would be modest, since any loss of access to the canal would hardly be a loss at all. This would resolve a central Middle East policy problem of the last decade, reconciling Washington’s desire to promote democracy in Egypt with its short-term security co ncerns, among them guaranteeing unfettered access to the canal. With less at stake on the security front, American policymakers might be more willing to cut Egypt’s annual $1.3 billion defense subsidy to compel Egyptian leaders to take meaningful steps toward democratic change. PLUS ÇA CHANGE Although this scenario may entice some observers, the argument that the canal is no longer as vital as it once was does not match reality. Despite all the changes in the Middle East, U.S. President Barack Obama’s pledged pivot to Asia, and the growing importance of ideas and knowledge, rather than goods loaded into containers, on the global economy, the collective vision of Enfantin, de Lesseps, Said Pasha, and Ismail endures. The canal remains busy: before the full effects of the global economic downturn, for example, 21,415 vessels transited through it in 2008. Although traffic has recently decreased to a little more than 17,000 ships per year, the canal handles eight percent of global seaborne trade and, in 2012, accounted for $5.12 billion in revenue for Egypt, which has mounting and myriad economic needs. In the abstract, the U.S. Navy does not necessarily need the Suez Canal. A two-ocean navy affords U.S. military planners flexibility. Ships can be moved, for example, from the Pacific into the Indian Ocean and onward to the Persian Gulf in the event of a crisis there. Yet there are other contingencies that would require the movement of naval vessels into and out of the Mediterranean Sea quickly. With the Suez Canal, the voyage from the Arabian Sea to French ports in the Mediterranean is nearly 4,700 miles. To sail around the Cape of Good Hope instead adds more than 6,000 miles to the trip, requiring eight days at maximum speed. From the perspective of the navy, the Suez Canal remains the most efficient, effective, and economical way of meeting the demands on it, especially at a time of deep budget cuts. Until there comes a time when the United States rethinks its commitments in Europe, the Eastern Mediterranean, Africa, the Persian Gulf, and South Asia, the Suez Canal will be an unrivaled asset for U.S. naval officers and policymakers.

#### Naval power solves a laundry list of nuclear conflicts – it’s about credibility

Mackenzie Eaglen, research fellow for national security – Heritage, and Bryan McGrath, former naval officer and director – Delex Consulting, Studies and Analysis, 2011, “Thinking About a Day Without Sea Power: Implications for U.S. Defense Policy,” Heritage Foundation

Global Implications. Under a scenario of dramatically reduced naval power, the United States would cease to be active in any international alliances. While it is reasonable to assume that land and air forces would be similarly reduced in this scenario, the lack of credible maritime capability to move their bulk and establish forward bases would render these forces irrelevant, even if the Army and Air Force were retained at today’s levels. In Iraq and Afghanistan today, 90 percent of material arrives by sea, although material bound for Afghanistan must then make a laborious journey by land into theater. China’s claims on the South China Sea, previously disputed by virtually all nations in the region and routinely contested by U.S. and partner naval forces, are accepted as a fait accompli, effectively turning the region into a “Chinese lake.” China establishes expansive oil and gas exploration with new deepwater drilling technology and secures its local sea lanes from intervention. Korea, unified in 2017 after the implosion of the North, signs a mutual defense treaty with China and solidifies their relationship. Japan is increasingly isolated and in 2020–2025 executes long-rumored plans to create an indigenous nuclear weapons capability.[11] By 2025, Japan has 25 mobile nuclear-armed missiles ostensibly targeting China, toward which Japan’s historical animus remains strong. China’s entente with Russia leaves the Eurasian landmass dominated by Russia looking west and China looking east and south. Each cedes a sphere of dominance to the other and remains largely unconcerned with the events in the other’s sphere. Worldwide, trade in foodstuffs collapses. Expanding populations in the Middle East increase pressure on their governments, which are already stressed as the breakdown in world trade disproportionately affects food importers. Piracy increases worldwide, driving food transportation costs even higher. In the Arctic, Russia aggressively asserts its dominance and effectively shoulders out other nations with legitimate claims to seabed resources. No naval power exists to counter Russia’s claims. India, recognizing that its previous role as a balancer to China has lost relevance with the retrenchment of the Americans, agrees to supplement Chinese naval power in the Indian Ocean and Persian Gulf to protect the flow of oil to Southeast Asia. In exchange, China agrees to exercise increased influence on its client state Pakistan. The great typhoon of 2023 strikes Bangladesh, killing 23,000 people initially, and 200,000 more die in the subsequent weeks and months as the international community provides little humanitarian relief. Cholera and malaria are epidemic. Iran dominates the Persian Gulf and is a nuclear power. Its navy aggressively patrols the Gulf while the Revolutionary Guard Navy harasses shipping and oil infrastructure to force Gulf Cooperation Council (GCC) countries into Tehran’s orbit. Russia supplies Iran with a steady flow of military technology and nuclear industry expertise. Lacking a regional threat, the Iranians happily control the flow of oil from the Gulf and benefit economically from the “protection” provided to other GCC nations. In Egypt, the decade-long experiment in participatory democracy ends with the ascendance of the Muslim Brotherhood in a violent seizure of power. The United States is identified closely with the previous coalition government, and riots break out at the U.S. embassy. Americans in Egypt are left to their own devices because the U.S. has no forces in the Mediterranean capable of performing a noncombatant evacuation when the government closes major airports. Led by Iran, a coalition of Egypt, Syria, Jordan, and Iraq attacks Israel. Over 300,000 die in six months of fighting that includes a limited nuclear exchange between Iran and Israel. Israel is defeated, and the State of Palestine is declared in its place. Massive “refugee” camps are created to house the internally displaced Israelis, but a humanitarian nightmare ensues from the inability of conquering forces to support them. The NATO alliance is shattered. The security of European nations depends increasingly on the lack of external threats and the nuclear capability of France, Britain, and Germany, which overcame its reticence to military capability in light of America’s retrenchment. Europe depends for its energy security on Russia and Iran, which control the main supply lines and sources of oil and gas to Europe. Major European nations stand down their militaries and instead make limited contributions to a new EU military constabulary force. No European nation maintains the ability to conduct significant out-of-area operations, and Europe as a whole maintains little airlift capacity. Implications for America’s Economy. If the United States slashed its Navy and ended its mission as a guarantor of the free flow of transoceanic goods and trade, globalized world trade would decrease substantially. As early as 1890, noted U.S. naval officer and historian Alfred Thayer Mahan described the world’s oceans as a “great highway…a wide common,” underscoring the long-running importance of the seas to trade.[12] Geographically organized trading blocs develop as the maritime highways suffer from insecurity and rising fuel prices. Asia prospers thanks to internal trade and Middle Eastern oil, Europe muddles along on the largesse of Russia and Iran, and the Western Hemisphere declines to a “new normal” with the exception of energy-independent Brazil. For America, Venezuelan oil grows in importance as other supplies decline. Mexico runs out of oil—as predicted—when it fails to take advantage of Western oil technology and investment. Nigerian output, which for five years had been secured through a partnership of the U.S. Navy and Nigerian maritime forces, is decimated by the bloody civil war of 2021. Canadian exports, which a decade earlier had been strong as a result of the oil shale industry, decline as a result of environmental concerns in Canada and elsewhere about the “fracking” (hydraulic fracturing) process used to free oil from shale. State and non-state actors increase the hazards to seaborne shipping, which are compounded by the necessity of traversing key chokepoints that are easily targeted by those who wish to restrict trade. These chokepoints include the Strait of Hormuz, which Iran could quickly close to trade if it wishes. More than half of the world’s oil is transported by sea. “From 1970 to 2006, the amount of goods transported via the oceans of the world…increased from 2.6 billion tons to 7.4 billion tons, an increase of over 284%.”[13] In 2010, “$40 billion dollars [sic] worth of oil passes through the world’s geographic ‘chokepoints’ on a daily basis…not to mention $3.2 trillion…annually in commerce that moves underwater on transoceanic cables.”[14] These quantities of goods simply cannot be moved by any other means. Thus, a reduction of sea trade reduces overall international trade. U.S. consumers face a greatly diminished selection of goods because domestic production largely disappeared in the decades before the global depression. As countries increasingly focus on regional rather than global trade, costs rise and Americans are forced to accept a much lower standard of living. Some domestic manufacturing improves, but at significant cost. In addition, shippers avoid U.S. ports due to the onerous container inspection regime implemented after investigators discover that the second dirty bomb was smuggled into the U.S. in a shipping container on an innocuous Panamanian-flagged freighter. As a result, American consumers bear higher shipping costs. The market also constrains the variety of goods available to the U.S. consumer and increases their cost. A Congressional Budget Office (CBO) report makes this abundantly clear. A one-week shutdown of the Los Angeles and Long Beach ports would lead to production losses of $65 million to $150 million (in 2006 dollars) per day. A three-year closure would cost $45 billion to $70 billion per year ($125 million to $200 million per day). Perhaps even more shocking, the simulation estimated that employment would shrink by approximately 1 million jobs.[15] These estimates demonstrate the effects of closing only the Los Angeles and Long Beach ports. On a national scale, such a shutdown would be catastrophic. The Government Accountability Office notes that: [O]ver 95 percent of U.S. international trade is transported by water[;] thus, the safety and economic security of the United States depends in large part on the secure use of the world’s seaports and waterways. A successful attack on a major seaport could potentially result in a dramatic slowdown in the international supply chain with impacts in the billions of dollars.[16]

### --- Econ Impact

#### Economic crises cause competition for resources and instability that triggers hotspots around the globe – co-opts all other causes of war

Harris and Burrows 9 Mathew, PhD European History @ Cambridge, counselor in the National Intelligence Council (NIC) and Jennifer is a member of the NIC’s Long Range Analysis Unit “Revisiting the Future: Geopolitical Effects of the Financial Crisis” <http://www.ciaonet.org/journals/twq/v32i2/f_0016178_13952.pdf> Increased Potential for Global Conflict

Of course, the report encompasses more than economics and indeed believes the future is likely to be the result of a number of intersecting and interlocking forces. With so many possible permutations of outcomes, each with ample Revisiting the Future opportunity for unintended consequences, there is a growing sense of insecurity. Even so, history may be more instructive than ever. While we continue to believe that the Great Depression is not likely to be repeated, the lessons to be drawn from that period include the harmful effects on fledgling democracies and multiethnic societies (think Central Europe in 1920s and 1930s) and on the sustainability of multilateral institutions (think League of Nations in the same period). There is no reason to think that this would not be true in the twenty-first as much as in the twentieth century. For that reason, the ways in which the potential for greater conflict could grow would seem to be even more apt in a constantly volatile economic environment as they would be if change would be steadier. In surveying those risks, the report stressed the likelihood that terrorism and nonproliferation will remain priorities even as resource issues move up on the international agenda. Terrorism’s appeal will decline if economic growth continues in the Middle East and youth unemployment is reduced. For those terrorist groups that remain active in 2025, however, the diffusion of technologies and scientific knowledge will place some of the world’s most dangerous capabilities within their reach. Terrorist groups in 2025 will likely be a combination of descendants of long established groups\_inheriting organizational structures, command and control processes, and training procedures necessary to conduct sophisticated attacks\_and newly emergent collections of the angry and disenfranchised that become self-radicalized, particularly in the absence of economic outlets that would become narrower in an economic downturn. The most dangerous casualty of any economically-induced drawdown of U.S. military presence would almost certainly be the Middle East. Although Iran’s acquisition of nuclear weapons is not inevitable, worries about a nuclear-armed Iran could lead states in the region to develop new security arrangements with external powers, acquire additional weapons, and consider pursuing their own nuclear ambitions**.** It is not clear that the type of stable deterrent relationship that existed between the great powers for most of the Cold War would emerge naturally in the Middle East with a nuclear Iran. Episodes of low intensity conflict and terrorism taking place under a nuclear umbrella could lead to an unintended escalation and broader conflict if clear red lines between those states involved are not well established. The close proximity of potential nuclear rivals combined with underdeveloped surveillance capabilities and mobile dual-capable Iranian missile systems also will produce inherent difficulties in achieving reliable indications and warning of an impending nuclear attack. The lack of strategic depth in neighboring states like Israel, short warning and missile flight times, and uncertainty of Iranian intentions may place more focus on preemption rather than defense, potentially leading to escalating crises. 36 Types of conflict that the world continues to experience, such as over resources, could reemerge, particularly if protectionism grows and there is a resort to neo-mercantilist practices. Perceptions of renewed energy scarcity will drive countries to take actions to assure their future access to energy supplies. In the worst case, this could result in interstate conflicts if government leaders deem assured access to energy resources, for example, to be essential for maintaining domestic stability and the survival of their regime. Even actions short of war, however, will have important geopolitical implications. Maritime security concerns are providing a rationale for naval buildups and modernization efforts, such as China’s and India’s development of blue water naval capabilities. If the fiscal stimulus focus for these countries indeed turns inward, one of the most obvious funding targets may be military. Buildup of regional naval capabilities could lead to increased tensions, rivalries, and counterbalancing moves, but it also will create opportunities for multinational cooperation in protecting critical sea lanes. With water also becoming scarcer in Asia and the Middle East, cooperation to manage changing water resources is likely to be increasingly difficult both within and between states in a more dog-eat-dog world.

