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## **1**

**The role of the ballot is to vote for the debater who best challenges ableism through the resolution**

**Prefer –**

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**[1] Assumptions of ableism are inherent in systems of knowledge production thus ableism is an a priori question \*A Campbell 13\*C**

**Campbell 13 (Fiona Kumari Campbell, Adjunct Professor in the Department of Disability Studies at Griffith University. Wednesday 27 November 2013. Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence. Keynote speech at Disability at the Margins: Vulnerability, Empowerment and the Criminal Law)**

What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. **Ableism is** deeply **seeded at the level of knowledge systems** of life, personhood and liveability. **Ableism is not just** a matter of ignorance or **negative attitudes** towards disabled people; **it is a schema of perfection**, **a** deep **way of thinking about bodies**, wholeness and permeability.6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. **Compulsory ablebodiedness is implicated in the** very **foundations of social theory**, therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy. Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, the concept of **abledness is predicated on** some **preexisting notion about the nature of typical** species **functioning** that is beyond culture and historical context. **Ableism** does not just stop at propagating what is typical for each species. An ableist imaginary **tells us what** a healthy body means – a normal mind, the pace, the tenor of **thinking and** the kinds of **emotions** and affect that **are suitable to express**. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. This abled imaginary relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability and compulsoriness of the norms of ableism. Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication. Studies in Ableism (SiA) inverts traditional approaches, by shifting our concentration to what the study of disability tells us about the production, operation and maintenance of ableism. In not looking solely at disability, we can focus on how the abled able-bodied, non-disabled identity is maintained and privileged. Disability does not even need to be in the picture. SiA’s interest in abledness means that the theoretical foundations are readily [is]applicable to the study of difference and the dividing practices of race, gender, location and sexual orientation. **Reframing our focus** from disability to ableism prompts different preoccupations: • What does the study of the politics of ‘vulnerability’ tells us about what it me ty ans to be ‘non-vulnerable’? • Indeed how is the very conceptualisation of ‘autonomy’ framed in the light of discourses of ‘vulnerability’? • In representing vulnerabilias universal does this detract from the specificity of disability experiences? SiA examines the ways that concepts of wellbeing, vulnerability and deficiency circulate throughout society and impact upon economic, social, legal and ethical choices. Principally SiA focuses on the limits of tolerance and possessive individualism. Extending the theorization of disability, studies in ableism **can enrich our understanding of the** production of vulnerability and the **terms of engagement in** civic **life** and the possibilities of social inclusion. I now turn to unpacking the nuances and structure of a theory of ableism.

**Presumption and Permissibility Negate. Aff has an obligation to prove that the world is good for disabled individuals. The disadvantage is disabled exhaustion where we are constantly told the aff is good for disabled individuals be in reality it doesn’t do anything.**

**Now Negate**

1. **Disability require negation as laws used to prop up ableism rendering disabled people invisible**

**Campbell 03 (Fiona Kumari, Associate Professor in Law for Griffith Law School, and a Adjunct Professor in Disability Studies at the Unviersity of Kelaniya “The Great Divide: Ableism and Technologies of Disability Production.” PhD Thesis. 2003.Pg. 142.**

**Law plays an exacting and explicit role in this subjectifying activity of government. Legal intersections/interventions facilitate this subjectification by allocating and regulating populations into fixed and discrete ontological categories (such as disability, gender, sex, race) in order that the subjects assigned to those categories can be rendered visible and calculable (Foucault, 1976: especially 135-159; Foucault, 1994 orig. 1970). The fixity of disability (which is assume to be a pre-given property of human bodies) within both legislative and case law not only establishes the boundaries of permissible inquiry it also establishes the legal fiction of ‘disability’ in the first place. It is this reification of disability (frequently based on bio-medical technologies and ascriptions) that reinforces the centrality of the ableist body and the terms of its negotiation. The formulations of disability often engaged by disability activists and enshrined in disability related law, in effect discursively entrench and thus reinscribe the very oppressive ontological figurings of disability that many of us would like to escape. Alternative renderings of disability, if they are not able to ‘fit’ such prescribed ‘fictions,’ are barred from entry into legal and other discourses. Consider, for instance, the instructions given in a recent staff survey produced by the Equity Section of Queensland University of Technology (QUT) (2000). The QUT equity survey instructs: “You should answer ‘yes’ to question 2 only if you are a person with a disability which is likely to last, or has lasted two or more years. Please note that if you use spectacles, contact lenses or other aids to fully correct your vision or hearing, you do not need to indicate that you are a person with a disability and would answer ‘no’ (emphasis added). (Equity Section Queensland University of Technology, 2000).” As we can see, defining disability in terms of what it ‘is’ and ‘is not’ performs an emblematic function that re-cognises the relationship between impairment and disability and civil**

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## **2**

**CP: Endorse the aff except for using the government as an agent solves all your offense while not ignoring the Campbell offense.**

