NEG:

I negate the resolution, Resolved: A just government ought to recognize the unconditional right of workers to strike.

**Framework:**

The word “recognize” is defined by the oxford languages dictionary as to “acknowledge the existence, validity, or legality of”, therefore the resolution is pertaining to whether a just government should make the right to strike legal unconditionally, to all workers. ‘All workers’ apply to this resolution as it is an unconditional acknowledgement; it cannot depend on a specific type of worker.

#### **Pleasure is an intrinsic good.**

**Moen ’16** – (Ole Martin, PhD, Research Fellow in Philosophy @ University of Oslo, "An Argument for Hedonism." Journal of Value Inquiry 50.2 (2016): 267). Modified for glang

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that pleasure is intrinsically valuable and pain is intrinsically disvaluable. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues**.** This inclusion makes intuitive sense, moreover, for **there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels,** and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative. 2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values. If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable. You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good. 3 As Aristotle observes: “**We never ask what her[the]**~~is~~ **end is in being pleased, because we assume that pleasure is choice worthy in itself.**”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that pleasure and pain are both places where we reach the end of the line in matters of value. Although pleasure and pain thus seem to be good candidates for intrinsic value and disvalue, several objections have been raised against this suggestion: (1) that pleasure and pain have instrumental but not intrinsic value/disvalue; (2) that pleasure and pain gain their value/disvalue derivatively, in virtue of satisfying/frustrating our desires; (3) that there is a subset of pleasures that are not intrinsically valuable (so-called “evil pleasures”) and a subset of pains that are not intrinsically disvaluable (so-called “noble pains”), and (4) that pain asymbolia, masochism, and practices such as wiggling a loose tooth render it implausible that pain is intrinsically disvaluable. I shall argue that these objections fail.

#### **Consequentialism is true—**

#### **A] All actions are forward-looking, so intentions are constituted by foreseen consequences. If I throw my hand towards your face, I intend to punch you.**

#### **B] Moral substitutability—if I ought to mow the lawn, then I ought to turn on the lawnmower. Thus, an obligation requires all of its necessary enablers.**

**A just government refers to one that acts utilitarian meaning that a utilitarian framework is key to understand the perspective of the actor in the res**

**MVO 18’** What does a just government mean? [<https://www.mvorganizing.org/what-does-a-just-government-mean/>]

**A just government is fair to ALL people that it governs**. This includes not only the governed, but also the governors. Subjecting the governors **to** the same laws as the governed will help to **ensure that no one group’s interests are served at the expense of others**.

**Thus, the standard is *maximizing pleasure and minimizing pain*. My framework is a general principle to be applied intuitively, not a rigid calculator.**

**COVID DA**

**Uniqueness**: **The status quo blocks police officers from striking, the aff would turn this - history proves that police strikes expand the power of police unions and force concessions from state governments**   
Grim ‘20 [Andrew Grim, a Ph.D. candidate in history at the University of   
Massachusetts Amherst, is at work on a dissertation on anti-police brutality   
activism in post-WWII Newark. “What is the ‘blue flu’ and how has it   
increased police power?” (The Washington Post).   
<https://www.washingtonpost.com/outlook/2020/07/01/what-is-blue-flu-how->has-it-increased-police-power/. Accessed 11/6/21. Brackets for clarity.] BXNK