### 1AC – Suez Econ

#### Any disruption of the Suez would collapse the global economy

Donato Scarano writer for The Peak Effect, JANUARY 29, 2011 [“Suez Canal Oil Choke Point”, The Peak Effect, [http://www.thepeakeffect.com/2011/01/suez-canal-oil-choke-point.html]/sbhag](http://www.thepeakeffect.com/2011/01/suez-canal-oil-choke-point.html%5d/sbhag) 7.2.2014

Why the recent developments in Egypt can send the world in recession or worst. Egypt can seem a Middle East or North African problem catching our headlines for few days and then disappearing but in reality depending on how this revolution will develop can practically bring the entire world in recession. Why Egypt is vital to the global economy is due to the Suez Canal, even if not that important today as it used to be it still represents one of the main oil choke-points in the world. Petroleum (both crude oil and refined products) accounted for 16 percent of Suez cargos, measured by cargo tonnage, in 2009. An estimated 1.0 million bbl/d of crude oil and refined petroleum products flowed northbound through the Suez Canal to the Mediterranean Sea in 2009, while 0.8 million bbl/d travelled southbound into the Red Sea. With only 1,000 feet at its narrowest point, the Canal is unable to handle the VLCC (Very Large Crude Carriers) and ULCC (Ultra Large Crude Carriers) class crude oil tankers. The 200-mile long SUMED Pipeline, or Suez-Mediterranean Pipeline provides an alternative to the Suez Canal for those cargos too large to transit the Canal. The pipeline moves crude oil northbound from the Red Sea to the Mediterranean Sea, and is owned by Arab Petroleum Pipeline Co., a joint venture between the Egyptian General Petroleum Corporation (EGPC), Saudi Aramco, Abu Dhabi’s ADNOC, and Kuwaiti companies. Closure of the Suez Canal and the SUMED Pipeline would divert tankers around the southern tip of Africa, the Cape of Good Hope, adding 6,000 miles to transit. Even a temporary blockade of the flow of oil would cause oil prices to spiral upwards, yesterday as news from Egypt were coming through the price of oil went above $100 immediately. A longer disruption could cause an already weak economy to down spiral in recession. Currently the most worrisome scenario is in Europe since it is more affected by a possible blockade of the Suez Canal. The question is, if this happen what Europe will do about it, it will start a military intervention as in the Suez Crisis in 1956 to re-establish transit and vital energy supplies, any alternative route or source is not viable at the moment in the short and medium term and waiting too much to re-establish supplies would cause devastating damage to an already feeble economy.

#### Economic crises cause competition for resources and instability that triggers hotspots around the globe – co-opts all other causes of war

Harris and Burrows 9 Mathew, PhD European History @ Cambridge, counselor in the National Intelligence Council (NIC) and Jennifer is a member of the NIC’s Long Range Analysis Unit “Revisiting the Future: Geopolitical Effects of the Financial Crisis” <http://www.ciaonet.org/journals/twq/v32i2/f_0016178_13952.pdf> Increased Potential for Global Conflict

Of course, the report encompasses more than economics and indeed believes the future is likely to be the result of a number of intersecting and interlocking forces. With so many possible permutations of outcomes, each with ample Revisiting the Future opportunity for unintended consequences, there is a growing sense of insecurity. Even so, history may be more instructive than ever. While we continue to believe that the Great Depression is not likely to be repeated, the lessons to be drawn from that period include the harmful effects on fledgling democracies and multiethnic societies (think Central Europe in 1920s and 1930s) and on the sustainability of multilateral institutions (think League of Nations in the same period). There is no reason to think that this would not be true in the twenty-first as much as in the twentieth century. For that reason, the ways in which the potential for greater conflict could grow would seem to be even more apt in a constantly volatile economic environment as they would be if change would be steadier. In surveying those risks, the report stressed the likelihood that terrorism and nonproliferation will remain priorities even as resource issues move up on the international agenda. Terrorism’s appeal will decline if economic growth continues in the Middle East and youth unemployment is reduced. For those terrorist groups that remain active in 2025, however, the diffusion of technologies and scientific knowledge will place some of the world’s most dangerous capabilities within their reach. Terrorist groups in 2025 will likely be a combination of descendants of long established groups\_inheriting organizational structures, command and control processes, and training procedures necessary to conduct sophisticated attacks\_and newly emergent collections of the angry and disenfranchised that become self-radicalized, particularly in the absence of economic outlets that would become narrower in an economic downturn. The most dangerous casualty of any economically-induced drawdown of U.S. military presence would almost certainly be the Middle East. Although Iran’s acquisition of nuclear weapons is not inevitable, worries about a nuclear-armed Iran could lead states in the region to develop new security arrangements with external powers, acquire additional weapons, and consider pursuing their own nuclear ambitions**.** It is not clear that the type of stable deterrent relationship that existed between the great powers for most of the Cold War would emerge naturally in the Middle East with a nuclear Iran. Episodes of low intensity conflict and terrorism taking place under a nuclear umbrella could lead to an unintended escalation and broader conflict if clear red lines between those states involved are not well established. The close proximity of potential nuclear rivals combined with underdeveloped surveillance capabilities and mobile dual-capable Iranian missile systems also will produce inherent difficulties in achieving reliable indications and warning of an impending nuclear attack. The lack of strategic depth in neighboring states like Israel, short warning and missile flight times, and uncertainty of Iranian intentions may place more focus on preemption rather than defense, potentially leading to escalating crises. 36 Types of conflict that the world continues to experience, such as over resources, could reemerge, particularly if protectionism grows and there is a resort to neo-mercantilist practices. Perceptions of renewed energy scarcity will drive countries to take actions to assure their future access to energy supplies. In the worst case, this could result in interstate conflicts if government leaders deem assured access to energy resources, for example, to be essential for maintaining domestic stability and the survival of their regime. Even actions short of war, however, will have important geopolitical implications. Maritime security concerns are providing a rationale for naval buildups and modernization efforts, such as China’s and India’s development of blue water naval capabilities. If the fiscal stimulus focus for these countries indeed turns inward, one of the most obvious funding targets may be military. Buildup of regional naval capabilities could lead to increased tensions, rivalries, and counterbalancing moves, but it also will create opportunities for multinational cooperation in protecting critical sea lanes. With water also becoming scarcer in Asia and the Middle East, cooperation to manage changing water resources is likely to be increasingly difficult both within and between states in a more dog-eat-dog world.

### 1AC – Power Projection

#### A perception of US decline and Arab-Israeli conflict destabilize the Mideast – causes preemption, US-Iran war, attacks on Israel, and great power intervention

Brzezinski ’12 [Zbigniew Brzezinski, CSIS counselor and trustee and cochairs the CSIS Advisory Board, the Robert E. Osgood Professor of American Foreign Policy at the School of Advanced International Studies @ Johns Hopkins University, cochair of the American Committee for Peace in the Caucasus, member of the International Advisory Board of the Atlantic Council, national security adviser to Jimmy Carter, was awarded the Presidential Medal of Freedom. Strategic Vision: America and the Crisis of Global Power. Ebook.]

In addition to specific states becoming immediately endangered, one also needs to take into account the more general probability that America’s decline would set in motion tectonic shifts undermining the political stability of the entire Middle East. Though in varying degrees, all the states in the region remain vulnerable to internal populist pressures, social unrest, and religious fundamentalism, as seen in the events of early 2011. If America’s decline were to occur with the Israeli-Palestinian conflict still unresolved, the failure to implement by then a mutually acceptable two-state solution would further inflame the region’s political atmosphere. Regional hostility to Israel would then intensify. It is reasonable to assume that perceived American weakness would at some point tempt the more powerful states in the region, notably Iran or Israel, to preempt anticipated dangers. In these circumstances even cautious jockeying for tactical advantage could precipitate eruptions of local violence—say, involving Hamas or Hezbollah, backed by Iran, versus Israel—which could then escalate into wider and more bloody military encounters as well as new intifadas. Weak entities such as Lebanon and Palestine would then pay an especially high price in civilian death tolls. Even worse, such conflicts could rise to truly horrific levels through strikes and counterstrikes between Iran and Israel. The latter turn of events could then draw the United States into a direct confrontation with Iran. Since a conventional war would not be a favorable option for an America fatigued by the wars in Iraq and Afghanistan (and by then perhaps also in Pakistan), the United States presumably would rely on its air supremacy to inflict painful strategic damage on Iran, and especially on its nuclear facilities. The resulting human toll would infuse into Iranian nationalism a lasting hostility toward America while further blending Islamic fundamentalism with Iranian nationalism. Islamic radicalism and extremism in the Middle East at large would also be inflamed, with potentially damaging consequences for the world economy. Under these circumstances, Russia would obviously benefit economically from the rise in the price of energy and politically from the concentration of Islamic passions on the United States as Muslim grievances shifted away from Russia. Turkey might become more overtly sympathetic to the Islamic sense of victimhood, and China could gain a freer hand in pursuing its own interests in the area. In that geopolitical context, and contrary to those who believe that Israel’s long-term security would benefit from an America locked into a hostile relationship with the world of Islam, Israel’s long-term survival could be placed in jeopardy. Israel has the military capacity and the national will to repel immediate dangers to itself, and also to repress the Palestinians. But America’s long-standing and generous support for Israel, derived more from a genuine sense of moral obligation and less from real strategic congruity, could become less reliable. The inclination to disengage from the region could grow as America declines, despite public support for Israel, while much of the world would probably blame America for the regional upheaval. With the Arab masses politically aroused and more inclined to engage in prolonged violence (“people’s war”), an Israel that could become internationally viewed—to cite Deputy Prime Minister Ehud Barak’s ominous warning in 2010—as an “apartheid” state would have doubtful long-term prospects. The vulnerability of the US–supported Persian Gulf states would also be likely to intensify. As US power in the region recedes and as Iran continues its military buildup and pursues greater influence in Iraq—which prior to the 2003 US invasion stood as a bulwark to Iranian expansion—uncertainty and insecurity within Saudi Arabia, Kuwait, Bahrain, Qatar, Oman, and the UAE are likely to intensify. They may have to seek new and more effective protectors of their security. China would be an obvious and potentially economically motivated candidate, thereby altering dramatically the geopolitical configuration of the Middle East. Just thirty-five years ago, the United States benefited from strong relationships with the four most important countries in the Middle East: Iran, Saudi Arabia, Egypt, and Turkey. As a result, American interests in the region were secure. Today, American influence with each of these four states is largely reduced. America and Iran are locked in a hostile relationship; Saudi Arabia is critical of America’s evolving regional policy; Turkey is disappointed by the lack of American understanding for its regional ambitions; and Egypt’s rising skepticism regarding its relationship with Israel is setting it at odds with America’s priorities. In brief, the US position in the Middle East is manifestly deteriorating. An American decline would end it.

### 1AC – Disease

#### African stability solves multiple zoonotic diseases

Aluwong, lecturer in department of veterinary public health and preventive medicine at Ahmadu Bello University, 2010

(“Emerging diseases and implications for Millennium Development Goals in Africa by 2015 – an overview,” *Veterinaria Italiana*, 46 (2), http://www.te.izs.it/vet\_italiana/2010/46\_2/137.pdf)

Emerging diseases can occur anywhere in the world and the consequences can be severe. Based on experience to date, it is difficult to predict the origin or the nature of future emerging diseases. Recently, new emerging diseases have in some instances demonstrated that they originate primarily where there are high concentrations of different animal species, often in close contact with people (2). As human lifestyles change due to advancing technologies, increasing populations and changing social behaviour, new diseases emerge, while those that have been controlled in the past sometimes tend to re-emerge. Emerging diseases can be defined as infections that are new occurrences in a susceptible population or are rapidly increasing in incidence or geographic range (16). About 75% of the emerging diseases that have affected humans in the past 10 years are caused by pathogens originating from animals and/or their products (29). Approximately 60% of these diseases are zoonoses, including recent examples, such as H1N1 (commonly referred to as ‘swine flu’), avian influenza, severe acute respiratory syndrome (SARS), Ebola haemorrhagic fever and probably human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). Some of the most important factors that have contributed to an increase in emerging diseases are as follows: ▪ expansion of the human population ▪ climate change ▪ globalisation of trade ▪ increasing movement of animal species, civil unrest/wars, microbial evolution and ecological disruption (16). These and other current issues suggest that emerging diseases may not only continue to occur, but have the potential of increasing the rate of their emergence. These observations call for closer integration of veterinary, medical and environmental communities, along with relentless education of the general public and policy-makers on the African continent. Complexity of factors underlying infectious disease emergence Microbial evolution The emergence of some disease is due to the natural evolution of micro-organisms. For example, a new serotype of Vibrio cholerae, designated 0139, appears to be nearly identical to the strain that most commonly causes cholera epidemics, Vibrio cholerae 01, except that it has gained the ability to produce a capsule (8). The consequence of the new serotype is that even people who have immunity against the earlier strain are susceptible to the new one. Resistance to the effects of antimicrobial drugs is contributing to the re-emergence of many diseases, including malaria. *[CONTINUES… full article available… typing out the entire PDF is a nightmare…]* The principal Millennium Development Goal that interfaces with emerging diseases is Millennium Development Goal No. 6, which is combating HIV/AIDS, malaria, and other diseases. These other diseases mentioned in the sixth goal of the Millennium Development Goals include emerging diseases. Ensuring environmental sustainability is another goal of the Millennium Development Goals that also interfaced with emerging diseases. This includes livestock and environmental issues, such as land, water, air, biodiversity and ecosystems. Therefore, the mitigation of emerging disease outbreaks in Africa could largely contribute to achieving the Millennium Development Goals in Africa by 2015. For, as the saying goes, 'a healthy population is a productive population'. When there is complete eradication of microbial infectious agents in Africa, other Millennium Development Goals such as the eradication of extreme poverty and hunger, the reduction of child mortality, achieving universal primary education etc., will be reached. However, good governance and rule of law on the continent of Africa must be a pre-requisite for the attainment of the Millenium Development Goals by 2015. New and strategic areas for partnerships within the global ‘One Health’ movement should be scientifically explored in Africa. The lessons of the recent past have taught us to expect the reoccurrence of emerging infections at any time and/or any place. Therefore, there is an urgent need to strengthen research, investigation and disease control partnerships among animal health and public health experts. Emerging infectious diseases do not have boundaries, that is, they occur and can spread to other continents of the world. It is therefore pertinent to adopt a global collaborative agenda that focuses on the surveillance, prevention and control of emerging and re-emerging infectious diseases of animal origin. This should include the following components: the areas of wildlife biology, ecology, virology, ▪ integrated research agenda food safety, food and animal production, ▪ interdisciplinary zoonotic disease research centres ▪ infrastructural development; work force development ▪ improved international coordination/cooper- ation and focus oriented. [CONTINUES… full article available… typing out the entire PDF is a nightmare…] The responses of OIE member countries to a questionnaire on emerging zoonoses overwhelmingly acknowledged the impact of emerging zoonoses and their likely continued resurgence (18). A large number of member countries reported that they had experienced incidents of emerging and re-emerging diseases, along with the emergence of antimicrobial-resistant pathogens, and noted the importance of strengthening and improving surveillance, research and training to ensure or to build the capacity to address these persistent threats. The mitigation of emerging diseases on the continent of Africa will help to attain the Millennium Development Goals but the entrenchment of good democracy and rule of law must be a ’sine qua non’ of the various governments of African countries. Another key point is the need for stronger partnerships with national and international animal and public health organisations, academic institutions, private practitioners in animal and public health and non-governmental organisations to meet the ensuing challenges. The OIE and the FAO must continue to be involved in their response to the needs of member countries and the changing demands and opportunities associated with emerging infections. Of paramount importance to this transformation will be the formation and strengthening of partnerships, mobilisation of resources and the development of a global intersectoral approach in tackling zoonotic threats.