## **3**

#### **Value stems from the authority to place value on certain choices which intrinsically gives the value-giver value, implying a meta-ethic of intrinsic value.**

#### **Meta-ethics outweigh: A] they determine the validity of the standard debate itself instead of just leading to a standard, B] Its axiomatically prior to resolve before the standard. Util’s technocratic adherence to cost-benefit analysis inevitably prioritizes ability over disability and inevitably euthanizes the disabled infant.**

Jessica **Flanigan PhD 18**, [Jessica Flanigan is the Richard L. Morrill Chair in Ethics and Democratic Values at the University of Richmond, where she teaches Leadership Ethics, Ethical Decision Making in Healthcare, and Critical Thinking. Her research addresses the ethics of public policy, medicine, and business. In "Pharmaceutical Freedom" (Oxford University Press, 2017) she defends rights of self-medication. In "Debating Sex Work" (Oxford University Press, forthcoming) she defends the decriminalization of sex work. Flanigan has also published in journals such as Philosophical Studies, The Journal of Business Ethics, Leadership, The Journal of Moral Philosophy, and the Journal of Political Philosophy. She is currently writing a book about the ethics of pregnancy and a book about language and ethics. She is a proponent of effective altruism.] 2018, “Kantian Ethics, Well-Being, and Disability,” J. Flanigan, T.L. Price (eds.), The Ethics of Ability and Enhancement, Jepson Studies in Leadership, DOI 10.1057/978-1-349-95303-5\_6, file:///C:/Users/218511/Downloads/(Jepson%20Studies%20in%20Leadership)%20Jessica%20Flanigan,%20Terry%20L.%20Price%20(eds.)%20-%20The%20Ethics%20of%20Ability%20and%20Enhancement-Palgrave%20Macmillan%20US%20(2018).pdf ED

2 A KANTIAN PROPOSAL

With the descriptive definition in hand, we can then ask normative questions about disability beyond the question of whether it is bad for a particular person to be disabled according to a certain theory of well-being. For example, we can ask questions about disability rights such as: • Should officials extend rights to disabled people that they do not extend to nondisabled people? • Should officials provide disabled people with resources that they do not provide nondisabled people? • Should officials prohibit people from discriminating against disabled people? • Should officials require that people accommodate disabled people? • Is it permissible to cause a person to be disabled? • Is it permissible to cause a person to be nondisabled? It is perhaps unsurprising that proponents of welfarist approaches to disability are likely to answer these questions on the basis of a broadly consequentialist moral theory.3 For these theorists of disability, it is a short walk from a conception of disability that is defined with reference to normative concepts to normative conclusions about how disabled people should be treated.