What is the “blue flu,” and why might it strike New York City police? This weekend, officers from the New York City Police Department are rumored to be planning a walkout to protest calls to defund the police. This builds on a similar tactic used by police in Atlanta less than a month ago . On June 16, Fulton County District Attorney, Paul L. Howard Jr. announced that Garrett Rolfe, the Atlanta police officer who fatally shot Rayshard Brooks, would face[d] charges of felony murder and aggravated assault . That night, scores of Atlanta Police Department officers caught the “blue flu,” call[ed] ing out sick en masse to protest the charges against Rolfe. Such walkouts constitute, in effect, illegal strikes — laws in all 50   
states prohibit police strikes . Yet, there is nothing new about the blue flu. It is a   
strategy long employed by police unions and rank-and-file officers during contract negotiations, disputes over reforms and, like in Atlanta, in response to disciplinary action against individual officers. The intent is to dramatize police disputes with municipal government and rally the citizenry to their side. But the result of such protests matter deeply as we consider police reform today. Historically, blue flu strikes have helped expand police power , ultimately limiting the ability of city governments to reform, constrain or conduct oversight over the police. They allow the police to leverage public fear of crime   
to extract concessions from municipalities. This became clear in Detroit more than 50 years ago. In June 1967, tensions arose between Detroit Mayor Jerome Cavanagh and the Detroit Police Officers Association (DPOA), which represented the city’s 3,300 patrol officers. The two were at odds primarily over police demands for a pay increase. Cavanagh showed no signs of caving to the DPOA’s demands and had, in fact, proposed to cut the police department’s budget. On June 15, the DPOA escalated the dispute with a walkout: 323 officers called in sick. The number grew over the next several days as the blue flu spread, reaching a height of 800 absences on June 17. In tandem with the walkout, the DPOA launched a fearmongering media campaign to win over the public. They took out ads in local newspapers warning Detroit residents, “How does it feel to be held up? Stick around and find out!” This campaign took place at a time of rising urban crime rates and uprisings, and only a month before the 1967 Detroit riot, making it especially potent. The DPOA understood this climate and used it to its advantage. With locals already afraid of crime and displeased at Cavanagh’s failure to rein it in, they would be [are] more likely to demand the return of the police than to demand retribution against officers for an illegal strike . The DPOA’s strategy paid off. The walkout left Detroit Police Commissioner Ray Girardin feeling “practically helpless.” “I couldn’t force them to work,” he later told The Washington Post. Rather than risk public ire by allowing the blue flu to continue, Cavanagh relented. Ultimately, the DPOA got the raises it sought, making Detroit officers the highest paid in the nation. This   
was far from the end of the fight between Cavanagh and the DPOA. In the ensuing months and years, they continued to tussle over wages, pensions, the budget, the integration of squad cars and the hiring of black officers. The threat of another blue flu loomed over all these disputes, helping the union to win many of them. And Detroit was not an outlier. Throughout the 1960s, ’70s and ’80s, the blue flu was a ubiquitous and highly effective tactic in Baltimore, Memphis, New Orleans, Chicago, Newark, New York and many other cities. In most cases, as author Kristian Williams writes, “When faced with a   
walkout or slowdown, the authorities usually decided that the pragmatic need to get the cops back to work trumped the city government’s long term interest in diminishing the rank and file’s power.” But each time a city relented to this pressure, they cede[s]d more and more power to police unions, which would turn to the strategy repeatedly to defend officers’ interests — particularly when it came to efforts to address systemic racism in police policies and practices . In 1970, black residents of Pittsburgh’s North Side neighborhood raised an outcry over the “hostile sadistic treatment” they experienced at the hands of white police officers. They lobbied Mayor Peter F. Flaherty to assign more black officers to their neighborhood. The mayor agreed, transferring several white officers out of the North Side and replacing them with black officers. While residents cheered this decision, white officers and the Fraternal Order of Police (FOP), which represented them, were furious. They slammed the transfer as “discrimination” against whites. About 425 of the Pittsburgh Police Department’s 1,600 police officers called out sick in protest.

**Links**: **The aff would allow police officers to strike, meaning recent anti-vax strikes would continue, delaying herd immunity.**

Lovelace Jr. 21 (Berkeley Lovelace Jr., “Anti-vaxxers jeopardize plans to protect U.S. against Covid”, Health & Science, CNBC, 02/10/21)

Even though clinical trial data shows [Pfizer](https://www.cnbc.com/quotes/PFE)’s and [Moderna’](https://www.cnbc.com/quotes/MRNA)s vaccines are safe and highly effective, just under half of adults in the U.S. surveyed in December said they were very likely to get vaccinated, according to a [new study from the U.S. Centers for Disease Control and Prevention](https://www.cnbc.com/2021/02/09/nearly-half-of-adult-americans-say-they-intend-to-receive-a-covid-vaccine-cdc-study-finds-.html). That’s up from 39.4% of adults surveyed in September but still below the 70% to 85% scientists say needs to be vaccinated to suppress the virus.