#### **Extinction – zoonotic diseases take out generic defense**

Quammen 12 David, award-winning science writer, long-time columnist for Outside magazine for fifteen years, with work in National Geographic, Harper's, Rolling Stone, the New York Times Book Review and other periodicals, 9/29, “Could the next big animal-to-human disease wipe us out?,” The Guardian, pg. 29, Lexis

Infectious disease is all around us. It's one of the basic processes that ecologists study, along with predation and competition. Predators are big beasts that eat their prey from outside. Pathogens (disease-causing agents, such as viruses) are small beasts that eat their prey from within. Although infectious disease can seem grisly and dreadful, under ordinary conditions, it's every bit as natural as what lions do to wildebeests and zebras. But conditions aren't always ordinary. Just as predators have their accustomed prey, so do pathogens. And just as a lion might occasionally depart from its normal behaviour - to kill a cow instead of a wildebeest, or a human instead of a zebra - so a pathogen can shift to a new target. Aberrations occur. When a pathogen leaps from an animal into a person, and succeeds in establishing itself as an infectious presence, sometimes causing illness or death, the result is a zoonosis. It's a mildly technical term, zoonosis, unfamiliar to most people, but it helps clarify the biological complexities behind the ominous headlines about swine flu, bird flu, Sars, emerging diseases in general, and the threat of a global pandemic. It's a word of the future, destined for heavy use in the 21st century. Ebola and Marburg are zoonoses. So is bubonic plague. So was the so-called Spanish influenza of 1918-1919, which had its source in a wild aquatic bird and emerged to kill as many as 50 million people. All of the human influenzas are zoonoses. As are monkeypox, bovine tuberculosis, Lyme disease, West Nile fever, rabies and a strange new affliction called Nipah encephalitis, which has killed pigs and pig farmers in Malaysia. Each of these zoonoses reflects the action of a pathogen that can "spillover", crossing into people from other animals. Aids is a disease of zoonotic origin caused by a virus that, having reached humans through a few accidental events in western and central Africa, now passes human-to-human. This form of interspecies leap is not rare; about 60% of all human infectious diseases currently known either cross routinely or have recently crossed between other animals and us. Some of those - notably rabies - are familiar, widespread and still horrendously lethal, killing humans by the thousands despite centuries of efforts at coping with their effects. Others are new and inexplicably sporadic, claiming a few victims or a few hundred, and then disappearing for years. Zoonotic pathogens can hide. The least conspicuous strategy is to lurk within what's called a reservoir host: a living organism that carries the pathogen while suffering little or no illness. When a disease seems to disappear between outbreaks, it's often still lingering nearby, within some reservoir host. A rodent? A bird? A butterfly? A bat? To reside undetected is probably easiest wherever biological diversity is high and the ecosystem is relatively undisturbed. The converse is also true: ecological disturbance causes diseases to emerge. Shake a tree and things fall out. Michelle Barnes is an energetic, late 40s-ish woman, an avid rock climber and cyclist. Her auburn hair, she told me cheerily, came from a bottle. It approximates the original colour, but the original is gone. In 2008, her hair started falling out; the rest went grey "pretty much overnight". This was among the lesser effects of a mystery illness that had nearly killed her during January that year, just after she'd returned from Uganda. Her story paralleled the one Jaap Taal had told me about Astrid, with several key differences - the main one being that Michelle Barnes was still alive. Michelle and her husband, Rick Taylor, had wanted to see mountain gorillas, too. Their guide had taken them through Maramagambo Forest and into Python Cave. They, too, had to clamber across those slippery boulders. As a rock climber, Barnes said, she tends to be very conscious of where she places her hands. No, she didn't touch any guano. No, she was not bumped by a bat. By late afternoon they were back, watching the sunset. It was Christmas evening 2007. They arrived home on New Year's Day. On 4 January, Barnes woke up feeling as if someone had driven a needle into her skull. She was achy all over, feverish. "And then, as the day went on, I started developing a rash across my stomach." The rash spread. "Over the next 48 hours, I just went down really fast." By the time Barnes turned up at a hospital in suburban Denver, she was dehydrated; her white blood count was imperceptible; her kidneys and liver had begun shutting down. An infectious disease specialist, Dr Norman K Fujita, arranged for her to be tested for a range of infections that might be contracted in Africa. All came back negative, including the test for Marburg. Gradually her body regained strength and her organs began to recover. After 12 days, she left hospital, still weak and anaemic, still undiagnosed. In March she saw Fujita on a follow-up visit and he had her serum tested again for Marburg. Again, negative. Three more months passed, and Barnes, now grey-haired, lacking her old energy, suffering abdominal pain, unable to focus, got an email from a journalist she and Taylor had met on the Uganda trip, who had just seen a news article. In the Netherlands, a woman had died of Marburg after a Ugandan holiday during which she had visited a cave full of bats. Barnes spent the next 24 hours Googling every article on the case she could find. Early the following Monday morning, she was back at Dr Fujita's door. He agreed to test her a third time for Marburg. This time a lab technician crosschecked the third sample, and then the first sample. The new results went to Fujita, who called Barnes: "You're now an honorary infectious disease doctor. You've self-diagnosed, and the Marburg test came back positive." The Marburg virus had reappeared in Uganda in 2007. It was a small outbreak, affecting four miners, one of whom died, working at a site called Kitaka Cave. But Joosten's death, and Barnes's diagnosis, implied a change in the potential scope of the situation. That local Ugandans were dying of Marburg was a severe concern - sufficient to bring a response team of scientists in haste. But if tourists, too, were involved, tripping in and out of some python-infested Marburg repository, unprotected, and then boarding their return flights to other continents, the place was not just a peril for Ugandan miners and their families. It was also an international threat. The first team of scientists had collected about 800 bats from Kitaka Cave for dissecting and sampling, and marked and released more than 1,000, using beaded collars coded with a number. That team, including scientist Brian Amman, had found live Marburg virus in five bats. Entering Python Cave after Joosten's death, another team of scientists, again including Amman, came across one of the beaded collars they had placed on captured bats three months earlier and 30 miles away. "It confirmed my suspicions that these bats are moving," Amman said - and moving not only through the forest but from one roosting site to another. Travel of individual bats between far-flung roosts implied circumstances whereby Marburg virus might ultimately be transmitted all across Africa, from one bat encampment to another. It voided the comforting assumption that this virus is strictly localised. And it highlighted the complementary question: why don't outbreaks of Marburg virus disease happen more often? Marburg is only one instance to which that question applies. Why not more Ebola? Why not more Sars? In the case of Sars, the scenario could have been very much worse. Apart from the 2003 outbreak and the aftershock cases in early 2004, it hasn't recurred. . . so far. Eight thousand cases are relatively few for such an explosive infection; 774 people died, not 7 million. Several factors contributed to limiting the scope and impact of the outbreak, of which humanity's good luck was only one. Another was the speed and excellence of the laboratory diagnostics - finding the virus and identifying it. Still another was the brisk efficiency with which cases were isolated, contacts were traced and quarantine measures were instituted, first in southern China, then in Hong Kong, Singapore, Hanoi and Toronto. If the virus had arrived in a different sort of big city - more loosely governed, full of poor people, lacking first-rate medical institutions - it might have burned through a much larger segment of humanity. One further factor, possibly the most crucial, was inherent in the way Sars affects the human body: symptoms tend to appear in a person before, rather than after, that person becomes highly infectious. That allowed many Sars cases to be recognised, hospitalised and placed in isolation before they hit their peak of infectivity. With influenza and many other diseases, the order is reversed. That probably helped account for the scale of worldwide misery and death during the 1918-1919 influenza. And that infamous global pandemic occurred in the era before globalisation. Everything nowadays moves around the planet faster, including viruses. When the Next Big One comes, it will likely conform to the same perverse pattern as the 1918 influenza: high infectivity preceding notable symptoms. That will help it move through cities and airports like an angel of death. The Next Big One is a subject that disease scientists around the world often address. The most recent big one is Aids, of which the eventual total bigness cannot even be predicted - about 30 million deaths, 34 million living people infected, and with no end in sight. Fortunately, not every virus goes airborne from one host to another. If HIV-1 could, you and I might already be dead. If the rabies virus could, it would be the most horrific pathogen on the planet. The influenzas are well adapted for airborne transmission, which is why a new strain can circle the world within days. The Sars virus travels this route, too, or anyway by the respiratory droplets of sneezes and coughs - hanging in the air of a hotel corridor, moving through the cabin of an aeroplane - and that capacity, combined with its case fatality rate of almost 10%, is what made it so scary in 2003 to the people who understood it best. Human-to-human transmission is the crux. That capacity is what separates a bizarre, awful, localised, intermittent and mysterious disease (such as Ebola) from a global pandemic. Have you noticed the persistent, low-level buzz about avian influenza, the strain known as H5N1, among disease experts over the past 15 years? That's because avian flu worries them deeply, though it hasn't caused many human fatalities. Swine flu comes and goes periodically in the human population (as it came and went during 2009), sometimes causing a bad pandemic and sometimes (as in 2009) not so bad as expected; but avian flu resides in a different category of menacing possibility. It worries the flu scientists because they know that H5N1 influenza is extremely virulent in people, with a high lethality. As yet, there have been a relatively low number of cases, and it is poorly transmissible, so far, from human to human. It'll kill you if you catch it, very likely, but you're unlikely to catch it except by butchering an infected chicken. But if H5N1 mutates or reassembles itself in just the right way, if it adapts for human-to-human transmission, it could become the biggest and fastest killer disease since 1918. It got to Egypt in 2006 and has been especially problematic for that country. As of August 2011, there were 151 confirmed cases, of which 52 were fatal. That represents more than a quarter of all the world's known human cases of bird flu since H5N1 emerged in 1997. But here's a critical fact: those unfortunate Egyptian patients all seem to have acquired the virus directly from birds. This indicates that the virus hasn't yet found an efficient way to pass from one person to another. Two aspects of the situation are dangerous, according to biologist Robert Webster. The first is that Egypt, given its recent political upheavals, may be unable to staunch an outbreak of transmissible avian flu, if one occurs. His second concern is shared by influenza researchers and public health officials around the globe: with all that mutating, with all that contact between people and their infected birds, the virus could hit upon a genetic configuration making it highly transmissible among people. "As long as H5N1 is out there in the world," Webster told me, "there is the possibility of disaster. . . There is the theoretical possibility that it can acquire the ability to transmit human-to-human." He paused. "And then God help us." We're unique in the history of mammals. No other primate has ever weighed upon the planet to anything like the degree we do. In ecological terms, we are almost paradoxical: large-bodied and long-lived but grotesquely abundant. We are an outbreak. And here's the thing about outbreaks: they end. In some cases they end after many years, in others they end rather soon. In some cases they end gradually, in others they end with a crash. In certain cases, they end and recur and end again. Populations of tent caterpillars, for example, seem to rise steeply and fall sharply on a cycle of anywhere from five to 11 years. The crash endings are dramatic, and for a long while they seemed mysterious. What could account for such sudden and recurrent collapses? One possible factor is infectious disease, and viruses in particular.

### 1AC – Contention [old]

#### Text: Egypt ought to presume consent for organ procurement from the deceased

#### Supply and demand gap in Egypt makes it an organ trafficking hub – cultural biases make the plan inherent. Modified for offensive language

Hozayen 4/17 [Heidie, Staff Writer for the AUC Times, April 17, “Egypt Dominates an Underground Market: Organ Trafficking,” http://auctimes.com/?p=2111]

With the rise of globalization, a trend towards organ trafficking sprang to life, cutting short the lives of many vulnerable human beings. As the demand for organ transplants increased, manipulative opportunists took advantage of this need and created a strong market. Organ traffickers needed a place to practice their business effortlessly, and what better place than a country with lax laws, dangerously high poverty rates and rock bottom education? In 2010, the World Health Organization (WHO) estimated that 42,000 people in Egypt were in need of transplants. According to Dr. Hamdy Sayed, the former Medical Syndicate directors, commercial living donors supply between 80–90 percent of kidney transplants in Egypt. This issue has only been brought up for debate a few years ago, with the last entity to govern transplant processes in Egypt founded as far back as 1976. A controversial solution was to transplant organs from deceased donors, however, that solution was hastily ruled out because dead bodies are believed to be sacred. While this debate only wasted precious time, traffickers were already geared up, and all set to pursue their profits. Accordingly, the WHO titled Egypt as the “hub” for organ trafficking. And in 2010, a law was issued banning any commercialization of organs and allowing transplants from deceased donors, but by then Egypt had been among the latest Arab countries to implement this legislation. In 2009, a 36yearold Egyptian baker was reported for selling his kidney to pay off his debts to avoid a lawsuit. Amr Mostafa, a field researcher in the Coalition for OrganFailure Solutions (COFS) Egypt, recounted the presence of a famous broker who was known to circle around local cafes ahawi in a BMW to screen his targets. He promises them a job abroad and asks them to take a simple medical test; one that will falsely diagnose them with kidney stones. He then offers to cover their operations’ costs. They later end up without a kidney. The following year Daily News Egypt published two other cases. The first was that of a Jordanian man who was arrested at Sanaa airport for leading seven Yemenis on a venture to Egypt to sell their kidneys. The other lawsuit concerned a 26yearold Yemeni male who incited 200 of his people to trade their organs. In 2011, COFS Egypt reported a brutal Sudanese woman who, after falling victim to a trafficker, vended her son’s kidney in order to get some cash. Later, her son revealed that she had also disposed of his 15yearold sister’s kidney, while his older brother’s organ removal was being scheduled. These accounted cases speak of a cycle of corruption; whether as a victim or a broker, once you are in, you can’t get out. Kabir Karim, COFS’s Egypt director, believes that these individuals should not be called ‘commercial living donors,’ he says “the name is misleading as really they are more victims than donors.” Alternatively, one should think about the multiplier effect that these ‘victims’ create when they convert to being brokers for just capturing the extra cash. It then becomes a hassle to curb, which is the exact problem in Sinai. Dr. Hamdy al Azazy, Head of New Generation Foundation, revealed photos of South African corpses in Arīsh morgues that had wounds all across their abdominal areas. Dr. Hamdy hypothesized that corrupt doctors from prominent hospitals in Cairo are involved with Sinai Bedouins in organ theft. The WHO estimates that 10% of worldwide transplants are of a commercial nature, which are usually supplied by citizens of developing countries, this crosscountry trade has been known as ‘transplant tourism’. One may see this trend as another exploitive affair resembling child labor where the vulnerable are always the targets. Silenced Third World citizens with minimal political rights serve the underground nature of organ trafficking well. Their hunger for cash pushes them into the market regardless of the exchange conditions. They usually don’t have an alternative as they are robbed of any source of income. This is evidenced by COFS’ Egypt findings; “Over 90 percent of donors don’t have a regular job, and are … in debt because of their circumstances”. The lack of education also plays a striking role; more than 60% of Egyptian victims are illiterate, to the extent that, one targeted man did not even know what a liver was. When the law prohibiting commercialization was first publicized, the government promised to finance transplant operations for the poor and offer donors subsidized medical care. Yet, the issue is not solely financial. The question is who will supply these needy recipients? Dr. Meteini, Liver Transplant Unit Head at Ain Shams University, supposes that, “the one who will pay for this is the patient, as we will not be doing the number of transplants we do now”. He seems to have missed the pivotal point. Humans in need of transplants will not sit and watch themselves bite the dust. They will undoubtedly seek a leeway and, like most other Egyptian sectors, it will be an informal one tapping into a black [an illegal] market. Susanne Lundin, a wellknown ethnologist, argues that such law issuance “will drive the market underground as has happened in other countries that passed similar legislation.” Problematically, these are only some of the instances that happen on the ground in Egypt. While there are many victims who come forward to unveil their stories, plenty more stay in the shade out of fear. Unfortunately, with increasing diabetes rates worldwide, renal failure will probably multiply and so will the market for kidney donors, followed by organ trafficking as well. The huge gap between supply and demand will continue to be a point of contention. Dr. Debra, COFS director, argues that Egypt is not very responsive to the cause on its own land and COFS has “yet to adequately get commitments from Egyptian authorities.” With the added pressure of political instability, Egypt provides the perfect setting for the trade.

