**1**

**The standard is maximizing expected well-being.**

**Only pleasure and pain are intrinsically valuable- values of other sensations are intrinsically tied.**

**Moen 16 [Ole Martin Moen, Research Fellow in Philosophy at University of Oslo “An Argument for Hedonism” Journal of Value Inquiry (Springer), 50 (2) 2016: 267–281]**

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 [a man] what his 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.

**[1] Only consequentialism explains degrees of wrongness- breaking a promise to meet up for lunch is not the same as breaking a promise to take a dying person to the hospital- intuitions outweigh.**

**[2] No Act-Omission Distinction- Governments have to say yes/no to bills, which implicitly creates their own consequences. Inaction is essentially prohibiting action, which is an action in itself.**

**[3] Empiricism outweighs, it's a prerequisite, we can't access a priori knowledge without experiences**

* 1. **We don't know 2+2 is 4 without the real world and being able to conceptualize it in material terms, we need experiences to access their claims; this is a prerequisite.**

**[4] Actor-Spec- States lack wills or intentions since policies are collective actions. States are constitutive to util; if they weren’t they would be individual actors which is contradictory to the point of having a state in the first place.**

**[5] Extinction Outweighs- in moral uncertainty, it’s a prerequisite because discussions of ethics only exist in the context of life.**

**Any plausible moral theory must prioritize extinction.**

**Pummer 15 [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015]**

**There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are deep and irresolvable, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – whether we’re consequentialists, deontologists, or virtue ethicists – should all agree that we should try to save the world. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing th- at makes an outcome good is that the people in it are doing well. There is little disagreement here. If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see how reducing existential risk is easily the most important thing in the whole world. This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future people that reducing existential risk is arguably the most important thing in the world, even if the well-being of these possible people were given only 0.001% as much weight as that of existing people. Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But that is a huge mistake. Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. We should also take into account moral uncertainty. What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk. Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of moral uncertainty, reducing existential risk is the most important thing in the world. Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, all minimally plausible moral views would converge on the conclusion that we should try to save the world. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will surviveits most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.”(From chapter 36 of On What Matters)**

**[6] Permissibility Negates- [A] Logicality- If you can’t justify morality then there is no independent reason to pass the plan- it’s illogical for someone to do something without justification. [B] All statements would be justified as false- absent standards for judging moral truth everything collapses to skep- i don’t naturally move unless i choose to move.**

## **2**

## **Wright 10- Sarah H. Wright July 2010 "Evidence on the Effects of Nurses' Strikes"** [**https://www.nber.org/digest/jul10/evidence-effects-nurses-strikes**](https://www.nber.org/digest/jul10/evidence-effects-nurses-strikes) **(Researcher at National Bureau of Economic Research)**

## **U.S. hospitals were excluded from collective bargaining laws for three decades longer than other sectors because of fears that strikes by nurses might imperil patients' health. Today, while unionization has been declining in general, it is growing rapidly in hospitals, with the number of unionized workers rising from 679,000 in 1990 to nearly one million in 2008. In Do Strikes Kill? Evidence from New York State (NBER Working Paper No. 15855), co-authors Jonathan Gruber and Samuel Kleiner carefully examine the effects of nursing strikes on patient care and outcomes. The researchers match data on nurses' strikes in New York State from 1984 to 2004 to data on hospital discharges, including information on treatment intensity, patient mortality, and hospital readmission. They conclude that nurses' strikes were costly to hospital patients: in-hospital mortality increased by 19.4 percent and hospital readmissions increased by 6.5 percent for patients admitted during a strike. Among their sample of 38,228 such patients, an estimated 138 more individuals died than would have without a strike, and 344 more patients were readmitted to the hospital than if there had been no strike. "Hospitals functioning during nurses' strikes do so at a lower quality of patient care," they write. Still, at hospitals experiencing strikes, the measures of treatment intensity -- that is, the length of hospital stay and the number of procedures performed during the patient's stay -- show no significant differences between striking and non-striking periods. Patients appear to receive the same intensity of care during union work stoppages as during normal hospital operations. Thus, the poor outcomes associated with strikes suggest that they might reduce hospital productivity. These poor health outcomes increased for both emergency and non-emergency hospital patients, even as admissions of both groups decreased by about 28 percent at hospitals with strikes. The poor health outcomes were not apparent either before or after the strike in the striking hospitals, suggesting that they are attributable to the strike itself. And, the poor health outcomes do not appear to do be due to different types of patients being admitted during strike periods, because patients admitted during a strike are very similar to those admitted during other periods. Hiring replacement workers apparently does not help: hospitals that hired replacement workers performed no better during strikes than those that did not hire substitute employees. In each case, patients with conditions that required intensive nursing were more likely to fare worse in the presence of nurses' strikes.**

#### **And, hospitals are the critical internal link for pandemic preparedness.**

## **Al Thobaity 20, Abdullelah, and Farhan Alshammari. "Nurses on the frontline against the COVID-19 pandemic: an Integrative review." Dubai Medical Journal 3.3 (2020): 87-92. (Associate Professor of Nursing at Taif University)**