But I have suggested that these normative associations with disability require further argument and cannot be established via definition. And I am skeptical that these questions should be answered with reference to considerations related to well-being. Rather, I will argue that we should think of disabilities as mere differences and **refrain** from evaluating these questions about the ethics of disability withreference to consequentialist considerations. Consequentialist considerations are often cited in philosophical discussions of disability. For example, ethicists have argued that disabled people should have the same rights as nondisabled people and deserve equal treatment, while explaining these claims by an appeal to disabled people’s interests (Harris 2001). Similarly, arguments on behalf of providing disabled people with additional resources appeal to considerations, such as diminishing marginal utility or disabled people’s interest in receiving additional resources (Arneson 2015). Consequence-minded philosophers are hesitant, however, when it comes questions about **whether it is permissible to create a disabled person**, on the grounds they predict that a disabled life will be worse in expectation than a nondisabled life (Savulescu 2001; McMahan 2005; Kahane 2009). For similar reasons, some consequentialist philosophers have even submitted that it can be permissible to euthanize a disabled infant and replace her with a nondisabled infant in circumstances where a disabled child’s life would otherwise prevent parents from conceiving a nondisabled child (Singer 2011, p. 163). In contrast, I propose that we can set aside questions of well-being while answering the aforementioned questions about disability rights because, like other questions of rights, disability rights do not depend on whether having a disability is good or bad for a person. Moreover, I also propose that questions about disability rights do not even depend on whether a person’s physical conditions qualify as a disability because, more generally, the scope of a person’s rights do not depend on physical features of her body. My argument for this claim relies on a broadly Kantian framework. For this reason, a quick detour into Kantian ethics may be helpful in explaining my claim that we should not consider questions of well-being when settling questions about disability rights. Kant was interested in questions about how to treat people, such as the questions listed above.4 Kant’s goal was to discover principles of action that applied in all circumstances, simply by reflecting on the nature of action. So, for example, you might reflect on the fact that deciding to eat an apple gives you a reason to eat the apple, and infer from that that your ability to decide to act is a source of reasons. Those reasons have authority, Kant argued, because you confer value on your choices by making them. And **from that you should infer that you are a source of value**, and that your value issues from your ability to make choices. Based on an argument like this, Kant concluded that people should act in ways that treat humanity, or human autonomy, as a source of value in itself and not merely as a means to one’s own ends.He called this the Formula of Humanity.5 People disagree about whether Kant’s argument for the Formula of Humanity or some version of it can successfully explain the whole of the moral landscape. And people also disagree about which substantive choices this formal constraint requires. Christine Korsgaard offers one interpretation of the Formula of Humanity that shows how we can deduce substantive moral principles by reflecting on what it is to act (Korsgaard 1996, p. 107). She argues that we should think of moral reasons as the objective reasons we have whatever our inclinations or desires (in contrast to the subjective reasons we have only in virtue of our desires) (Korsgaard 1996, p. 121). She then argues that people have objective reasons to respect other people’s choices because the only thing that each person has reason to value is the capacity to value, which is same capacity as the capacity to choose. Crucially, **well-being is not unconditionally valuable for people in this universal way because the choices that promote one person’s well-being will not promote another’s**. In contrast, each person does have an unconditional reason to respect other people’s choices because once you recognize the value of your own ability to choose, “you must view anyone who has the power of rational choice as having, in virtue of that power, a value conferring status” (Korsgaard 1996, p. 123). In practice then, Kant’s argument requires that each person refrain from interfering with other people’s choices, but people are not required to attend to conditionally valuable features of others, such as features of their well-being. David Velleman and Stephen Darwall develop Kant’s argument in different ways but with similar conclusions for our purposes. Velleman argues that **people have a kind of value, in virtue of their autonomy, that cannot be traded off for the sake of greater well-being**, and that the value of a person does not depend on her properties, such as the color of her hair (Velleman 1999a, b). Morality, Velleman argues, is largely indifferent to whether a person’s desires are satisfied or whether she is happy. Instead, morality requires protection of and respect for autonomy. Darwall is skeptical that Kant’s project of deriving moral principles simply by reflecting on the nature of action can succeed (Darwall 2009). Instead, he proposes that we can derive moral principles by reflecting on the nature of moral address within a moral community. On his view, people within a moral community must hold one another to the same standards. And while Darwall doesn’t say much about the substantive content of those standards, he does clarify that members of the moral community are required to respect each person’s equal standing to act as an independent agent within the moral community. About this duty to respect Darwall writes, What we attend to [by respecting someone] is not (at least not primarily) what is for someone’s welfare or good, but, among other things, what she herself values and holds good from her point of view as an equal independent agent. (Darwall 2009) For this reason, Darwall argues that it is disrespectful to paternalistically interfere with someone in order to promote her well-being. This is just a sketch of an argument in favor of a moral theory that does not accord welfarist considerations much weight when answering practical questions about how to treat people. But I think something like this sketch is the right way to think about rights in general, and disability rights in particular. However, I am not committed to the particulars of Kant’s or Korsgaard’s specific derivations of rights. For example, one might reject the claim that moral reasons are the objective reasons that all people must recognize regardless of their desires. But even if one holds that moral reasons are ultimately subjective, it is not clear that people have rights in virtue of welfarist considerations. Michael Smith argues that a person has moral reason to do what she would desire that she do were she fully informed and rational (Smith 2011, p. 357). And Smith concludes that such a being would desire that no one interfere with the exercise of her rational capacities and that she does what she can to ensure that she has rational capacities to exercise in the future, but she would not necessarily desire the promotion of her well-being (Smith 2011). Others arrive at similar conclusions via a different route.6 The conclusion of all these arguments is that considerations of well-being do not bear on questions about people’s rights and duties. Utilitarianism, the view that we ought to promote the well-being of the greatest number of people, is the clearest philosophical rival to the Kantian approach. Against utilitarianism, Kantians reply that this kind of reasoning permits people to be used as means for the promotion of overall well-being. In principle, utilitarianism permits killing the one to save the many. Kantian ethics prohibits this kind of conduct. Each person has moral status in virtue of her autonomy that places everyone else under a duty to respect her choices as long as she is complying with her own duty to respect the choices of others. In this way, the Kantian approach protects individuals from being treated as means for the promotion of others’ (or their own) well-being. Turning to disability rights, Kantians would therefore emphasize that it is a mistake to focus on whether it is good or bad for a person’s well-being to be disabled. So Kantians would echo the familiar critiques of utilitarian approaches that are advanced within the disability rights community, such as objections to the use of Quality Adjusted Life Years in decisions about resource allocation and objections to policies that permit euthanasia for disabled infants but not for nondisabled infants. In contrast, Kantians answer questions about disability rights with reference to the claims that disabled and nondisabled people have with reference to the value that is intrinsic to all autonomous people.7

#### **Thus, the standard is respecting disability freedom. Impact calculus: A) freedom is a property of agency, not an additive consequence. Adding two circles together does not make anything more circular than what was before, just like two humans are not freer than one human. B) even if the net effect of the aff is more freedom, the means by which you have achieved that freedom is an inherently coercive action so you don’t address the appropriate response. I answer whether the state is even in the position to coerce in the first place.**