#### Aff solves trafficking and the illegal market – it’s the best legal avenue and ensures accurate organ matching and effective operations. Modified for offensive language

Glaser 05 [Sheri, J.D. candidate at the Washington College of Law, “Formula to Stop the Illegal Organ Trade: Presumed Consent Laws and Mandatory Reporting Requirements for Doctors,” Human Rights Brief, Vol. 12 No. 2, pg. 20-2]

APPROXIMATELY 15 TO 20 NATIONS have enacted presumed consent laws for organ donation. These laws are intended to produce a surplus of organs for transplant surgery, establish equity in the distribution of organs, and end any illicit trade in organs. They essentially create situations where people must opt-out of being an organ donor, rather than opt-in, as in the United States and other countries. These laws vary in terms of their strength. For example, many of the European laws are weaker, meaning they have easy opt-out provisions. In France the family is given an opportunity to stop the donation, even if the deceased expressed his or her desire to be an organ donor. Where the system of presumed consent is weak, it does not increase organ supply to the point of meeting demand. Instead, those systems operate like the opt-in system in the United States because people who would have chosen to remain a nonorgan- donor in the United States may stop a family member’s donation and opt themselves out of being organ donors. Such systems do not effectively increase the supply of organs. In contrast, Brazil’s Presumed Organ Donor Law is an example of a strict presumed consent law, where it is more difficult to opt-out. The law defines all Brazilian adults as universal organ donors unless they officially declare themselves “non-donors of organs and tissues.” In order to opt-out, citizens must have “nondonor of organs and tissues” permanently stamped on their civil identity card or driver’s license. Citizens must pay for their documentation, which presents an economic hardship and thus a major hurdle for many in Brazil. Additionally, citizens must navigate various bureaucratic obstacles in order to opt-out. For example, authorities reportedly told Maria Celestina de Oliveira Pinto, a domestic worker in Sao Paulo, that she was not allowed to declare herself a non-donor when she went to get her new documents. She reportedly had to wait in line four times and argue before she received a “non” before the word “donor” on her card. Though strict presumed consent laws effectively increase supply, they may create unfair hardships on those individuals who wish to opt-out. States that pass strict presumed consent laws should make the process by which citizens opt-out free of charge and simpler than Brazil’s system. IMPACT OF PRESUMED CONSENT LAWS Presumed consent, when the state strictly follows it, is the best practice method of legally obtaining organs. In countries with presumed consent laws, there is a higher procurement rate for organs than in countries without these laws. Many argue that if the demand for organs were met legally, then people would have less incentive to illegally obtain organs and the [illegal] black market would eventually diminish. On a more basic level, if there were more organs available for transplant, then more people’s lives would be saved. In addition, presumed consent leads to improvements in tissue matching between donor organs and recipients, and it allows surgeons to be more particular about which organs are selected. Furthermore, these laws allow for more careful application of brain-death criteria because the increased supply of donor organs diminishes incentive to obtain organs through “inappropriate” means. For example, there have been cases in Russia and Argentina where organs were removed from comatose patients who were prematurely declared brain-dead. Presumed consent also ensures that organs are “fresher” because it eliminates the doctor’s need to contact the deceased’s next of kin, thus shortening the time between death and determination of consent. Lastly, the decision as to whether or not to donate organs is not made during the grieving period immediately following someone’s death. Financially, presumed consent lowers costs on the part of the government. For example, in the United States, with a federally funded dialysis program, the cost of a kidney transplant, taking into account the cost per year after the transplant for further medical care, is less than the yearly cost of dialysis. One could reasonably argue that, as kidney transplants become even more commonplace, the costs will continue to fall. If a nation has a system of presumed consent and has more organs available for transplants, then that nation will presumably be performing more transplants and will have fewer patients on dialysis, thus lowering government costs.

#### *Aff solves supply – prefer cross-country and meta-analyses*

*Rithalia 09 [Amber Rithalia (Research Fellow, University of York), Catriona McDaid, Sara Suekarran, Lindsey Myers and Amanda Sowden. “Impact of Presumed Consent for Organ Donation on Donation Rates: A Systematic Review.” British Medical Journal, Vol. 338, No. 7689 (Jan. 31, 2009), pp. 284-287] AJ*

*Studies reviewed Five studies comparing donation rates before and after the introduction of legislation for presumed consent (before and after studies); eight studies comparing donation rates in countries with and without presumed consent systems (between country comparisons); 13 surveys of public and professional attitudes to presumed consent. Results The five before and after studies represented three countries: all reported an increase in donation rates after the introduction of presumed consent, but there was little investigation of any other changes taking place concurrently with the change in legislation. In the four best quality between country comparisons, presumed consent law or practice was associated with increased organ donation- increases of 25-30%, 21-26%, 2.7 more donors per million population, and 6.14 more donors per million population in the four studies. Other factors found to be important in at least one study were mortality from road traffic accidents and cerebrovascular causes, transplant capacity, gross domestic product per capita, health expenditure per capita, religion (Catholicism), education, public access to information, and a common law legal system. Eight surveys of attitudes to presumed consent were of the UK public. These surveys varied in the level of support for presumed consent, with surveys conducted before 2000 reporting the lowest levels of support (28-57%). The most recent survey, in 2007, reported that 64% of respondents supported a change to presumed consent.*

## 1AC contention---mummies

### 1AC – Mummies Advantage

#### Studies on Egyptian mummies has halted – motivated by a lack of consent – presumed consent solves by giving consent on behalf of the deceased

Jenkins 10 [(Tiffany, cultural sociologist and author of Contesting Human Remains in Museum Collections: The Crisis of Cultural Authority) “Are we invading the Pharaohs’ privacy?” 28 september] AT

Are we invading the Pharaohs’ privacy? The idea that we shouldn’t carry out research on Egyptian mummies because we don’t have their consent is bonkers. A couple of years ago, a curious exchange took place at a conference on the ownership of human remains. A museum director was uncomfortable with the continued display of Egyptian mummies at his own institution and felt that they should no longer be on show. ‘You must want them back?’, he offered the curator of the Cairo museum. She smiled but declined: ‘No thank you’, she said, ‘we have plenty of mummies’. It was the old white chap in charge of the museum who didn’t want the human specimen exhibited. When he was born – I’m guessing around 1940 – directors of cultural institutions would have been on the hunt for more mummies, not trying to take them down and give them back. Most ordinary people do not share his unease. The most popular exhibition in any museum that has them will be the Egyptian mummies. They entice reluctant children into galleries and introduce the young to people and civilisations that lived long ago. One reason why they are so popular is that they are preserved – wrapped and mummified – bodies. They look like us, but being so old – the oldest of which in the British Museum is thought to be from around 3300 BC – they are also far removed and outside any social relationship. We recognise them as like us, but from a time and a place long ago. Studying their tombs and artefacts has led to knowledge about their lives and beliefs, especially relating to the afterlife. Scientific research on mummies has led to discoveries about dating, mummification, health, diet and disease. They were originally examined by unwrapping the bodies, but this is a destructive process. Today it is possible to look inside using CAT scans and X-rays. Continuing advances in science, biomedicine and technology, including the potential of cloning DNA, means that what we can discover continues to expand. For example, the most urgent research projects are analysing the development of disease through looking at mummies. In the process of charting the evolution of tuberculosis – a serious and deadly infection – a team at University College London has used mummies to pinpoint crucial stages in the development of this disease. Yet for some researchers, there is a growing concern about the ethics of research on Egyptian mummies, and this concern threatens to hamper progress. In a recent paper, in the influential Journal of Medical Ethics, anatomist Frank Rühli and ethicist Ina Kaufmann of the University of Zurich, Switzerland, criticised the study of ancient mummies as lacking in ethical considerations. This is a problem, they argue, for three reasons: ‘First, any modern examination on historic corpses is done a priori without informed consent of the deceased. Second, the research undertaken on such a body is often invasive either in terms of technological aspects or in terms of personality traits… [And] third, public and scientific reports about such findings do not follow the common criteria of medical privacy, by explicitly and specifically naming major diseases or causes of death of a famous ancient individual, such as a former king or pharaoh.’ In other words, the people whose mummies are the subjects of scientific research, and who lived over three thousand years ago, have not given ‘informed consent’ for the studies being carried out, and therefore revelations about their lives may invade their privacy. Rühli and Kaufmann have imported specific controversies around the use of the human tissue of the recently dead into a discussion about research on the ancient dead. It was during the 1990s that collections of human tissue came to be seen as a potentially ethical problem. A key turning point came in 1998 with the revelation that doctors in certain UK hospitals had retained organs for research and teaching without clear permission. The response of the New Labour government to this issue was to pass the Human Tissue Act 2004, and so the lengthy and extensive process of gaining explicit and informed consent for corpse investigations was given institutional form. Shortly afterwards, however, it was acknowledged that this procedure made it more difficult to address the serious shortage of organ donation. So much so, in fact, that when Gordon Brown was made prime minister in 2007, he considered institutionalising presumed consent for organ donation. Although there are problems with the expanded concept of consent in this discussion, it was always clear who it was that would be doing the consenting: us, before we die, or our immediate relatives if our wishes were not known. In other words there is, in relation to the human remains of the recently deceased, a person who would be either be giving or withholding consent. This is crucial: for consent to mean anything there has to be someone to consent. How would this apply to a 4,000-year-old corpse? Tutankhamen wouldn’t have had any idea of what it is to consent to scientific research or even a notion of what a museum is. We will never, ever be able to ask him or his relatives. By transferring the idea of consent into the context of the ancient dead, Rühli and Kaufmann undermine the concept of consent itself. Here the ancient dead are being used to voice the authors’ own anxieties about the ethics of mummy-related research. It is important to note that hostility towards scientific research and the use of mummies for research or educational purposes is coming from those who would have once championed it. Hence this covering of the mummies at Manchester was carried out by curators; no group external to the museum had requested it. In Rühli and Kaufmann’s paper, the implication is that those researchers who work on the ancient dead are disrespectful. But if you talk to any scientist or researcher who handles the ancient dead they will tell you they take their work seriously and treat the human remains with respect. They will also explain that their research is helping humanity, by contributing to ending disease and educating people about ancient civilisations. This should be celebrated, not denigrated. Ironically, given the current anxiety over disrespecting the dead, the development of a scientific outlook that conceptualised the body as a research object contributed to ending the use of mummies as entertainment. In Victorian times, mummies were wheeled out at parties to be gleefully unwrapped – which also destroyed them. This mockery of the dead came to an end because the mummies were increasingly considered scientific objects, an important development signalled and shaped by Dr Augustus Bozzi Granville, who conducted the first scientific autopsy on an ancient Egyptian mummy at the Royal Society of London in 1825. ‘I determined, perfect and beautiful as it was, to make it the object of further research by subjecting it to the anatomical knife, and thus to sacrifice a most complete specimen of the art of Egyptian embalming, in hopes of eliciting some new facts illustrative of so curious and interesting a subject’, he wrote. The mummy to go under Granville’s knife was a fiftysomething woman from Thebes named Irtyersenu, who lived around 600BC. She had died, Dr Granville showed, from an ovarian tumour. Subsequent to this autopsy, which was a trail-blazing first, mummies were increasingly treated as research objects that could contribute to our knowledge of their lives and diseases. And they continue to do so today, which is why we should argue against those who seek to limit and restrain our ability to work on them. Two hundred years later, research by a team at University College London has challenged Granville’s verdict: although Irtyersenu had a tumour on one of her ovaries, it has been found to have been a benign cyst, which would not have been fatal. By studying the DNA, it has been discovered that the cause of death was probably tuberculosis. The fight to understand disease, and help the living, must continue to be aided by the ancient dead.