**That could potentially jeopardize U.S. vaccination efforts to control the pandemic, which has overwhelmed hospitals and taken more than 466,000 American lives in about a year. Without so-called herd immunity, the virus will continue to spread from person to person and place to place for years to come, scientists have said.**

## **Herd immunity**

Roughly 33 million out of some 331 million Americans have received at least their first dose of [Pfizer](https://www.cnbc.com/quotes/PFE)’s or [Moderna](https://www.cnbc.com/quotes/MRNA)’s two-dose Covid-19 vaccines, according to data compiled by the CDC. And 9.8 million of those people have already gotten their second shot.

The goal, according to Biden’s chief medical advisor, Dr. Anthony Fauci, is to vaccinate between 70% and 85% of the U.S. population — or roughly 232 million to 281 million people — to achieve herd immunity and suppress the pandemic.

“The concern I have, and something we’re working on, is getting people who have vaccine hesitancy, who don’t want to get vaccinated,” he said at a White House press briefing last month.

To be sure, the rollout has been slow going. County websites have been overloaded by people who desperately want to be immunized, and manufacturing isn’t yet fully ramped up. But the one thing that time and money can’t as easily solve is persuading people to take the vaccine.

Some of the vaccines are still sitting on shelves “because of very real vaccine hesitancy that does exist in certain communities,” Loyce Pace, a member of Biden’s now-disbanded transition Covid-19 advisory board, said during a webcast Jan. 14. The Biden administration has to work to get “people to line up for these vaccines when their time comes because we know that will be a critical component to getting on the other side of this crisis,” she added.

Nationally, about 60% of employees at long-term care facilities who were offered the shots through a federal program run by [Walgreens](https://www.cnbc.com/quotes/WBA) and [CVS Health](https://www.cnbc.com/quotes/CVS) [declined to get them](https://www.cnbc.com/2021/02/09/covid-vaccine-60percent-of-nursing-home-staff-refused-shots-walgreens-exec-says.html), according to Rick Gates, the head of pharmacy and health care at Walgreens. Just 20% of the residents turned down the doses, he said Tuesday.

**Ina Siler, a patient at Crown Heights Center for Nursing and Rehabilitation, a nursing home facility, receives the Pfizer-BioNTech coronavirus disease (COVID-19) vaccine from Walgreens pharmacist Annette Marshall, in Brooklyn, New York, December 22, 2020.**

*Yuki Iwamura | Reuters*

In New York City, some 30% of the health-care workers eligible for the vaccine refuse to get it, Mayor Bill de Blasio recently said. “We were expecting a lot of people (would) want to get vaccinated. We were getting 30% or 40% or 50% of those eligible who were passing on it,” de Blasio said at a press conference last week.

Out of the roughly 7 million New Yorkers who are [currently eligible](https://www.governor.ny.gov/news/governor-cuomo-updates-new-yorkers-state-vaccination-program-9) across the state — health-care workers and people 65 and older — just 1.7 million people have received their first shots and about 500,000 have gotten their second one, Gov. Andrew Cuomo said Friday. [He said he’d give hospitals another week](https://www.cnbc.com/2021/02/05/covid-vaccines-ny-will-begin-offering-shots-to-people-with-underlying-health-conditions-this-month.html) to get all of their workers immunized before he expands eligibility to people under 65 with underlying health conditions.

“Hesitancy is a major obstacle in our path. Hesitancy is a new term for people who don’t want to receive the vaccine,” he said. “They’re skeptical. They’re cynical about the vaccine, and they’re not willing to take it.”

## **‘We’re in a tough spot’**

The reluctance or r**efusal to be vaccinated has been a growing problem in the U.S.** long before the pandemic started. Medical experts point to a long-debunked study published by British researchers in 1998 linking measles vaccines to autism in children. That only emboldened anti-vaxxers, a group of activists known for their opposition to vaccinations and for spreading misinformation about vaccines, physicians and scientists say.

Former President Barack Obama has [said the Tuskegee study](https://www.cdc.gov/tuskegee/faq.htm) still lingers as a painful memory that’s led to vaccine skepticism in Black and Brown communities. Researchers who conducted the infamous study from 1932 to 1972 gave Black men with syphilis placebos instead of penicillin so government researchers could study the long-term effects of the disease.