#### **Prefer additionally:**

#### **1] Regress --- agents can always ask “why should I do this” an infinite amount of times when deciding the ethicality of an action – only strict deontic rules solve by setting concrete maxims agents cannot violate – otherwise anything becomes permissible since agents can find one loophole in the infinite chain of questions.**

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#### **Now negate –**

#### **Strikes in essential services hurt the patient but not the employer which reduces the patient to a mere means to an end.**

**Loewy 2K**, Erich H. "Of healthcare professionals, ethics, and strikes." Cambridge Q. Healthcare Ethics 9 (2000): 513. (Erich H. Loewy M.D., F.A.C.P., was born in Vienna, Austria in 1927 and was able to escape first to England and then to the U.S. in late 1938. He was initially trained as a cardiologist. He taught at Case Western Reserve and practiced in Cleveland, Ohio. After 14 years he devoted himself fully to Bioethics and taught at the University of Illinois for 12 years. In 1996 he was selected as the first endowed Alumni Association Chair of Bioethics at the University of California Davis School of Medicine and has taught there since.) JG

“Essential” Work and Strikes Healthcare professionals, garbage collectors, and other “essential” workers have a responsibility that is considered to be different from, say, the responsibilities of workers in a supermarket chain. There are almost certainly other supermarkets, but there is generally only one municipal garbage collection service**, one police force, and one fire department; and in general, only one healthcare system available to us. In the medical setting, furthermore, workers are much more apt to deal with identified lives**: they know their patients and often have known them for some time. Striking against their employer (even if it is done in part to benefit the patient) is **denying meaningful and oftenessential services to some of these identified lives**. We tend to relate differently with those lives we know and therefore call “identified” from those whom we consider “unidentified” or statistical lives, in part, because we have obligations as a result of relationships; in part because we fail to recognize that these so-called unidentified lives are not in fact unidentified but are merely not identified by us.4 When strikes are called by healthcare professionals, both types of lives are apt to be injured or, at least, severely inconvenienced. Except in the pocketbook, strikes in the healthcare setting generally do not directly hurt the employer. The employer **is hurt through the** **patient**. The patient thus becomes a **means toward the employees’ ends**, a football being kicked between two contending parties—**even if one of the employees’ goals is to serve the good of patients in general.** Theoretically, patients will then bring pressure on the employer (be it the government or a managed care organization), thus, quite frankly, using the patient as a means toward the ends of the health professionals.5 The dilemma, of course, is that without significantly inconveniencing or even endangering patients, no pressure is likely to be brought and, therefore, no amelioration of working conditions is effected. To be effective, a strike of healthcare professionals has to “hurt” patients and often patients known to the healthcare professionals.

## **4**

**CP: A just government ought to recognize the right of workers to strike except in the instance medical workers during a public health emergency. Its conditional**

**Mfutso-Bengu**, Joseph, **and** Adamson S **Muula**. “Is it ethical for health workers to strike? Issues from the 2001 QECH general hospital strike.” Malawi medical journal : the journal of Medical Association of Malawi vol. 14,2 (**2002**): 29-31. doi:10.4314/mmj.v14i2.10766 //SR