#### Mummy research solves tuberculosis

Khamsi 13 [(Roxanne, editor of Nature magazine, online reporter for New Scientist, writing daily stories about biomedical research) “How Studying Mummies Could Cure Modern Diseases” Popular Science Oct 2013] AT

Ancient mummies can provide a wealth of information about the health of early civilizations, which may help us better treat diseases today. But because mummies are both rare and delicate, researchers have been limited in what they could do to them—and therefore what they could learn from them. Recent improvements of two medical tools—DNA sequencing, which can reveal microbial infections, and CT scanning—are letting paleopathologists diagnose mummies' causes of death in detail. They're now finding signs of everything from prostate cancer to malaria in mummies across the globe. By comparing the ancient forms of those diseases with their contemporary equivalents, researchers can learn how those diseases evolved, what makes them so harmful, and—possibly—how to stop them. In the case of tuberculosis (TB), which kills upwards of 1.4 million people a year, researchers are using DNA sequencing and CT scans in mummies to understand what conditions TB thrives in and how to treat it. Work from Haagen Klaus, a biological anthropologist at George Mason University, suggests that, contrary to what some experts think, Europeans might have brought a particularly deadly form of TB to the Americas. His preliminary DNA data hints that Peruvian remains dating back to the 10th century—before Spanish explorers arrived—might have been infected with a more benign strain of the TB bacteria Mycobacterium tuberculosis, or a different species altogether, Mycobacterium kansasii. And many studies have shown that the bodies of Central Americans from before and after European contact rarely, if ever, show signs of TB symptoms. Klaus subscribes to the hypothesis that this may be because M. tuberculosis thrives in the presence of iron, and these people ate a low-iron diet with little meat. If true, this insight could point to new drugs that would inhibit M. tuberculosis from taking up iron.

#### Tuberculosis causes extinction – immune resistance, lack of countermeasures, and population density mean burnout and responses don’t check

Leslie 96 [(John, Author, currently Professor emeritus at the University of Guelph, in Ontario, Canada) “THE END OF THE WORLD The SCIENCE and ETHICS of HUMAN EXTINCTION”] AT

Infectious diseases cause roughly half of all deaths today. The organisms producing them fall into four main groups: bacteria, viruses, the rickettsiae, which lie between bacteria and viruses in complexity, and parasites such as the protozoa of malaria and the tiny worms of schistosomiasis. Malaria and tuberculosis are the biggest killers at present, the second slightly in the lead with its roughly three million fatalities per year. However, the ‘Spanish influenza’ virus of the 1918–19 pandemic may have infected almost everyone on the globe, and it killed twenty million. And while modern medicine has perhaps now managed to make smallpox extinct, also greatly reducing the threat from poliomyelitis and diphtheria, there are many diseases (malaria and tuberculosis included) which have grown resistant to drugs and antibiotics, much as mosquitoes and other disease-carriers have developed immunity to pesticides. In addition, new pathogens such as the Legionella bacterium are constantly emerging. Ebola virus, which first appeared in 1976, can kill 90 per cent of its victims, whereas bubonic plague kills only 50 per cent. Yet in the United States recently, P.E.Ross notes, funds for work on infectious diseases other than AIDS and tuberculosis have actually been lower, in inflation- adjusted terms, than they were forty years before, the Center for Disease Control spending only a few million dollars yearly in looking for new killers although it had been a matter just of biological chance that AIDS wasn’t as highly contagious as the common cold.137 Why haven’t the pathogens won? Of the first generation it infected in Australia, myxomatosis killed all but two rabbits in every thousand. Why hasn’t something 100 per cent lethal wiped out all mammals, or else the human race in particular? Luck may have played a part here. Perhaps complex life has evolved on a great many planets scattered through the universe. Perhaps most are now planets where disease has proved victorious, nobody remaining alive on them to contemplate this sad state of affairs. Obviously you and I must find ourselves on a planet which continues to be inhabited, regardless of whether such planets are extremely rare. It is hard to know what limits to place on this line of reasoning. Suppose that, of all planets with complex biospheres, 99.9999 per cent suffered disaster from disease before truly intelligent beings evolved on them. It would be unsurprising that the planet on which we find ourselves was in the remaining 0.0001 per cent. Where else could we possibly find ourselves? Admittedly we can point to a natural tendency for germs to reach an uneasy compromise with the beings on which they prey. Recall that they cannot benefit from destroying their hosts. Malaria, attacking about three hundred million people a year, could be viewed as ‘taking care’ not to kill more than a couple of million. Yet as A.Mitchison observes, we may nowadays be in ‘an utterly unprecedented situation. Even if we knew how often in the past host species had been wiped out by their parasites, that knowledge would tell us little about ourselves.’138 Various factors combine in support of such a statement: (a) By the year 2010, every second human is expected to live in a city. There are now about thirty cities of more than ten million people each, and over four hundred others of more than a million. Diseases can spread with fearsome speed in these huge centers, quickly ‘testing out’ dozens of new strains. (b) The international food trade, business trips, and tourism carry diseases quickly around the globe. Today there are about twenty times as many international travellers as in 1950. Now, when host and pathogen evolve side by side they can readily reach the uneasy compromise mentioned above: the pathogen takes care to permit the host species to evolve resistance. When, however, a disease suddenly jumps from one continent to another, it will tend to find that in its new surroundings it is too powerful for its own good. It may bring death to almost everyone in a poorly prepared population. Repeatedly, the common cold has proved fatal in areas to which it was new. Introduced into North America by Columbus, chickenpox, influenza and measles bore much of the blame for the decline of the Amerindian peoples to a twentieth of their former numbers. (c) Diseases flourish in our newly polluted environment. The 1991 cholera epidemic, originating in Peru and soon moving up into Mexico, was largely a product of untreated sewer water. Besides facilitating transmission of infectious organisms, pollution places stress on the human body, which can then fall easy prey to diseases. Mesothelioma, a form of cancer which attacks the membranes surrounding the lungs, is powerfully triggered by a combination of a virus and exposure to asbestos. It is running wild among construction workers.

#### Extinction from tuberculosis is a relevant risk

Leslie 96 [(John, Author, currently Professor emeritus at the University of Guelph, in Ontario, Canada) “THE END OF THE WORLD The SCIENCE and ETHICS of HUMAN EXTINCTION”] AT

Estimating the probability that the human race will soon become extinct has become quite a popular activity. Many writers have considered such things as the dangers of nuclear war or of pollution. This book will make few claims to expertise about the details of such highly complex matters. What it will claim instead is that even non-experts can see that the risks aren’t negligible. In view of how much is at stake, we have no right to disregard them.2 Besides, even if the ‘total risk’ (obtained by combining the individual risks) appeared to be fairly small, Carter’s doomsday argument could suggest that it should be re-evaluated as large. To get it to look small once more, we should then need to make vigorous risk-reduction efforts. All the same, the book will in due course settle down to some fairly detailed discussion of risks, particularly those which our efforts might reduce. For the moment let us simply list a large variety of them, with a few quick comments. Risks already well recognized 1 Nuclear war. Knowledge of how to build nuclear bombs cannot be eradicated. Small nations, terrorists and rich criminals wanting to become still richer by holding the world to ransom can already afford very destructive bombs. Production costs are falling and the world has many multi- billionaires. The effects of large-scale nuclear destruction are largely unknown. Radiation poisoning of the entire globe? ‘Nuclear winter’ in which dust and soot block sunlight, so that temperatures everywhere fall very sharply? Death of trees and grasses? Of oceanic plankton? 2 Biological warfare or terrorism or criminality. Biological weapons could actually be more dangerous than nuclear ones: less costly, and with a field of destruction harder to limit because the weapons were self-reproducing organisms. 3 Chemical warfare or terrorism or criminality. 4 Destruction of the ozone layer by chlorofluorocarbons or other things. Massive increase in the amount of ultraviolet light reaching the Earth’s surface. Cancer runs riot? Death of trees, grasses, plankton? 5 ‘Greenhouse effect’: a rise in Earth’s surface temperature because incoming radiation is less easily re-radiated into space, owing to build-up of atmospheric carbon dioxide, methane and other gases. The effect might conceivably be a runaway one because of positive feedback: for example, frozen arctic soils melt and become wetlands, emitting much carbon dioxide and methane and so helping to melt more soils, which leads to still greater emissions. After an increase—usually thought very unlikely—to a carbon dioxide level of 1 per cent, Earth could soon become rather like its neighbour Venus. On Venus, greenhouseeffect temperatures are sufficient to melt lead. On Earth they might approach the boiling point of water. 6 Poisoning by pollution. Already widespread, for instance in the form of acid rain, which can eat holes in clothing. Hundreds of new chemicals enter the environment each year. Their effects are often hard to predict. Who would have thought that the insecticide DDT would need to be banned or that spraying deodorant at your armpits could help destroy the ozone layer? Pollution could particularly affect sperm or produce cancers, from which many lake fish already suffer. Once again there is the danger of positive feedback: the rotting of a poisoned environment generates more poisons. And, at least in the short term, severe pollution seems almost inevitable when uncontrolled population growth is combined with demands for an acceptable standard of living. 7 Disease. As was shown by the Black Death of the Middle Ages, diseases can wipe out very large proportions of those exposed to them. They can now spread world wide very quickly, thanks to air travel. Many remain incurable. Tuberculosis, already killing about three million people annually, has recently developed strains resistant to all known drugs, and antibiotics are useless against viral diseases.

### Metagenomics key

#### Mummies key to metagenomic research – only this can solve

Warwick no date [(unv of warwick news release. cites Mark Pallen, Professor of Microbial Genomics at Warwick Medical School, working with Helen Donoghue at University College London) “Tuberculosis genomes recovered from 200-year old Hungarian mummy”] AT

Researchers at the University of Warwick have recovered tuberculosis (TB) genomes from the lung tissue of a 215-year old mummy using a technique known as metagenomics. The team, led by Professor Mark Pallen, Professor of Microbial Genomics at Warwick Medical School, working with Helen Donoghue at University College London and collaborators in Birmingham and Budapest, sought to use the technique to identify TB DNA in a historical specimen. The term ‘metagenomics’ is used to describe the open-ended sequencing of DNA from samples without the need for culture or target-specific amplification or enrichment. This approach avoids the complex and unreliable workflows associated with culture of bacteria or amplification of DNA and draws on the remarkable throughput and ease of use of modern sequencing approaches. The sample came from a Hungarian woman, Terézia Hausmann, who died aged 28 on 25 December 1797. Her mummified remains were recovered from a crypt in the town of Vác, Hungary. When the crypt was opened in 1994, it was found to contain the naturally mummified bodies of 242 people. Molecular analyses of the chest sample in a previous study confirmed the diagnosis of tuberculosis and hinted that TB DNA was extremely well preserved in her body. Professor Pallen explained the importance of the breakthrough, “Most other attempts to recover DNA sequences from historical or ancient samples have suffered from the risk of contamination, because they rely on amplification of DNA in the laboratory, plus they have required onerous optimisation of target-specific assays. The beauty of metagenomics is that it provides a simple but highly informative, assumption-free, one-size-fits-all approach that works in a wide variety of contexts. A few months ago we showed that metagenomics allowed us to identify an E. coli outbreak strains from faecal samples and a few weeks ago a similar approach was shown by another group to deliver a leprosy genome from historical material”. The research, published this week in the New England Journal of Medicine, showed that Terézia Hausmann suffered from a mixed infection with two different strains of the TB bacterium. This information, combined with work on contemporary tuberculosis, highlights the significance of mixed-strain infections, particularly when tuberculosis is highly prevalent. Professor Pallen added, “It was fascinating to see the similarities between the TB genome sequences we recovered and the genome of a recent outbreak strain in Germany. It shows once more that using metagenomics can be remarkably effective in tracking the evolution and spread of microbes without the need for culture—in this case, metagenomes revealed that some strain lineages have been circulating in Europe for more than two centuries.”

#### More ev

GRIFFITHS 13 [“Could tuberculosis DNA recovered from a 200 year-old mummy provide doctors with new ways to treat the disease?” DailyMail 22 July 2013]

Could tuberculosis DNA recovered from a 200 year-old mummy provide doctors with new ways to treat the disease? The DNA sample was taken from a lung from a mummified Hungarian woman called Terézia Hausmann, who died aged 28 in December 1797 University of Warwick researchers have recovered TB genomes from the lung tissue of the mummy using a technique known as metagenomics The results revealed that the woman was infected with two different strains of TB bacterium Findings provide chance to study pathogens from a time before antibiotics British scientists have recovered tuberculosis DNA from a 200 year-old Hungarian mummy. University of Warwick researchers have recovered tuberculosis (TB) genomes from the lung tissue of the mummy using a technique known as metagenomics. The strain of TB found in the mummy offered them a rare chance to study the pathogens from a time before antibiotics and the spread of the disease during the industrial revolution. The DNA sample was taken from a lung from a mummified Hungarian woman called Terézia Hausmann, who died aged 28 in December 1797. Her mummified remains were recovered from a crypt in the town of Vác, Hungary in 1994, along with 242 naturally mummified people - some of whom were still wearing items of clothing they were buried in. Scientists have previously performed molecular analyses of a chest sample taken from the mummy and deduced that her death was the result of TB. They thought it would be possible to find TB DNA extremely well preserved in her body. However, the team from the university have now used metagenomics to describe the open-ended sequencing of DNA from samples. The discovery could help scientists explore the significance of mixed-strain infections, especially during times of TB outbreaks, which could lead to new ways of treating mixed-strain infections. The team, which also included scientists from University College London, Vác Museum and Budapest, had the difficult task of identifying TB DNA in a historical specimen. University of Warwick researchers have recovered tuberculosis genomes from the lung tissue of the mummy using a technique known as metagenomics. Combined with research into contemporary TB (pictured), their discovery could help scientists explore the significance of mixed-strain infections WHAT IS TUBERCULOSIS? The disease is infection and in many cases lethal and is caused by different strains of mycobacteria TB generally attacks the lungs and is spread through the air when sufferers cough or sneeze Most TB infections are asymptomatic and latent but one in 10 progress to the active disease, which if left untreated, kills more than 50 per cent of those infected Symptoms include a chronic cough, fever, night sweats and weight loss Treatment consists of multiple antibiotics taken over a long period of time According to the World Health Organization, nearly 1.5 million people died of tuberculosis in 2010, when 8.8 million new cases were reported. Around one-third of the world's population, over 2 billion people, has latent tuberculosis, which means they have been infected by the bacteria but do not show symptoms of the illness and cannot transmit the disease The technique uses cutting-edge genome sequencing approaches and avoids the complicated and unreliable process of using bacteria or amplification of DNA. The results revealed that the woman was infected with two different trains of TB bacterium. The finding is important for tracking the evolution of microbes and could be key to fighting TB, which killed almost 1.5 million people in 2010, according to the World Health Organisation. Mark Pallen, Professor of Microbial Genomics at Warwick Medical School, said: 'Most other attempts to recover DNA sequences from historical or ancient samples have suffered from the risk of contamination, because they rely on amplification of DNA in the laboratory. 'The beauty of metagenomics is that it provides a simple but highly informative, assumption-free, one-size-fits-all approach that works in a wide variety of contexts' A similar approach was used by another group of scientists to recover a leprosy genome from historical material, a few weeks ago. The research will be published in the New England Journal of Medicine. The DNA taken from the mummy, combined with research on contemporary TB, will be used to explore the significance of mixed-strain infections, particularly when tuberculosis is highly prevalent. Professor Pallen said: 'It was fascinating to see the similarities between the TB genome sequences we recovered and the genome of a recent outbreak strain in Germany. 'It shows once more that using metagenomics can be remarkably effective in tracking the evolution and spread of microbes...[and] revealed that some strain lineages have been circulating in Europe for more than two centuries.'