**Increased anti-vaxx coverage, such as anti-vaxx strikes, spread misinformation**

**Associated Press 21 (Associated Press, “Anti-vaccine Chiropractors Rising Force of Misinformation”, U.S. News, 10/08/21,** [**https://www.usnews.com/news/health-news/articles/2021-10-08/anti-vaccine-chiropractors-rising-force-of-misinformation**](https://www.usnews.com/news/health-news/articles/2021-10-08/anti-vaccine-chiropractors-rising-force-of-misinformation) **)**

Participants traveled from around the country to a Wisconsin Dells resort for a [to a ]sold-out convention that was, in fact, a sea of misinformation and conspiracy theories about vaccines and the pandemic. The featured speaker was the anti-vaccine activist who appeared in the 2020 movie “Plandemic,” which pushed false COVID-19 stories into the mainstream. One session after another discussed bogus claims about the health dangers of mask wearing and vaccines.

The convention was organized by members of a profession that has become a major purveyor of vaccine misinformation during the pandemic: chiropractors.

At a time when the surgeon general says misinformation has become an urgent threat to public health, an investigation by The Associated Press found a vocal and influential group of chiropractors has been capitalizing on the pandemic by sowing fear and mistrust of vaccines.

They have touted their supplements as alternatives to vaccines, written doctor’s notes to allow patients to get out of mask and immunization mandates, donated large sums of money to anti-vaccine organizations and sold anti-vaccine ads on Facebook and Instagram, the AP discovered. One chiropractor gave thousands of dollars to a Super PAC that hosted an anti-vaccine, pro-Donald Trump rally near the U.S. Capitol on Jan. 6.

They have also been the leading force behind anti-vaccine events like the one in Wisconsin, where hundreds of chiropractors from across the U.S. shelled out $299 or more to attend. The AP found chiropractors were allowed to earn continuing education credits to maintain their licenses in at least 10 states.

Public health advocates are alarmed by the number of chiropractors who have hitched themselves to the anti-vaccine movement and used their public prominence and sheen of medical expertise to undermine the nation's response to a COVID-19 pandemic that has killed more than 700,000 Americans.

“People trust them. They trust their authority, but they also feel like they’re a nice alternative to traditional medicine,” said Erica DeWald of Vaccinate Your Family, who tracks figures in the anti-vaccine movement. “Mainstream medicine will refer people out to a chiropractor not knowing that they could be exposed to misinformation. You go because your back hurts, and then suddenly you don’t want to vaccinate your kids.”

# **Kriegstein et al. 21** , (Brittany Kriegstein et al., “Protesters rally at Gracie Mansion over NYC vaccine mandate ahead of Friday deadline”, New York Daily News, 10/28/21)

Anti-vaxxers took their fight against New York City vaccine mandates to the mayor’s front door Thursday, protesting outside Gracie Mansion a day ahead of a deadline for municipal workers to get a shot or be suspended without pay.

The sign-waving, chanting demonstrators included FDNY union members whose pending suspension could put the city’s safety in peril with a [20% drop in manpower](https://www.nydailynews.com/new-york/ny-fdny-virus-mandate-staffing-shortage-20211028-6llbehknozfynlyjtr2qlvuhgq-story.html) among firefighters and EMS workers.

Mayor de Blasio is hoping that the reality of a hit in the wallet will drive first responders to get their first COVID-19 vaccine by Friday at 5 p.m.

Many teachers facing a similar deadline weeks ago rolled up their sleeves at the last minute to avoid getting docked for their defiance.

But first responders — including police union members who [unsuccessfully tried to block the measure](https://www.nydailynews.com/new-york/nyc-crime/ny-staten-island-judge-pba-refuses-vax-restraining-order-20211027-lwonjslz7vhibmilif67hwmpmq-story.html) in court — said they are determined to stick to their guns. Many marchers insisted they are not against the vaccine just against the mandate.

A post on Twitter by “Bravest for Choice” urged first responders to show up at the mayor’s residence, saying, “If you’re not working, you are going.”

“It’s not about the fricking vaccine,” said one firefighters union member. “It’s about the city not stepping on our nuts.”

Many in the crowd held American flags aloft along with some “Trump 2024″ and “Don’t Tread on Me” banners. The more extreme signs included racist language, and there was even a swastika. The throng was almost entirely unmasked.

“We want everybody to know that we are not anti-vaccination by any means, and any signs in the crowd right now that say otherwise, we don’t want to be part of that,” said Bobby Eustace, vice president of the Uniformed Firefighters Association. “Any negative signs, and racist signs, that stupid swastika sign right now, get rid of that. We don’t want any of that stuff right here. You’re not welcome. This is not about right or left. This is about anti-mandate and anti-mandate only. That is the only stance we are taking right now.”