Summary Between 5th and 19th October 2001, a general strike in which virtually all workers at the Queen Elizabeth Central Hospital (QECH) were involved was effected. Hospital workers' grievances included low remuneration and poor work environment. The strike resulted in the virtual closure of the QECH, as the 1500-bed hospital was maintained less than a hundred in-patients. The outpatient department was closed. Patients that were still in hospital were being cared for by volunteer workers who included; the Red Cross, medical and nursing students and their lecturers. The two-week strike at QECH has left an almost indelible mark in as far as tertiary level health care delivery in Malawi is concerned. We report on the conduct of the hospital workers strike and discuss ethical issues in the light of the socio-political context of Malawi. While many people suggest that damage has definitely been done and felt, the ethical issues involved remain contentious as ever. Introduction Malawi has four public tertiary care hospitals of which the largest is the Queen Elizabeth Central Hospital (QECH) in Blantyre. The other referral hospitals are Zomba, Lilongwe, and Mzuzu. The QECH, a 1,500-bedded hospital is the teaching hospital for the University of Malawi College of Medicine, Malawi's only medical school and also hosts the Blantyre campus for the Kamuzu College of Nursing (KCN). The hospital operates at about 120 per cent capacity and functions as the ‘district hospital’ for Blantyre. There are between 10 and 20 deliveries conducted each day, at least 20 admissions are made each day to the medical and surgical wards and over 40 paediatric admissions. The bulk of clinical work is provided by clinical officers 1. The hospital is also served by about 15 intern doctors, 8 medical registrars and about 25 specialist doctors. From 5th and 19th October 2001, the hospital experienced a general strike in which virtually all cadres of workers were involved 2–7. We report the conduct of the strike, its implications and ethical issues pertaining to the general strike in as far as health workers are concerned. Political History Malawi attained political independence from Britain in 1964 having been under British rule since 1881. For the next 3 decades after independence, the country had one-party dictatorial rule. Political dissent and industrial action such as strikes were firmly discouraged. For the most part of the 30 years immediately post-independent, Malawi had a State President for Life and any attempt to stage a strike or public demonstration was construed as intention to bring down the government and therefore, tantamount to treason. The maximum penalty for treason in Malawi is death. Significant political change was experienced between 1992 and 1993 when general civil disobedience in form of street demonstrations, riots and strikes were used as tools to put pressure on the government to effect political change. In June 1993, a National Referendum was carried out in which Malawians were to choose whether to continue with the status quo i.e. one-party dictatorial rule or to change to plural politics. The main result of the National Referendum was that Malawians chose to change their political system to political pluralism. With the coming of political pluralism was the rebirth of democracy and recognition and respect of individual and group rights. For once in many years, Malawians had the right to form associations, political or otherwise. The right of collective bargaining and provision to wage industrial strikes was effected in Malawi's statutes. Between 1994 and 2001, Malawi has witnessed more strikes as compared to those witnessed between 1964 and 1994. The QECH Strike Between October 5th and 19th 2001, a general hospital strike was in session at QECH, Blantyre. Virtually all hospital workers i.e. clinical and nursing; administrative, catering and laundry, security and others refused to work. As has been observed elsewhere8, four main issues ignited the strike and these were dissatisfaction with the amount of; house allowances, monthly wages and risk and professional allowance. The disfranchised hospital workers had argued that they deserved better remuneration as their services were essential. Comparison was made to the Judicial Services where employees have better remuneration packages, as compared to health workers. The government (employer) on its part argued that it was not possible to meet the demands raised by the workers as doing so would have upset the 2001/02 national budget that had already been approved by the National Assembly in August 2001. During the course of the strike the 1,500-bedded QECH only managed to serve 196 patients mostly in the Burns Unit, Orthopaedics Department, Malaria Research Project ward, and paediatric oncology ward. Other patients were left to find their own care and many had been either encouraged to leave or discouraged from staying earlier. Over 500 patients from QECH were admitted at Mlambe Mission Hospital, which is under the Christian Health Association (CHAM) some 12 kilometres from QECH. Mlambe has capacity only for 250 in-patients and had only three doctors. While the professional health workers were on strike, 104 volunteers, 68 of whom were from the Red Cross, 36 others being nursing and medical students and their lecturers from the University of Malawi provided clinical, nursing and support services at the QECH. The ethics of the strike The big ethical question is; is it ethical for medical doctors to strike just like everyone else as was the case at QECH, which implied withdrawing treatment and healthcare to the patients entrusted to them? One would argue that such action undermined the right of patients to healthcare and the profession's duty to protect life and health. If we indeed agree that it is ethical for doctors to strike, then we ought to ask ourselves how should the strike be conducted? If we are against medical strike, then which other viable options do health workers with grievances against the employer have other than strike. According to World Medical Association declaration of Helsinki, it is the duty of the physician (health worker) to promote and safeguard the health of the people. The health of the patient will be the first consideration of the physician (health worker)9. The main aim of medical practice is to save life, preserve, promote and manage health. It is generally understood that health workers should always desist from harming their patients10 and their actions should always be in the best interest of the patient 11. On the other hand health workers that are employed on agreed remuneration packages have the right to be paid and they have the right to express dissatisfaction and protect themselves from unfair treatment and exploitation 12. However their own rights are limited by their responsibility to save life and promote health as laid down by the medical profession's code of conduct. It is suggested that there is a need to do a thorough risk benefit assessment, before health personnel decide to embark on strike. Is the strike in the best interest of health care delivery system? Patients ought to be notified and be given prior warning about the strike, so as to minimize harm. The Constitution of the Republic of Malawi recognizes that workers should be fairly remunerated and the provision for strike is enshrined13. Just because a thing is legal is not necessarily that it is ethical in all circumstances. When two rights are in competition or conflict, as was in this case, the right to be adequately remunerated and right for the healthcare the impasse could be solved by resorting to what we call re-evaluation of moral values. Not all-moral values have the same weight and scope; there is hierarchy of ethical norms and principle. Although moral values are hierarchical in nature, they are intermingled. For example, the right to life does not have the same weight as the right to privacy. Therefore the right to health care (and implicitly life) on the part of the patient may be considered overriding the right to better remuneration of health care workers. This is not a universal perception among health workers and it is a matter of controversy in many circumstances. In the context of a strike, one should ensure not undertake anything that could result in causing harm directly or indirectly to the patient. Any struggle undertaken by medical personnel that violates patient right to health is unethical. The struggle should be centered at improving overall working conditions and environment in the hospital. The problem with this understanding is that it is almost impossible to stage a strike which is not painful and does not hurt the patient as such would in essence defeat the whole effect of the strike. One could rightly argue that, the only ones who could better defend the plight of the patient are the health workers. If they forsake their patient who can then defend them? Therefore if the health workers want to improve their working conditions let them also fight for the living and care conditions of their patients. For the working condition of a health worker is the living condition of the patient, both are two sides of one coin. A health worker and a patient are not the same and yet they cannot be separated; one cannot be, without the other. Therefore government cannot improve the living conditions of patients without improving the working conditions of the health personnel. The duty and responsibility to protect life is among the first in hierarchy of values. Hence in a strike an attempt should be made to leave a skeleton staff. Some might say this could undermine the effectiveness of the strike. Others might argue that the absence of a skeleton staff could undermine the integrity of the health workers involved in the strike. It might also be argued that to put in place a skeleton staff could do more harm to the patients than good, because the small and less motivated staff could exhibit negligent behaviour being induced by over work, fatigue and stress but also carelessness. If the government and regulatory services say that it is unethical for medical personnel to strike, because medical service are in category of special services 14–16, where and how can the health personnel express their grievances when they discover that their professional services and good will are being abused in the name of professional ethics? If their work is crucial in our society, why do society not give them what is due to them?