### Misc Cards

#### Sinai instability escalates – risks Israeli-Egyptian war

Scholz 13 [Matthias, MA in International Relations and Diplomacy at Leiden University, June 10, “Egypt's Sinai since the Uprising 2011 - Explaining the Differences in the Amount of Violence between North and South,” https://openaccess.leidenuniv.nl/bitstream/handle/1887/24174/Thesis\_Scholz.pdf?sequence=1]

Sinai, as mentioned above, functions as a buffer zone between Egypt and Israel. If the situation in Sinai continues to erode, it is unlikely that the old security arrangement between Israel and Egypt can be upheld because Egypt would be forced to deploy more own troops to the border area to Israel. This however would face strong resistance from Israel, as demilitarization of Sinai constitutes an essential pillar of their security architecture. To allow Israeli troops to enter Sinai and face the emerging threats there themselves is also not an option, therefore Egypt has to find manners to calm the situation in Sinai without relying on excessive military force. At the root of the current tensions are economic problems resulting from the systematic exclusion of Sinai's indigenous population and the Palestinians and Egypt would be well advised to alter its politics towards the Sinai and its people rather sooner than later. Otherwise, a further escalation is likely, if not even predictable. This was also the case for the current crisis and Lavie and Young in an article on Sinai under Israeli and Egyptian occupation already in 1984 made clear: “Egyptian policies, if actually implemented, will permanently disrupt the fragile balance of the peninsula, and make the Bedouin into marginal migrant laborers in their own homeland. Mistakes made in haste now will certainly be extremely costly to correct and will plague the peoples of Egypt and Sinai for years to come” (Lavie and Young 1984: 43).

#### Makes regional escalation likely – one attack from Sinai militants causes war – takes out the Egypt-Israel peace treaty

Udall 12 Mark Udall, Special to CNN updated 9:27 AM EDT, Thu July 12, 2012 Sinai chaos threatens Israel-Egypt stability

(CNN) -- Egypt's Sinai Peninsula, inhabited by some 30 Bedouin tribes, has long been a lawless land that serves as a buffer between Egypt and Israel. But it is now drawing comparisons to the ungoverned tribal regions of Pakistan as networks of Bedouin tribes, Sinai's criminal elements and radical Islamists have begun to capitalize on Egypt's post-revolution security vacuum by increasingly engaging in drug and arms smuggling, human trafficking and terrorism. The escalating lawlessness in the Sinai risks turning the region into apowder keg. Egypt's domestic power struggle has implications for all nations in the region. Post-Arab Spring instability has increased Israel's concerns about its own security, concerns that will probably grow no matter who is in charge in Cairo. As a member of the Senate Intelligence Committee, I am concerned about the threat that Iran's nuclear program poses to Israel. However, instability in the Sinai is also a growing threat to Israel and Egypt's security. The Israel-Egypt peace treaty, which has provided security and balanced tensions in the region since 1978, is at risk. Human trafficking in the Sinai has become a human rights nightmare. While leading a congressional delegation visit to Israel and Egypt this summer, I learned about the steady and growing flow of African migrants from Eritrea, Sudan and Ethiopia who are desperate to get to Israel and Europe in search of economic opportunity. But these migrants are increasingly waylaid in the Sinai desert by Bedouin tribes, for whom hostage-taking has become a flourishing business. While a few years ago a migrant might be ransomed for $3,000, the going price today is more than 10 times that amount. Thousands of refugees are being held captive and subjected to torture, forced labor and rape, while those who cannot pay for their release are often murdered. The Sinai powder keg nearly exploded in August after Islamist militants in Sinai attacked near the southern Israeli city of Eilat, killing and wounding Israeli soldiers and civilians. While pursuing the attackers, Israeli forces killed several Egyptian security guards, which then sparked attacks on the Israeli Embassy in Cairo and led to Egyptian demands for an end to the peace treaty. Israel has stepped up its military deployment on its side of the border. We have also seen recent attacks on and abductions of members of the Multinational Force and Observers, whose important peacekeeping mission -- established by treaty protocol -- will be increasingly difficult to accomplish amid unraveling security on the peninsula. Recently, southern Israel has seen rocket attacks from the Sinai, as well as an attack by militants who crossed from the Sinai into Israel and opened fire on Israeli civilians. While Israel is building a barrier along part of the Sinai border, that cannot stop all attacks, andone deadly rocket fired from the Sinai could be enough to kill the peace treaty altogether and ignite a regional war**.**

#### Israeli-Egyptian peace treaty facilitates U.S.-Egyptian relations by removing Egypt from the Arab-Israeli conflict – key to power projection

Peckarsky 13 [Int'l Affairs @ Tufts, Staff Writer - Al Naklah.Navigating U.S.-Egyptian Relations in the Post-Mubarak Era: Strategies for Preserving American Interests, http://alnakhlah.org/2013/05/01/navigating-u-s-egyptian-relations-in-the-post-mubarak-era-strategies-for-preserving-american-interests-by-micah-peckarsky/]

Despite these times of great uncertainty, the U.S. still has important strategic interests in Egypt that encourage the persistence of a wide-ranging relationship, including the maintenance of the Israeli-Egyptian peace treaty, military cooperation, safe passage through the Suez Canal, and counterterrorism collaboration, among other areas. Following the 1973 October/Yom Kippur War between Israel and Egypt, Egyptian President Anwar Sadat began to openly soften his country’s stance toward Israel, traveling to Jerusalem to address the Israeli Knesset in 1977, signing the Camp David peace accords in 1978, and agreeing to a comprehensive peace treaty with Israel in 1979. This enabled Egypt’s reacquisition of the Sinai Peninsula in 1982 and moved the country away from the Soviet axis, firmly into the pro-American camp. The 1979 peace treaty remains intact, removing Egypt from the Arab-Israeli conflict and facilitating a U.S.-Egyptian strategic relationship. Within this context, Egypt has served as a reliable interlocutor in helping to advance U.S.-led peace initiatives aimed at solving the Palestinian-Israeli conflict, as well as the wider Arab-Israeli dispute.[33] Beyond the Arab-Israeli arena, Egypt grants U.S. vessels access through the Suez Canal, enabling the free flow of commercial goods, including energy resources and military supplies. Use of the Suez facilitates the U.S. projecting its influence in the Mediterranean, Red Sea, Persian Gulf, and South Asian regions. The U.S. military enjoys over-flight rights over Egypt and has access to bases in the country, including naval facilities in Alexandria and the Cairo West Air Base, key elements of the U.S. ability to transport forces throughout the region and contain Iran. Egypt also hosts Operation Bright Star on its territory, a biennial[34] multilateral military exercise organized by the Egyptian armed forces and U.S. Central Command (CENTCOM). Bright Star is the largest military exercise in the region and provides training opportunities for future multilateral military operations in the Middle East, North Africa, and beyond.[35] Egypt served as a major partner in the U.S.-led coalition that expelled Iraq from Kuwait in 1991 during Operation Desert Storm, contributing 35,000 troops to the military effort. The Egyptian contingent was the third-largest country force, after the U.S. and UK, and provided important Arab legitimacy for other states, such as Syria and Morocco, to join the alliance.[36] Throughout Operation Desert Storm, Egypt permitted 34,952 over-flights by coalition forces, instrumental to the military campaign.[37] In the post-9/11 era, Egypt has functioned as a major partner in U.S. counterterrorism efforts. In addition to intelligence sharing, Egypt’s experience in dealing with radical Sunni Islamist militant organizations has been invaluable to U.S. operations. Egyptian groups such as the Egyptian Islamic Group (Al-Gama’a al-Islamiyya, EIG) and Egyptian Islamic Jihad (Al-Jihad al-Islami al-Masri, EIJ) waged a violent campaign in Egypt in the 1990s, which involved current al-Qaeda (AQ) leader and Egyptian national Ayman al-Zawahiri. As a part of the U.S.-Egyptian strategic relationship, the U.S. gives Egypt a large annual aid package of $1.55 billion, over 80% of which ($1.3 billion) is dispensed to the Egyptian military.[38]

#### Insert impacts – Arab Israeli conflict, terrorism, Suez Canal, US power projection

# 1AR

## NC frontlines

### A2 Pluralism NC

#### 1. Pluralism is a primarily Western value – the pluralism NC is an attempt to extrapolate Western ideologies on other cultures

#### Specifically, Egyptian society largely accepts the limitation of civil freedoms for cultural unity – you can’t ignore cultural norms in politics

Pratt 5 [(Nicola Pratt University of East Anglia) “Identity, Culture and Democratization: The Case of Egypt” New Political Science, Volume 27, Number 1, March 2005]

This article argues that, in the course of searching for an “authentic” Egyptian identity, uncorrupted by Western influences, a critical mass of Egyptian civil society participates in producing a political consensus that excludes the possibility of fluidity and heterogeneity, thereby contributing to creating a climate in which civil and political freedoms may be legitimately sacrificed in the name of national unity and security. This is despite attempts by some Egyptian activists to challenge dominant conceptions of national identity and culture in order to open up democratic spaces. The first part of the article critically reviews some of the uses of the concept of culture in explaining Arab politics. Rather than rejecting the explanatory value of culture in the study of politics, I draw upon a sociological conception of culture that avoids the problems of essentialization associated with previous usages of the term. I then combine concepts from the writings of Antonio Gramsci and postcolonial theorists such as Edward Said to explore the links between culture and politics—in particular, the way in which political power is operationalized through cultural processes and the role of civil society in reproducing or challenging culture. The second part applies this framework to a case study of the events surrounding an Egyptian human rights report about police brutality to illustrate how the process of national identity and culture formation undermines democratization.3 Finally, I draw together the main arguments and their implications for understanding democratization in the conclusion.

#### 2. Societies require a default norm- both informed consent and presumed consent impose values on some people, the question is which values are more acceptable. Informed consent is worse since:

#### A) It imposes Western values on a non-Western society – the idea of rational autonomy is ethical imperialism

Have 11 [Henk A M J ten Have, director of the Center for Healthcare Ethics at Duquesne University. “Global bioethics and communitarianism.” Theoretical Medicine and Bioethics, 32, no. 5 (2011): 315-326] SW

In the context of international research in developing countries, a controversy exists concerning the applicability of informed consent. Some scholars argue that informed consent is a Western and individualist principle. It is not a universal concept that can be used in different cultural settings [13]. It should be revisited in societies where communal values are important. For example, it is argued that in African cultures, persons do not perceive themselves as separated from the extended family and community [14]. Some authors do not hesitate to speak of an ‘African communitarianism’ [15,16]. Cultural sensitivity requires that Western scholars acknowledge that in other cultures, different ways of decision making prevail and that those community values should be respected. In such conditions community consent is more important than individual consent. Community consent can imply that the whole community comes together and decides collectively about participation in a research project with the community leader(s) presenting their decision or that the chief traditionally decides to consent on behalf of his subjects. Asking individual research subjects to consent in such cultural conditions would therefore be inappropriate. Imposition of first person informed consent in community-oriented cultures is a form of ethical imperialism. The presupposition of this argument is that informed consent represents a Western value that cannot be universalized and applied in other cultures. Ethics is always local knowledge [13].

#### B) Other largely-Muslim countries have enacted organ laws, ie Iran and Saudi Arabia – proves it’s more consistent with public values

#### C) Presumed consent endorses the norm of beneficence and caring for community members; informed consent endorses a norm of selfish egoism – egoism destroys the cooperative basis for a community; even pluralism requires communal networks to found society on and build discussion and consensus-building.

### A2 Communitarian NC

#### 1. If morality depends on the community, then the community should decide whether to use presumed consent or not

#### Egyptian society deems it appropriate to limit individual freedoms in favor of social unity

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This article argues that, in the course of searching for an “authentic” Egyptian identity, uncorrupted by Western influences, a critical mass of Egyptian civil society participates in producing a political consensus that excludes the possibility of fluidity and heterogeneity, thereby contributing to creating a climate in which civil and political freedoms may be legitimately sacrificed in the name of national unity and security. This is despite attempts by some Egyptian activists to challenge dominant conceptions of national identity and culture in order to open up democratic spaces. The first part of the article critically reviews some of the uses of the concept of culture in explaining Arab politics. Rather than rejecting the explanatory value of culture in the study of politics, I draw upon a sociological conception of culture that avoids the problems of essentialization associated with previous usages of the term. I then combine concepts from the writings of Antonio Gramsci and postcolonial theorists such as Edward Said to explore the links between culture and politics—in particular, the way in which political power is operationalized through cultural processes and the role of civil society in reproducing or challenging culture. The second part applies this framework to a case study of the events surrounding an Egyptian human rights report about police brutality to illustrate how the process of national identity and culture formation undermines democratization.3 Finally, I draw together the main arguments and their implications for understanding democratization in the conclusion.