Jessica Gabrys, 32, of Brooklyn, who along with her father is vaccinated, said she and her family members came to the Upper East Side protest in support of other relatives who serve in the FDNY.

“We’re not anti-vax, we’re just anti-mandate,” Gabrys said. “We’re standing with all city workers, with everyone. It should be your choice, it should not be mandated. We just stand with everybody. We don’t want to see people lose their jobs over this. It’s very scary that essential workers will lose their jobs, it’s very scary for me.”

Among those at the rally were Republican mayoral candidate Curtis Sliwa, who supports the anti-mandate fight.

Although Sliwa has himself been vaccinated, he said he is against a policy that penalizes city workers.

“It’s going to mean less cops in the streets, less firefighters, less sanitation workers. We already have less municipal hospital workers and less teachers,” Sliwa said.

Some city workers don’t see how their colleagues can be so against getting vaccinated during a public health crisis that has killed at least 300 municipal employees.

“I honestly have a very hard time understanding the mentality of people who will lose their job in order to not get vaccinated,” said one worker with the city’s Department of Social Services, who asked to remain anonymous. “It seems like the issue has become politicized, and from where I sit, it seems like people aren’t acting in their own best interests or what’s best for our community.”

Two FDNY EMS unions are fed up with the vaccine-related misinformation shared since the mandate was announced.

“As health care professionals we are guided by science. We use medicine to save lives and scientific research has confirmed that this vaccine, by modern medical standards, is safe,” said a statement signed by Vincent Variale, head of the FDNY EMS officers union and Kathleen Knuth, president of the FDNY EMS Superior Officers Association, which represents captains and above.

“Unfortunately, the COVID vaccine has become a politicized issue, resulting in confusion and polarizing rhetoric. This rhetoric is hurtful and adds to the confusion that allows the spread of disinformation,” the statement reads. “This disinformation further harms our members who once again are put on the front lines with little regard and few resources to protect themselves.”

Under the mandate, city workers who do not show proof of at least one dose of a coronavirus vaccine by Friday’s deadline will be suspended without pay. Testing in lieu of a vaccine is not an option.

The mandate, which takes effect this Friday at 5 p.m., covers 160,000 municipal employees, including **cops** and firefighters.

Mayor de Blasio said Thursday that 74% of the NYPD, 64% of the FDNY and 67% of the Sanitation Department are vaccinated.

The mayor said New Yorkers need not be concerned about safety.

“They will be safe,” he said. ”The reason we made this decision was, ‘How do we keep safe?’ That was the entire question here. How do we keep the people in New York City safe? My job is to keep people safe. Until we defeat COVID, people are not safe. If we don’t stop COVID, New Yorkers will die. We must stop COVID.”

**Impact: Prolonged pandemics leads to more death**

# **Thomas and Akpinar-Elci 21 ,** “Why does everyone want me to get vaccinated?

## School of Public Health Dean Muge Akpinar-Elci and Orvis School of Nursing Dean Debera Thomas discuss why it’s important to get vaccinated”, NEVADAToday, 09/08/21

The more mutations of COVID-19 that arise, the more likely it is that the existing vaccines will become **less effective.** Just recently, the Mu mutation has been discovered in other countries and is possibly worse than the Delta variant.

Delta is 50% more contagious than COVID-19 and one person typically spreads it to 3.5 to 4 other people.

This pandemic is a public health issue. When you get vaccinated you are **not just doing it for yourself,** you’re doing it for your family, your peers, and [but also] **your community.** As long as the virus can find a host and someone to replicate in, it will keep going.

At this point, getting vaccinated is a risk assessment like many other things in life. So far, the [benefits of getting the vaccine outweigh the risks](https://www.unr.edu/nevada-today/news/2021/atp-are-vaccines-riskier-than-covid).

Young people and children are dying now from COVID-19. If you are vaccinated, you likely won’t get as sick if you get the disease and you are much less likely to die. Most importantly, you’ll help stop the spread of this virus so that it can hopefully one day be eradicated.

