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STEP 1. 1000 words or less

Enter your Scenario responding the the IC Scenario Writing Future Scene.

The Superbug Solution

I groan as my sleep pod opens up, signaling that it is morning. I slip my doctor scrubs on and stretch, getting the kinks out of my back. Not wanting to be late to work, I get a quick bite to eat and head out on my hover board.

A robot scans my face and lets me into the hospital. I put my face mask on and go upstairs to my office. My RoboNurse comes rushing in just as I have sat down. "There is a refugee that requests to talk over the holoscreen with you." I sigh, already knowing what's about to happen. "Okay, you can invite him to a call."

His face appears on the hologram-like screen, and even though I don't see him in real life, it's obvious that he is very sick. He tells me about himself, and it's heartbreaking to hear. His name is Richard, and he is a refugee from the Pacific Islands, and has MDR-TB(Multi-Drug Resistant Tuberculosis). Hyphaebactin is the only way he can survive. Hyphaebactin is the only effective antibiotic there is for some diseases, including MDR-TB. The problem is, because Richard is a refugee, he can't afford to buy Hyphaebactin, and where he came from there is almost no Hyphaebactin available. I try to explain this to him, but it doesn't go well. "Richard, 4 months ago, the Global Antibiotic Protection Committee (GAPC) cut down our Hyphaebactin supply because our country was slacking on the Santiago Agreement protocols. Hyphaebactin costs almost double than it did before, and there is no other known way to treat MDR-TB. I'm sorry." He starts to tear up, and I admit, I'm fighting to hold back my tears as well. More and more refugees are coming in with a multidrug resistant infection, or superbug, and going back empty-handed. Before he leaves, I tell him that he can come in person in a few days to get his blood tested to see if he isn't resistant to an antibiotic, even though it is unlikely.

We take the sample of Richard's blood and the AI Intelligence system goes through it, and after 5 hours, my RoboNurse sends me the results. On my holoscreen pad, my heart drops from sadness. I go down the list of results, but all I see is R, R, R. Resistant, Resistant, Resistant. Even though this was most likely going to happen, I'm still upset that Richard has no cure, and will most likely die with the 10 million other people dying from superbugs. My RoboNurse escorts him out of the building before he spreads his disease to anyone. Thankfully, robots can't catch diseases.

After Richard is gone, I have no scheduled patients, so I go check my mail on my holoscreen. Surprisingly, I have just gotten an email from the scientists working with us doctors. The email says that the scientists have found a possible solution for antibiotic resistance. They say that the GAPC has only allowed them to share this information with a few hospitals in our country, wanting to see if it works before they announce it publicly. I call Jerry, one of the head scientists in that company. He comes into my office not long after and explains the possible solution. "Okay. So our idea was to create a protein inhibitor to fight off superbugs. But?" I interrupt him. "Jerry, you know what happened to the protein inhibitor when it was first discovered in 2022. It wasn't effective against the newer antibiotic resistant infections, and over time, it failed." "I was just getting to that part. Our idea was to have it work mainly for MDR tuberculosis, salmonellosis, and staphylococcus infections, which would mean it worked for the three main superbugs. The rest of the not as common and dangerous infections would be left for Hyphaebactin or other antibiotics that people possibly aren't resistant to." I was starting to like this idea. It wasn't a new antibiotic that people could become resistant to. The protein inhibitor would kill the resistant proteins in the infection, so that antibiotics would work again. "So you said that our hospital could use this on patients as long as they give permission, right?"

The next day as soon as I get to work I call Richard and tell him to come to my office as soon as possible. When he does, I know we have to work fast, because Richard looks worse than ever before. I tell him about the protein inhibitor, and how this might be his cure to MDR-TB. He decides to take the risk and gives us full permission to test the new protein inhibitor on him. The scientists and I give him the proteins through a pill, and wait for them to get into his system. After 6 hours we take his blood test, seeing if the protein inhibitor worked. It was tense waiting for the results, and I held my breath as I went down the list. I let out a big sigh of relief. "Richard Jones, I am happy to say that the protein inhibitor worked." All of the doctors and scientists cheer, celebrating Richard healing and the scientists work on the protein inhibitor.

So, Richard has healed from MDR-TB without Hyphaebactin?something that has never been done after the invention of Hyphaebactin. With this new version of the protein inhibitor, it will be sustainable and work for humans and animals. Pathogens can't become resistant to a protein inhibitor, which means doctors won't have to use the protein inhibitor sparingly like they do for antibiotics. Even better, the materials for the protein inhibitor are easier to find so that refugees like Richard can afford to be treated with the protein inhibitor.

Later that night, I lay in my sleep pod and for the first time in a long time, I slept well, knowing that with the protein inhibitor, superbugs will be less common, and our world can go back to normal again.