#### Answers any autonomy-based claim

#### 2. Informed consent is inconsistent with communitarianism. It’s tied to a Western view of individualism.

Have 11 [Henk A M J ten Have, director of the Center for Healthcare Ethics at Duquesne University. “Global bioethics and communitarianism.” Theoretical Medicine and Bioethics, 32, no. 5 (2011): 315-326] SW

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#### 2 impacts:

#### It’s inconsistent with the values of the Egyptian community – presuming consent solves

#### Informed consent values pure individualism – this denies our relationship to the community which violates the NC framework

#### 3. Presumed consent acknowledges the we are interconnected with others while challenging autonomous individualism, which violates communitarianism

Nelson 2 [(James, Associate for Ethical Studies at The Hastings Center, a private nonpartisan institute devoted to the study of ethical problems in health care) “The Rights and Responsibilities of Potential Organ Donors: A Communitarian Approach” The Communitarian Network] AT

Here, I justify a communitarian approach by which the retrieval of organs would be a routine expectation. Under this system, adults who satisfy current medical criteria for organ donor candidacy would have their organs retrieved as needed for the purpose of transplantation. Further, newly dead adults would also be expected to provide crucial transplantable tissues--for example, corneas--as needed. But this policy avoids the dangers of authoritarianism by providing an explicit escape clause: the newly dead would be exempt if they had registered what amounts to a kind of conscientious objection to such a policy, or if their families registered such an objection on their behalf after death. The moral motivation for this proposal has two dimensions. One is utilitarian: the shortage in donated organs, and the likelihood that such a policy revision would lead to greater availability. The second is more fundamental: construing organ retrieval as a routine matter is a powerful way of expressing our commitment to the significance of each other's lives and to the community we share.

#### This also turns autonomy arguments – they deny our social bonds by construing us as autonomous beings separated from the community

## A2 Counterplans

### A2 Mandatory Procurement CP

#### Perm do the CP – it’s aff ground

Hughes 09 [J. Andrew Hughes (J.D. candidate, Vanderbilt University Law School, May 2009; B.A., Rhodes College, 2001). “You Get What You Pay For?: Rethinking U.S. Organ Procurement Policy in Light of Foreign Models.” VANDERBILT JOURNAL OF TRANSNATIONAL LAW. Vol. 42:351. 2009] AJ

Only a few countries employ a presumed voluntary consent regime without the opportunity for the donor or the donor’s family to opt out of the “donation.”118 Proponents justify this nationalization of cadavers by considering harvestable organs a national resource.119 As an extreme form of presumed consent, the nationalization of cadavers creates some of the same problems that critics associate with presumed consent procurement systems. Nationalization particularly implicates concerns about the ethics and morality of denying people’s right to control their own bodies.

#### Perm is a conditional advocacy – I can go for the perm or turns to the CP. Turns –

#### Cross apply Hozayen – mandating organ harvesting would create massive backlash. Opt-out solves since people still have the right to dispose of their bodies as they wish

### A2 Legalize Sales CP

#### this solution has been tried and failed – weak legal infrastructure in Egypt means it won’t work

Hozayen 4/17 [Heidie, Staff Writer for the AUC Times, April 17, “Egypt Dominates an Underground Market: Organ Trafficking,” http://auctimes.com/?p=2111]

With the rise of globalization, a trend towards organ trafficking sprang to life, cutting short the lives of many vulnerable human beings. As the demand for organ transplants increased, manipulative opportunists took advantage of this need and created a strong market. Organ traffickers needed a place to practice their business effortlessly, and what better place than a country with lax laws, dangerously high poverty rates and rock bottom education? In 2010, the World Health Organization (WHO) estimated that 42,000 people in Egypt were in need of transplants. According to Dr. Hamdy Sayed, the former Medical Syndicate directors, commercial living donors supply between 80–90 percent of kidney transplants in Egypt. This issue has only been brought up for debate a few years ago, with the last entity to govern transplant processes in Egypt founded as far back as 1976. A controversial solution was to transplant organs from deceased donors, however, that solution was hastily ruled out because dead bodies are believed to be sacred. While this debate only wasted precious time, traffickers were already geared up, and all set to pursue their profits. Accordingly, the WHO titled Egypt as the “hub” for organ trafficking. And in 2010, a law was issued banning any commercialization of organs and allowing transplants from deceased donors, but by then Egypt had been among the latest Arab countries to implement this legislation. In 2009, a 36yearold Egyptian baker was reported for selling his kidney to pay off his debts to avoid a lawsuit. Amr Mostafa, a field researcher in the Coalition for OrganFailure Solutions (COFS) Egypt, recounted the presence of a famous broker who was known to circle around local cafes ahawi in a BMW to screen his targets. He promises them a job abroad and asks them to take a simple medical test; one that will falsely diagnose them with kidney stones. He then offers to cover their operations’ costs. They later end up without a kidney. The following year Daily News Egypt published two other cases. The first was that of a Jordanian man who was arrested at Sanaa airport for leading seven Yemenis on a venture to Egypt to sell their kidneys. The other lawsuit concerned a 26yearold Yemeni male who incited 200 of his people to trade their organs. In 2011, COFS Egypt reported a brutal Sudanese woman who, after falling victim to a trafficker, vended her son’s kidney in order to get some cash. Later, her son revealed that she had also disposed of his 15yearold sister’s kidney, while his older brother’s organ removal was being scheduled. These accounted cases speak of a cycle of corruption; whether as a victim or a broker, once you are in, you can’t get out. Kabir Karim, COFS’s Egypt director, believes that these individuals should not be called ‘commercial living donors,’ he says “the name is misleading as really they are more victims than donors.” Alternatively, one should think about the multiplier effect that these ‘victims’ create when they convert to being brokers for just capturing the extra cash. It then becomes a hassle to curb, which is the exact problem in Sinai. Dr. Hamdy al Azazy, Head of New Generation Foundation, revealed photos of South African corpses in Arīsh morgues that had wounds all across their abdominal areas. Dr. Hamdy hypothesized that corrupt doctors from prominent hospitals in Cairo are involved with Sinai Bedouins in organ theft. The WHO estimates that 10% of worldwide transplants are of a commercial nature, which are usually supplied by citizens of developing countries, this crosscountry trade has been known as ‘transplant tourism’. One may see this trend as another exploitive affair resembling child labor where the vulnerable are always the targets. Silenced Third World citizens with minimal political rights serve the underground nature of organ trafficking well. Their hunger for cash pushes them into the market regardless of the exchange conditions. They usually don’t have an alternative as they are robbed of any source of income. This is evidenced by COFS’ Egypt findings; “Over 90 percent of donors don’t have a regular job, and are … in debt because of their circumstances”. The lack of education also plays a striking role; more than 60% of Egyptian victims are illiterate, to the extent that, one targeted man did not even know what a liver was. When the law prohibiting commercialization was first publicized, the government promised to finance transplant operations for the poor and offer donors subsidized medical care. Yet, the issue is not solely financial. The question is who will supply these needy recipients? Dr. Meteini, Liver Transplant Unit Head at Ain Shams University, supposes that, “the one who will pay for this is the patient, as we will not be doing the number of transplants we do now”. He seems to have missed the pivotal point. Humans in need of transplants will not sit and watch themselves bite the dust. They will undoubtedly seek a leeway and, like most other Egyptian sectors, it will be an informal one tapping into a black [an illegal] market. Susanne Lundin, a wellknown ethnologist, argues that such law issuance “will drive the market underground as has happened in other countries that passed similar legislation.” Problematically, these are only some of the instances that happen on the ground in Egypt. While there are many victims who come forward to unveil their stories, plenty more stay in the shade out of fear. Unfortunately, with increasing diabetes rates worldwide, renal failure will probably multiply and so will the market for kidney donors, followed by organ trafficking as well. The huge gap between supply and demand will continue to be a point of contention. Dr. Debra, COFS director, argues that Egypt is not very responsive to the cause on its own land and COFS has “yet to adequately get commitments from Egyptian authorities.” With the added pressure of political instability, Egypt provides the perfect setting for the trade.

#### Perm do both – legalize sales for living donors and presume consent for the deceased. Solvency deficit to the CP – they don’t access dead donors, which are a vast pool since the living are afraid of health risks

#### Perm do the aff and non-mutually exclusive parts of the CP – shield the perm from 2NR spin

#### Regulation fails—poor infrastructure and differences in local economies make corruption and ineffective donation inevitable. That makes the CP worse than the illegal market

Kerstein ’09 [Samuel J. Kerstein, Professor of Philosophy at the University of Maryland, “Autonomy, Moral Constraints, and Markets in Kidneys,” Journal of Medicine and Philosophy, 10/21/09] **AZ**

But how plausible is the assumption in the ﬁ rst place? If regulated markets in kidneys were widespread, according to Taylor, the organs would flow from poor countries to wealthy ones. But poor countries tend to have poor, that is, cash-starved and ineffective, regulatory infrastructures. It seems naive to assume that a regulated market in a very poor country would be an effectively regulated market. Government prohibitions against organ sales have been ﬂ outed in the Philippines, which has an active organ trade ( Mediavilla, 2007 ). In India, laws on the books get ignored by corrupt ofﬁcials. For example, although it violates regulations there to donate a kidney to a stranger, ofﬁ cials in certain areas routinely approve such donations, which are very often actually sales (G oyal et al., 2002 , 1591– 2). Might not corrupt ofﬁ cials also sign off on reports certifying that vendors have given their informed consent or that they are receiving adequate postoperative care? In a poorly regulated market, vendors might suffer from the same autonomy-constraining effects they experience in the [illegal] black market.

#### Turn – a legalized market blows up access disparity and encourages a strong trafficking market

IRIN 11 [“EGYPT: New law targets illegal organ transplants.” 5 July 2011. Integrated Regional Information Networks (a service of the UN Office for the Coordination of Humanitarian Affairs). http://www.irinnews.org/report/93144/egypt-new-law-targets-illegal-organ-transplants] AJ

CAIRO, 5 July 2011 (IRIN) - Egypt has a new law banning the sale of human organs, imposing severe restrictions on transplant operations for foreigners, and stipulating long jail sentences and huge fines for violations. “This law will bring the organ trade in Egypt down to a minimum,” Assistant Health Minister Abdel Hamid Abaza told IRIN. “With a law like this, patients will not need to seek organs in an illegal manner.” The law, approved in December 2010 after protracted discussions in parliament, took effect only in June owing to country-wide political turmoil since January. It ends the debate about whether Islam or other religions permit the taking of organs from deceased persons - by allowing organs to be donated. Doctors say about 1,500 illegal transplants take place annually. Most live organs come from the destitute who sell body parts to pay debts or start small projects to earn a living to escape unemployment and poverty. A recent report by the Central Auditing Organization said 21 percent of Egypt’s 80 million people live in poverty. Most of those needing a transplant find costs prohibitive. For example, a legal liver transplant costs US$44,000-53,000. “This is too much for an average Egyptian,” said Mahmud Al Metiny, a leading liver surgeon in Cairo. “This will make matters harder for patients, particularly the poor.” In 2010, the World Health Organization (WHO) described Egypt as a “hub” for organ trafficking, saying the country was one of five organ trafficking hotspots. “The approval of this law is a wonderful step that creates hope for thousands of patients who have been waiting a long time for life-saving transplant operations,” said Hussein A. Gezairy, WHO regional director for the Eastern Mediterranean. "It is also a significant step towards ending illegal organ trafficking, which usually results in operations conducted under unsafe conditions and harming both donor and patient." According to the Coalition for Organ-Failure Solutions (a non-profit health and human rights organization trying to combat the trafficking of humans for their organs), donors and organ sellers in Egypt consist mainly of young men aged 22-27, while recipients and buyers are largely over 45. Brokers, it notes, solicit vulnerable individuals for organ sales, and some donors have been lured from as far as Darfur in western Sudan.

#### Empirical verification – legality of organ sales in the past did nothing to solve the harms of the 1AC

### A2 Mandatory Choice CP

#### Perm – force people to make a choice, but if they don’t make a choice then presume consent

#### People won’t make the choice – empirically verified

Hartogh 11 [GOVERT DEN HARTOGH, EMERITUS PROFESSOR, DEPARTMENT OF PHILOSOPHY, UNIVERSITY OF AMSTERDAM, “Can Consent be Presumed?” Journal of Applied Philosophy,Vol. 28, No. 3, 2011]

However, it is unclear whether such polls really show what they are supposed to show. Take for example the case of the Netherlands, where the polling results are at the same high level.16 At the introduction of a Donor Register in 1998 all Dutch citizens were asked to declare whether they want to be a donor, object to being one, or leave the decision to their relatives or to a named person. Since 1998 everyone is asked to make this choice on reaching the age of 18. But only 41% of the population have actually registered a choice, and only 56% of those (23% of the population) have registered as donors.17 Even more revealing may be the fact that in opinion surveys up to 45% of the people interviewed say they have registered as donors. We don’t know to what extent this misrepresentation is intentional or not. It may be paying homage to the socially desirable, but it may also largely be wishful thinking. Why do 59% fail to register? Many people are not sufficiently interested in the issue to spend time on making up their minds; in particular, they don’t want to be confronted with their own mortality. A much larger number of people are unable to make up their minds. Yes, they are in favour of transplantation medicine because of the extent to which it improves patients’ chances of survival and their welfare. But this rather abstract general attitude is counterbalanced by a number of doubts concerning their own individual cases: the burden for the relatives, some mistrust of doctors, the wish to leave the dead body intact for some time, and more or less vague religious objections. Interestingly these doubts tend to be expressed, not as beliefs to which one clearly subscribes, but only as ‘feelings’.1

### A2 Regulation CP

#### Can’t solve – doctors willingly participate but can’t be criminalized – the network is too entrenched, only satisfying the supply can solve

Paris 8 [(Wayne Paris, PhD Assistant Professor School of Social Work Southern Illinois University Carbondale Carbondale, IL USA Bakr Nour, MD, FACS Professor, Vice Chair, Department of Surgery Weill Cornell Medical College in Qatar Doha, Qatar) “The Challenges of Organ Transplantation in Egypt: A Religious, Medical, Ethical, and Legal Perspective”] AT

In the words of Scheper-Hughes (n.d., as quoted in Boudiani, 2007), “The sobering reality of the commercialization of organs is one of the consequences of the context of transplants in Egypt, in which a large underclass is heavily relied upon to supply organs for those who can afford to purchase them. These practices persist, despite stipulations by religious authorities and the Doctors’ Syndicate that prohibit this exploitation, in the absence of federal policies. Some doctors in Egypt are directly involved in elements of commercialized transplants and many profit from the transplant enterprise; most are involved through an awareness of the likelihood of financial gifting to the donor. They generally do not play the role of the broker, nor does their involvement tend to entail criminal acts as locally understood, since each transplant is performed under a license. Passivity, denial, lack of awareness, dismissal of inquiry into processes of exploitation, however, do not avert culpability. Transplants that occur in the absence of a national organs procurement and distribution system, in the context of a lack of state accountability, and of a reasonably equitable and fair health care system, even if practiced by the most responsible of doctors, ‘can only represent an abomination, another form of violence’

## Theory Frontlines

### A2 Solvency Advocates

#### I meet – authors advocate a worldwide application

Vanguardia 9 [(Spanish daily newspaper) “Study calls for universal "presumed consent"” La Vanguardia, 14 October 2009] AT

"Approximately 6,800 kidney transplants – or 10% of the total number of kidney transplants worldwide – are conducted for transplant tourists, who are willing to pay prices in excess of 100,000 euros per operation," reports La Vanguardia. The Catalan daily cites a pioneering study jointly undertaken by the Council of Europe and the United Nations, which should constitute a first step towards an international agreement to halt this phenomenon. According to the study, transplant tourism is largely the result of a lack of donors: in the EU alone, 4,000 patients die every year while waiting for organ transplants. "Those who have the means seek other solutions'" in Pakistan, India, China, the Philippines, Egypt and Colombia, notes the Global Observatory on Donation & Transplantation. Rafael Matesanz, the head of the Spanish national transplant organization and one of the authors of the report, suggests that the system of presumed consent, which has been established in Spain – where the rate of donations is the highest in the world – should be applied worldwide. This would "raise the number of donations worldwide from the current level of 100,000 organs per year to one million." The European Parliament has already voiced its support for the initiative.