## **The majority of infected or symptomatic people seek medical treatment in medical facilities, particularly hospitals, as a high number of cases, especially those in critical condition, will have an impact on hospitals [4]. The concept of hospital resilience in disaster situations is defined as the ability to recover from the damage caused by huge disturbances quickly [2]. The resilience of hospitals to pandemic cases depends on the preparedness of the institutions, and not all hospitals have the same resilience. A lower resilience will affect the sustainability of the health services. This also affects healthcare providers such as doctors, nurses, and allied health professionals [5, 6]. Despite the impact on healthcare providers, excellent management of a pandemic depends on the level of preparedness of healthcare providers, including nurses. This means that if it was impossible to be ready before a crisis or disaster, responsible people will do all but the impossible to save lives.**

#### **And, pandemics are deadlier and faster are coming – COVID is just the beginning.**

## **Antonelli 20 Ashley Fuoco Antonelli 5-15-2020** [**https://www.advisory.com/daily-briefing/2020/05/15/weekly-line**](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.**

#### **Future pandemics will cause extinction – it only takes one ‘super-spreader’ – US prevention is key**

## **Bar-Yam 16 Yaneer Bar-Yam 7-3-2016 “Transition to extinction: Pandemics in a connected world”** [**http://necsi.edu/research/social/pandemics/transition**](http://necsi.edu/research/social/pandemics/transition) **(Professor and President, New England Complex System Institute; PhD in Physics, MIT)**

## **Watch as one of the more aggressive—brighter red — strains rapidly expands. After a time it goes extinct leaving a black region. Why does it go extinct? The answer is that it spreads so rapidly that it kills the hosts around it. Without new hosts to infect it then dies out itself. That the rapidly spreading pathogens die out has important implications for evolutionary research which we have talked about elsewhere [1–7]. In the research I want to discuss here, what we were interested in is the effect of adding long range transportation [8]. This includes natural means of dispersal as well as *unintentional dispersal by humans*, like adding airplane routes, which is being done by real world airlines (Figure 2). When we introduce long range transportation into the model, the success of more aggressive strains changes. They can use the *long range transportation* to find new hosts and *escape local extinction*. Figure 3 shows that the more transportation routes introduced into the model, the *more higher aggressive pathogens are able to survive and spread*. As we add more long range transportation, there is a critical point at which pathogens become so aggressive that *the entire host population dies*. The pathogens die at the same time, but that is not exactly a consolation to the hosts. We call this the phase transition to *extinction* (Figure 4). With increasing levels of global transportation, *human civilization* may be approaching *such a critical threshold*. In the paper we wrote in 2006 about the dangers of global transportation for pathogen evolution and pandemics [8], we mentioned the risk from Ebola. Ebola is a horrendous disease that was present only in isolated villages in Africa. It was far away from the rest of the world only because of that isolation. Since Africa was developing, it was only a matter of time before it reached population centers and airports. While the model is about evolution, it is really about which pathogens will be found in a system that is highly connected, and Ebola can spread in a highly connected world. The traditional approach to public health uses historical evidence analyzed statistically to assess the potential impacts of a disease. As a result, many were surprised by the spread of Ebola through West Africa in 2014. As the connectivity of the world increases, past experience is not a good guide to future events. A key point about the phase transition to extinction is its *suddenness*. Even a system that seems stable, can be destabilized by a few more long-range connections, and connectivity is continuing to increase. So how close are we to the tipping point? We don’t know but it would be good to find out before it happens. While Ebola ravaged three countries in West Africa, it only resulted in a handful of cases outside that region. One possible reason is that many of the airlines that fly to west Africa stopped or reduced flights during the epidemic [9]. In the absence of a clear connection, public health authorities who downplayed the dangers of the epidemic spreading to the West might seem to be vindicated. As with the choice of airlines to stop flying to west Africa, our analysis didn’t take into consideration how people respond to epidemics. It does tell us what the outcome will be unless we respond fast enough and well enough to stop the spread of future diseases, which may not be the same as the ones we saw in the past. As the world becomes more connected, the dangers increase. Are people in western countries safe because of higher quality health systems? Countries like *the U.S.* have highly skewed networks of social interactions with some very highly connected individuals that can be *“superspreaders.”* The chances of such an individual becoming infected may be low but events like a mass outbreak pose a much *greater risk* if they do happen. If a sick food service worker in an airport infects 100 passengers, or a contagion event happens in mass transportation, *an outbreak could very well prove unstoppable*.**

**3**

#### **CP text: A just government ought to recognize a conditional right of workers to strike. The right to strike ought to be conditional upon one’s profession, with all workers except healthcare workers being guaranteed an unconditional right to strike.**

#### **It’s competitive – a] the CP offers a conditional right, meaning it only applies in some instances, so it’s necessarily competitive and b] the plan defends all workers – 1ar clarification causes shiftiness that means we lose every time since we can’t generate new links in the 2nr.**