**The counterplan is key to pandemic containment**

**Damery et. al.**, H Draper, S Wilson, S Greenfield, J Ives, J Parry, J Petts and T Sorell. Healthcare workers' perceptions of the duty to work during an influenza pandemic. Source: Journal of Medical Ethics, Vol. 36, No. 1 (January **2010**), pp. 12-18 Published by: BMJ Stable URL: [http://www.jstor.org/stable/20696709 //SR](http://www.jstor.org/stable/20696709%20//SR) \*HCW = health care worker\*

The duty to work is presently under scrutiny because of the current swine flu pandemic. Pandemic influenza is, according to the National Risk Register, the potential emergency that is likely to have the greatest impact in the UK,6 and the serious nature of the threat is widely recognised internationally.710 Health services in the UK are already strained, and the situation is set to worsen as winter?the traditional influenza season? approaches. HCWs are at the forefront of both pandemic response and exposure to infection. An effective public health response that ensures that appropriate standards of conventional and critical patient care can be maintained depends on the majority of uninfected HCWs continuing to attend work, despite the risks they might face in doing so. We recently published research suggesting that absenteeism during an influenza pandemic may be significant, depending on the severity of the pandemic and the combination of adverse circum stances that arise as a result.11 In common with others, we have found that there are barriers to both the willingness and the ability to work.11-15 Pandemic preparedness plans typically focus on reducing barriers to ability (such as employers providing HCWs with transport to and from work if they are redeployed to an alternative site, or allowing greater flexibility of working hours).16 These plans assume that ability and willingness are discrete and complementary, such that addressing barriers to ability to work will have a corresponding positive influence on will ingness to do so. However, willingness may not necessarily be increased by the implementation of practical or pragmatic solutions but may be instead more deeply rooted in a number of factors, such as the extent to which HCWs feel included in preparedness planning, or various sociodemo graphic and family issues. These are likely to influence HCWs; willingness to work during a pandemic or other emergency.15 1718 The main findings of a large-scale survey of professional and non-professional HCWs in the West Midlands, which aimed to investigate the factors associated with willingness to work during an influenza pandemic, have been published elsewhere.11

**Disease causes extinction - defense is wrong**

Piers **Millett 17**, Consultant for the World Health Organization, PhD in International Relations and Affairs, University of Bradford, Andrew Snyder-Beattie, “Existential Risk and Cost-Effective Biosecurity”, Health Security, Vol 15(4), <http://online.liebertpub.com/doi/pdfplus/10.1089/hs.2017.0028>

Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3 while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world’s population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity’s favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6 While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and theWestern Abenaki (which suffered a staggering 98% loss of population). In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-2

#### **Extinction comes first under any framing – future value, magnitude, risk parity**

**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 AT, recut BWSEK

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 that 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 tendency only. There is a 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.

## **5**

**\*T On Framework ,Util justifies curing disability to increase the disabled’s “welfare”.**

**Stein 01 [(Yale University Press, 2006) Stein, Mark S. “Utilitarianism and the Disabled: Distribution of Life.” Social Theory and Practice, vol. 27, no. 4, 2001, pp. 561–578. JSTOR,** [**www.jstor.org/stable/23559190. Accessed 23 Nov. 2020**](http://www.jstor.org/stable/23559190.%20Accessed%2023%20Nov.%202020)**.] //Lex AKo**