#### **New Pandemics are deadlier and faster are coming – if anti-vaxx strikes are allowed to continue, extinction will be a result**

#### **Antonelli 20** Ashley Fuoco Antonelli 5-15-2020<https://www.advisory.com/daily-briefing/2020/05/15/weekly-line> "Weekly line: Why deadly disease outbreaks could become more common—even after Covid-19" (Associate Editor — American Health Line)

While the new coronavirus pandemic suddenly took the world by storm, the truth is public health experts for years have warned that a virus similar to the new coronavirus would cause the next pandemic—and they say **deadly infectious disease outbreaks could become more common.** Infectious disease experts are always on the lookout for the next pandemic, and in a report published two years ago, researchers from the Johns Hopkins Bloomberg School of Public Health predicted that the pathogen most likely to cause the next pandemic would be a virus similar to the common cold. Specifically, the researchers predicted that the pathogen at fault for the next pandemic would be: A microbe for which people have not yet developed immunities, meaning that a large portion of the human population would be susceptible to infection; Contagious during the so-called "incubation period"—the time when people are infected with a pathogen but are not yet showing symptoms of the infection or are showing only mild symptoms; and Resistant to any known prevention or treatment methods. The researchers also concluded that such a pathogen would have a "low but significant" fatality rate, meaning the pathogen wouldn't kill human hosts fast enough to inhibit its spread. As **Amesh Adalja**—a senior scholar at the Johns Hopkins Center for Health Security, who led the report—told Live Science's Rachael Rettner at the time, "**It just has to make a lot of people sick" to disrupt society**. The researchers said RNA viruses—which include the common cold, influenza, and severe acute respiratory syndrome (or SARS, which is caused by a type of coronavirus)—fit that bill. And even though we had a good bit of experience dealing with common RNA viruses like the flu, Adalja at the time told Rettner that there were "a whole host of viral families that get very little attention when it comes to pandemic preparedness." Not even two years later, the new coronavirus, which causes Covid-19, emerged and quickly spread throughout the world, reaching pandemic status in just a few months. To date, officials have reported more than 4.4 million cases of Covid-19 and 302,160 deaths tied to the new coronavirus globally. In the United States, the number of reported Covid-19 cases has reached more than 1.4 million and the number of reported deaths tied to the new coronavirus has risen to nearly 86,000 in just over three months. Although public health experts had warned about the likelihood of a respiratory-borne RNA virus causing the next global pandemic, many say the world was largely unprepared to handle this type of infectious disease outbreak. And as concerning as that revelation may be on its own, **perhaps even more worrisome is that public health experts predict life-threatening infectious disease outbreaks are likely to become more common—meaning we could be susceptible to another pandemic in the future**. Why experts think deadly infectious disease outbreaks could become more common As the Los Angeles Times's Joshua Emerson Smith notes, infectious disease experts for more than ten years now have noted that "[o]utbreaks of dangerous new diseases with the potential to become pandemics have been on the rise—from HIV to swine flu to SARS to Ebola." For instance, a report published in Nature in 2008 found that **the number of emerging infectious disease events that occurred in the 1990s was more than three times higher than it was in the 1940s**. Many experts believe the recent increase in infectious disease outbreaks is tied to human behaviors that disrupt the environment, "such as **deforestation and poaching**," which have led "to increased contact between highly mobile, urbanized human populations and wild animals," Emerson Smith writes. In the 2008 report, for example, researchers noted that about 60% of 355 emerging infectious disease events that occurred over a 50-year period could be largely linked to wild animals, livestock, and, to a lesser extent, pets. Now, researchers believe the new coronavirus first jumped to humans from animals at a wildlife market in Wuhan, China. Along those same lines, some experts have argued that global climate change has driven an increase in infectious diseases—and could continue to do so. A federally mandated report released by the U.S. Global Change Research Program in 2018 warned that warmer temperatures could expand the geographic range covered by disease-carrying insects and pests, which could result in more Americans being exposed to ticks carrying Lyme disease and mosquitos carrying the dengue, West Nile, and Zika viruses. And experts now say continued warming in global temperatures, deforestation, and other environmentally disruptive behaviors have broadened that risk by bringing more people into contact with disease-carrying animals. Further, experts note that infectious diseases today are able to spread much faster and farther than they could decades ago because of increasing globalization and travel. While some have suggested the Covid-19 pandemic could stifle that trend, others argue globalization is likely to continue—meaning so could infectious diseases' far spread.