#### Counter-interpretation – the aff may implement presumed consent in Egypt without a solvency advocate specific to Egypt.

#### The aff is predictable – Egypt had a national debate on presumed consent a few years ago, which proves it’s highly relevant and there are arguments for both sides

#### This was debated and banned a few years ago – proves a robust basis for neg NC and DA ground, and that it’s predictable

Hozayen 4/17 [Heidie, Staff Writer for the AUC Times, April 17, “Egypt Dominates an Underground Market: Organ Trafficking,” http://auctimes.com/?p=2111]

With the rise of globalization, a trend towards organ trafficking sprang to life, cutting short the lives of many vulnerable human beings. As the demand for organ transplants increased, manipulative opportunists took advantage of this need and created a strong market. Organ traffickers needed a place to practice their business effortlessly, and what better place than a country with lax laws, dangerously high poverty rates and rock bottom education? In 2010, the World Health Organization (WHO) estimated that 42,000 people in Egypt were in need of transplants. According to Dr. Hamdy Sayed, the former Medical Syndicate directors, commercial living donors supply between 80–90 percent of kidney transplants in Egypt. This issue has only been brought up for debate a few years ago, with the last entity to govern transplant processes in Egypt founded as far back as 1976. A controversial solution was to transplant organs from deceased donors, however, that solution was hastily ruled out because dead bodies are believed to be sacred. While this debate only wasted precious time, traffickers were already geared up, and all set to pursue their profits. Accordingly, the WHO titled Egypt as the “hub” for organ trafficking. And in 2010, a law was issued banning any commercialization of organs and allowing transplants from deceased donors, but by then Egypt had been among the latest Arab countries to implement this legislation.

#### This explains why there’s no advocate – no one liked presumed consent in Egypt so they won’t advocate for it. My lack of an advocate therefore doesn’t make me unpredictable.

#### Double bind – either Egypt has an explicit solvency advocate, which makes it predictable regardless of whether I read that solvency advocate; or their interp means we can’t debate Egypt --- Egypt is key since Hoyazen says it’s the hub of organ trafficking – it’s key to consider donation proposals since this is where the topic is most relevant, key to the highest quality and applicable topic discussion, which outweighs other topic discussions

### ---A2 Prep Skew

#### It’s reciprocal – if the lit makes your offense narrow, it makes my offense narrow too, so there’s no loss of fairness

#### I disclosed this a month ago – that solves predictability, you should have written a case neg

#### There are tons of generic kritiks on the topic – worst case scenario means they can just defend a K

### ---A2 Specific Debates

#### All solvency debates use empirics from other countries, so solvency debates on Egypt aren’t any less specific than any other plan; and whole-rez solvency debates lack applicability to any one country sicne they’re not specific

#### Egypt is the crux of the topic – Hoyazen says organ shortages and trafficking are a core issue here. We can use general solvency evidence to have specific solvency debates that reference Egypt’s unique situation

#### You can leverage broader evidence about organs in Egypt to make solvency debates specific – the fact that Egypt is the core of the topic means this will be more applicable to Egypt than to any other country, so my counter-interp is better

### ---A2 Predictability

#### Cross apply—Hozayen. Egyptian organ transplantation is at the core of the topic

#### Organ transplantation is the MOST debated topic in Egypt—SPECIFICALLY a national program of systematic organ transplantation and harvesting. It’s the equivalent of abortion in the US.

Hamby ’10 [Sherine, Assistant Professor of Anthropology and Social Science at Brown University, “The Organ Transplant Debate in Egypt: a Social Anthropological Analysis,” Droit et Cultures, p. 357-365] **AZ**

In Egypt, more contested than any other bioethics topic, organ transplantation has been taken up in the mass media – in print, state television, radio, film, and religious sermons – reaching a level of public dispute not dissimilar to the question of abortion in the US The question is not whether to introduce transplantation into Egypt or not: kidney transplantation has carried out in Egypt since the 1970s and cornea transplants since the 1950s. However, efforts to initiate a national organ transplant program have consistently failed in the Egyptian Parliament since the late 1970s. There has been legal opposition to the recognition of “brain-death” as “legal death” and organs are not legally or routinely procured from heart-beating brain-dead patients as they are elsewhere. This has meant that routinized transplants are limited to corneas taken from systemically dead corpses, and to kidneys and liver lobes taken from living donors. Yet although these operations are carried out in a number of Egypt’s public and private hospitals, there is still a considerable amount of debate about the ethical nature of the practice of organ transplantation in its present forms. Patients, family members, physicians, and others in Egypt differ in opinions about whether it is permissible to take a body part from the dead, whether it is a safe or beneficial practice to cut into a healthy living donor, whether organ transplantation actually “saves lives”, and about the vulnerability of poor Egyptian bodies to a black market in organs and to organ theft.

## T Frontlines

### I Meets

#### I meet – “presume consent” is different from the term of art “presumed consent.” Presume consent just means that we presume people have consented, but doesn’t imply that we have to respect their wishes if they opposed donation

#### I meet – an “opt out” system refers to one in which people are automatically enrolled. There doesn’t need to be a means to actually opt-out, it’s just a policy term

### A2 T Opt-Out

#### Counter-interp: Aff may defend Hughes’ model of no opt-out

#### Literature – My 1AC solvency advocate proves I defend a topical aff, and that there are multiple versions of presumed consent.

#### Their authors don’t account for Hughes’ model, which it says is “an extreme form of presumed consent.” Their authors’ definitions won’t account for it, since it’s a rare argument

#### Hughes is comparative between different views of presumed consent, so he accounts for their interp

#### Empirics – Hughes cites several real-world countries where the no opt-out model is used. Outweighs their academic definitions since mine reflects how policies are actually implemented

### A2 Conscription Ground

#### Turn – My evidence proves this is aff ground. Their arguments begs the question – ground division is justified by topic lit

#### Turn – Supply advantages are crucial aff ground - if neg got to read conscription CPs they’d win every round. Outweighs their abuse:

#### There are tons of other counterplans the neg can access: mandatory choice, education, organ sales, etc. Aff can only defend the topic

#### Aff skew means you should accept small harms to the neg but not the aff

### A2 Limits

#### Impact turn – this topic is incredibly small – implementing in other countries is irrelevant since their interp would allow only 2 kinds of policies. Inclusion of a third is net good since lack of diverse plan ground:

#### Kills breadth and creates repetitive and stale round

#### Screws affs since negs only have to prep 2 good 7-minute solvency dumps or compiled strategies

### A2 Consent Key

#### The CP is a conflation of the policy of the aff with one specific justification for it – presumed consent does not rely on the value of consent, so we can take everyone’s organs, regardless of opting out

Saunders 10 [Ben Saunders (Corpus Christi College, University of Oxford). “Normative consent and opt-out organ donation.” Journal of Medical Ethics. Februrary 2010]

Unfortunately, particularly in the public debate, opt-out organ donation is frequently called 'presumed consent. This is problematical, because it conflates a practical policy with one specific justification for it. There are various reasons to think that those who fail to opt out may not actually consent to the use of their organs. It may be that they are uninformed, have not thought about the issue, have not yet registered their opinions, or have changed their mind since doing so. If we simply presume consent, then we will predictably take organs from some who do not actually consent.9 If actual consent is necessary this is a telling (although not necessarily decisive) objec tion against opt-out systems. This article provides an alternative defence of opt-out organ donation. Rather than assuming that consent is necessary, but can be presumed when people have not explicitly stated their wishes either way, I suggest that the importance of saving lives may justify us taking organs without people's actual consent. Nonetheless, I do not completely abandon the idea of consent. An opt-out system allows people to veto the use of their organs by explicitly dissenting. We can find a coherent theoretical rationale for this system by drawing on David Estlund's idea of 'normative consent'. VARIETIES OF CONSENT There is a considerable amount of literature on the subject of consent.11-13 To summarise all the distinctions drawn would be impossible, but it is worthwhile beginning with a few that should be familiar, even if the terminology sometimes varies. This will clarify the issue. First, we can distinguish between actual and non-actual (ideal or hypothetical) consent. The former requires someone's deliberate and voluntary action (including inaction). Non-actual consent, conversely, is a counterfactual idea, not requiring any particular act from the person in question. We might employ this notion when we consider what an unconscious patient would have wanted. We cannot secure their actual consent to a particular procedure, but we make certain assumptions about what they, or an ideally rational person in their situation, would consent to. I cannot settle here what we should do when a patient's actual wishes come apart from their idealised wishes or when it is legitimate to appeal to hypothetical forms of consent. Nonetheless, this distinction is important because I later employ one particular form of idealised or non-actual consent, namely normative consent. Second, we must distinguish between explicit (express or active) consent and implicit (tacit or passive) consent. The first is an active notion, as when someone signs a consent form. The second occurs without some specific act of consent, either because some other act is taken to signify consent (eg, entering a competition implies acceptance of the rules) or because, in a particular context, inac tion is itself a sign of consent (eg, when the chair person of a board meeting declares a motion carried unless there are any objections). Implicit consent is still actual. Those present at the meeting know that their silence will be understood as consent, so 84 J Med Ethics 2010;36:84-87. doi:10.1136/jme.2009.033423 This content downloaded from 69.48.155.2 on Mon, 18 Aug 2014 14:16:16 UTC All use subject to JSTOR Terms and Conditions., .... ,.,??,.,.,,, ............... ... ,.. .... Ethics if they do not object then they have actually consented, albeit implicitly11 PRESUMPTIONS AND CHOICES With these distinctions drawn, let us consider 'presumed consent7. It is often unclear exactly what this is supposed to mean. One possibility is that the situation is understood like the meeting just described, as a context in which silence signifies (implicit yet actual) consent. If this is so, then it is a misnomer to talk of presuming consent, because there is in fact actual? although implicit? consent, but let us consider this interpretation. Note that the board meeting case is special. Certain things are understood from the context: it is clear that silence signifies consent, exactly what this consent is to (the tabled motion) and objecting is relatively costless. Whether these conditions hold in the case of organ donation is unclear. First, people may be unaware that their silence will be taken as consent or of exactly what is involved in organ donation. Second, it is not necessarily costless for would-be objectors to opt out. Those who opt out may face social stigma unless privacy can be guaranteed, and even making a decision requires one to consider the uncomfortable fact of one's own mortality, which may be a cost that people should not be forced to bear.1 It seems that we cannot take someone's failure to opt out of a system of default organ donation as a sure sign of their consent to the use of their organs. That should be unsurprising; I am not aware of anyone who concludes that someone has actually consented simply because they have not opted out. The usual line is simply that, when we have no record of someone's wishes, we may presume their consent. Opt-in systems, as currently operative in the UK, assume that we should not run the risk of using someone's organs without their consent. An opt-out system, conversely focuses on the good that can be done?and the fact that some people probably do want their organs used?so the default position is that we should use someone's organs unless we have a record of their explicit dissent.4 Framing the issue in terms of presumed consent, however, is problematical, because it suggests that actual consent is necessary, but presumptions are defeasible. Whether we have an opt in or an opt-out system, there will be many people whose wishes are unrecorded. Whatever we do, we will surely end up contravening the wishes of some of these either not using organs of people who would have liked them used or using the organs of people who would object. If 20% of people opt in as donors, while 30% of people would opt out if they had to, then this leaves 50% of people whose true preferences will never be known whichever system we adopt. An opt-out system increases the organ supply only by permitting surgeons to take organs from these people, but they do this without explicit consent and surely in some cases, against what the deceased would have wanted. One may wish to avoid making presumptions as far as possible; for instance by introducing a mandatory choice regime, so that all persons have to consent or object explicitly to the use of their organs.6 14 Proponents of such a scheme suggest that it removes uncertainty about the deceased's preferences, because they will have declared their wishes either way. This is too strong; however, there will still be some cases of uncertainty, for presumably children will not yet have declared a preference, whereas adults may have changed their mind since declaring their decision. Nor is it clear how this mandatory choice can be institutionalised. It is not enough to include such a choice when people apply for a passport or driving licence, because not all individuals have these. The introduction of compulsory identity cards, suggested in the UK; may provide a solution, but these may be objectionable in themselves. Moreover, there is again the problem that requiring people to decide what happens to their organs after they die may be objectionable, because it forces them to confront the uncomfortable fact of their own mortality.1 Even a mandated choice system does not allow us to be sure that we never use someone's organs without their actual consent. While any system that simply presumes consent to be present, whenever a patient's wishes are unknown, surely exacerbates the danger of using organs without consent, this is only problematical if we continue to accept the premise that we need someone's actual consent before we can use their organs. A more successful strategy for justifying an opt-out system of organ donation may do away with the presumption by arguing that actual consent is unnecessary. I provide one particular example of such a strategy, utilising a form of non-actual consent.