**If the disabled have on average less welfare than nondisabled people, it seems to follow that the disabled benefit less from continued life than do nondisabled people. Utilitarianism would therefore place a lower value on disabled life than on nondisabled life, and if a choice had to be made between saving the lives of disabled people and saving the lives of nondisabled people, utilitarianism would counsel us to give less preference to the disabled. So, for example, disabled people would receive less preference, in the distribution of life-saving organ transplants, than nondisabled people. Moreover, the utilitarian preference against disabled people in the distribution of life would appear to be exactly proportional to the utilitarian preference in favor of disabled people in the distribution of resources. However morally urgent it might be to cure a given disabled person, increasing her welfare, it would seem that the same moral ur gency must attach to a decision to preserve the life of a nondisabled person in preference to that disabled person, assuming that only one of them 13Mark Stein, "Utilitarianism and the Disabled: Distribution of Resources," Bioethics 16 (2002), forthcoming. 14See ibid.**

**Reps must come first as going. 1) Voter for accessible as if someone justify something ableist disabled debater would be less likely to join because as you said something violate 2) Punishment for being ableist to not encourage this behavior**

## **Disad**

#### **Strikes do more harm than good – they stifle productivity, risk market disruption, and harm ununionized people**

### Richard A. **Epstein 20**, legal scholar known for writings on law, economics, and classical liberalism, Laurence A. Tisch Professor of Law at New York University, James Parker Hall Distinguished Service Professor of Law at the University of Chicago 1/27/20, “The Decline Of Unions Is Good News”, https://www.hoover.org/research/decline-unions-good-news

### All of these pro-union critiques miss the basic point that the decline of union power is good news, not bad. That conclusion is driven not by some insidious effort to stifle the welfare of workers, but by the simple and profound point that the **greatest protection for workers lies in a competitive economy that opens up more doors than it closes**. The only way to achieve that result is by slashing the various restrictions that prevent job formation, as Justin Haskins of the Heartland Institute notes in a recent article at The Hill. The central economic insight is that jobs get created only when there is the prospect of gains from trade. Those gains in turn are maximized by cutting the multitude of regulations and taxes that do nothing more than shrink overall wealth by directing social resources to less productive ends. President Trump is no master of transaction-cost economics, and he has erred in using tariffs as an impediment to foreign trade. But give the devil his due, for on the domestic front he has repealed more regulations than he has imposed and lowered overall tax rates, especially at the corporate level. During the 2016 election, President Obama chided Trump by saying: “He just says, ‘Well, I’m going to negotiate a better deal.’ Well, what, how exactly are you going to negotiate that? What magic wand do you have? And usually the answer is, he doesn’t have an answer.” This snarky remark reveals Obama’s own economic blindness. The gains in question don’t come from any “negotiations.” And they don’t require any “magic wand.” They come from unilateral government decisions that allow for private parties on both sides of a transaction to negotiate better deals for themselves. True to standard classical liberal principles, the market has responded to lower transaction costs with improvements that Obama, as President, could only have dreamed of creating. Overall job growth was 5.53 million jobs between 2007 and 2017. But new job creation has exceeded 7 million in the first three years of the Trump administration. In addition, the sharp decline in manufacturing jobs that started in the late Clinton years and which continued throughout the Obama years has also been reversed. Over 480,000 manufacturing jobs have been added to the economy since Trump took office, compared to the 300,000 manufacturing jobs lost in the eight years under Obama. Happily, the distribution of these jobs has been widespread, causing drops in Hispanic and African unemployment levels to 3.9 percent and 5.5. percent respectively, both new lows. Basic neoclassical theory predicts that regulatory burdens hit lowest paid workers the hardest. Hence, the removal of those burdens gives added pop to their opportunities and to the economy at large. Trump’s domestic labor performance is even better than these numbers suggest. Too many state-level initiatives hurt employment, like raising the minimum wage or imposing foolish legislation such as California’s Assembly Bill 5, which takes aim at the gig economy. The surest way to improve the situation is to repeal these regulations en masse. But progressive prescriptions to strengthen unions cut in exactly the wrong direction. Unions are **monopoly institutions that raise wages through collective bargaining, not productivity improvements**. The ensuing higher labor costs, **higher costs of negotiating collective bargaining agreements, and higher labor market uncertainty all undercut the gains to union workers just as they magnify losses to nonunion employers, as well as to the shareholders, suppliers, and customers of these unionized firms**. They also **increase the risk of market disruption from strikes, lockouts, or firm bankruptcies whenever** unions or **employers overplay their hands in negotiation**. These net **losses in capital values reduce the pension fund values** of unionized and nonunionized workers alike. Employers are right to oppose unionization by any means within the law, because any gains for union workers come at the expense of everyone else. Of course, the best way for employers to proceed would be to seek efficiency gains by encouraging employee input into workplace operations—firms are quite willing to pay for good suggestions that lower cost or raise output. But such direct communications between workers and management are blocked by Section 8(a)(2) the National Labor Relations Act (NLRA), which mandates strict separation between workers and firms. This lowers overall productivity and often prevents entry-level employees from rising through the ranks. So what then could justify this inefficient provision? One common argument is that unions help reduce the level of income inequality by offering union members a high living wage, as seen in the golden age of the 1950s. But that argument misfires on several fronts. Those high union wages could not survive in the face of foreign competition or new nonunionized firms. The only way a union can provide gains for its members is to extract some fraction of the profits that firms enjoy when they hold monopoly positions. When tariff barriers are lowered and domestic markets are deregulated, as with the airlines and telecommunications industries, the size of union gains go down. Thus the sharp decline in union membership from 35 percent in both 1945 and 1954 to about 15 percent in 1985 led to no substantial increase in the fraction of wealth earned by the top 10 percent of the economy during that period. However, the income share of the top ten percent rose to about 40 percent over the next 15 years as union membership fell to below 10 percent by 2000. But don’t be fooled—that 5 percent change in union membership cannot drive widespread inequality for the entire population, which is also affected by a rise in the knowledge economy as well as a general aging of the population. The far more powerful distributive effects are likely to be those from nonunion workers whose job prospects within a given firm have been compromised by higher wages to union workers. It is even less clear that the proposals of progressives like Sanders, Warren, and Buttigieg to revamp the labor rules would reverse the decline of unions. Not only is the American labor market more competitive, but the work place is no longer dominated by large industrial assembly lines where workers remain in their same position for years. Today, workforces are far more heterogeneous and labor turnover is far higher. It is therefore much more difficult for a union to organize a common front among workers with divergent interests. Employers, too, have become much more adept at resisting unionization in ways that no set of labor laws can capture. It is no accident that plants are built in states like Tennessee and Mississippi, and that facilities are designed in ways to make it more difficult to picket or shut down. None of these defensive maneuvers would be necessary if, as I have long advocated, firms could post notices announcing that they will not hire union members, as they could do before the passage of the NLRA. Such changes to further weaken unions won’t happen all at once. But turning the clock back to increase union power is not the answer. **It will only cripple the very workers whom those actions are intended to help**.

