2020 CNNC: Round 3 Problem—ACVs

Confidential Information for CDC's Representatives

CDC believes strongly in the benefits of driverless cars and thinks it's time for industry and government to accelerate their testing and adoption. CDC also thinks that Flyt, using the TeleoLogic system, represents the most promising means to do this. For too long, the industry has tied itself in knots over debates on the difference between "top-down" and "bottom-up" approaches to AI design, a debate that your members don't really understand. CDC's members generally want to see Flyt get to market as soon as possible unless there are compelling safety reasons for not doing so. There has been no evidence of such reasons to date; the word on the street is that Flyt has been delayed because of a monetary dispute between Motorco and Teleos, and it seems unconscionable that such a dispute could hold up the adoption of a technology with such clear social benefits.

Some of CDC's members, though, feel that CDC has been overly aggressive in its lobbying and too willing to overlook the risks. They note the concerns raised by CEAI, for example, around the ethical choices that must be made in certain instances. Suppose an emergency scenario poses only two choices: one that would tend to protect the car's occupants and one that would tend to protect other users of the road. Which of these choices should be programmed into the system? Or should ACVs be programmed to generate the least overall harm and minimize driving casualties—a "utilitarian" approach? CDC's position is that such decisions should be left to the market: if the government were to mandate utilitarian ethics and if people prefer to ride in cars that favour protection of the occupants, such a mandate could prevent large-scale implementation of self-driving cars. But some of CDC's members think this is a paradigmatic issue for government to decide, based on an informed account of this dilemma. The risk is that this difference in views will cause a rift within CDC and cause some of its membership to form a splinter group or ally themselves with another organization. Were that to happen, it would substantially reduce CDC's influence, including in the upcoming Senate committee hearing on ACVs. CDC's representatives must be mindful of this risk in any attempt to influence Motorco and Teleos to come to agreement on their dispute.

CDC's ideal outcome is one in which Flyt proceeds to market or testing, as the case may be, as soon as possible but in any event not later than ten months, and in which CDC maintains its position as the lead consumer lobby group for ACVs. It would like to see Flyt reach automation at SAE Level 4 and would prefer to see TeleoLogic technology not be exclusive to Motorco, because as far as the CDC is concerned, the more car companies who have access to this technology, the more widespread ACVs will be. To the extent that CDC considers it an issue, it favours a top-down approach to AI programming, because that would get Flyt to market faster. CDC also thinks that testing should be done by Motorco, or by Motorco and Teleos jointly, rather than by government. Apart from any influence that CDC may have at the Senate hearing on these issues, CDC has the potential to contribute to funding the Flyt project if that should be needed. One of its wealthy members recently died and left a

$2 million bequest to CDC to spend towards the advancement of ACV technology. The terms of this bequest leave CDC's board with wide discretion as to how to spend the money, though the board members are necessarily concerned that the money be spent wisely.

You may provide additional non-self-serving information and details consistent with the facts stated above and in the General Information for All Parties.