## 

# **1AC - acessiabile formatting**

## 

## **1**

**The role of the ballot is to vote for the debater who best challenges ableism through the resolution**

**Prefer –**

**The ROB is to vote for the debater who best challenges ableism**

**Prefer –**

**[1] Assumptions of ableism are inherent in systems of knowledge production thus ableism is an a priori question \*A Campbell 13\*C**

**Ableism is** **seeded at the level of knowledge systems** **Ableism is not just** **negative attitudes**   **it is a schema of perfection**, **a** **way of thinking about bodies**, **Compulsory ablebodiedness is implicated in the** **foundations of social theory**, **abledness is predicated on** **preexisting notion about the nature of typical** **functioning** **Ableism** **tells us what** **thinking and** **emotions**  **are suitable to express**. **Reframing our focus** **can enrich our understanding of the terms of engagement in** **life**

**Presumption and Permissibility Negate. Aff has an obligation to prove that the world is good for disabled individuals. The disadvantage is disabled exhaustion where we are constantly told the aff is good for disabled individuals be in reality it doesn’t do anything.**

**Now Negate**

1. **Disability require negation as laws used to prop up ableism rendering disabled people invisible**

**Campbell 03**

**Law facilitate regulating populations into fixed and discrete ontological categories in order that the subjects assigned to those categories can be rendered visible and calculable The fixity of disability within law establishes the legal fiction of ‘disability’ in the first place. Alternative renderings of disability, if they are not able to ‘fit’ such prescribed ‘fictions,’ are barred from entry into legal and other discourses.**

## 

## **2**

**CP: Endorse the aff except for using the government as an agent solves all your offense while not ignoring the Campbell offense.**

## **3**

#### **Value stems from the authority to place value on certain choices which intrinsically gives the value-giver value, implying a meta-ethic of intrinsic value.**

#### **Meta-ethics outweigh: A] they determine the validity of the standard debate itself instead of just leading to a standard, B] Its axiomatically prior to resolve before the standard. Util’s technocratic adherence to cost-benefit analysis inevitably prioritizes ability over disability and inevitably euthanizes the disabled infant.**

**Flanigan PhD 18**

we should think of disabilities as mere differences and **refrain** from evaluating questions with consequentialist considerations. Consequence-minded philosophers are hesitant, about **whether it is permissible to create a disabled person**, on the grounds they predict that a disabled life will be worse in expectation than a nondisabled life consequentialist philosophers have even submitted that it can be permissible to euthanize a disabled infant and replace her with a nondisabled infant we can set aside well-being because, disability rights do not depend on whether having a disability is good or bad. My argument relies on a Kantian framework.you confer value on your choices by making them. And **from that you should infer that you are a source of value**, people should act in ways that treat humanity, or human autonomy, as a source of value in itself and not merely as a means to one’s own ends.**well-being is not unconditionally valuable because the choices that promote one’s well-being will not promote another’s**. **people have value,that cannot be traded off for the sake of greater well-being**, util permits killing one to save many. Each person has moral status in virtue of her autonomy

#### **Thus, the standard is respecting disability freedom. Impact calculus: A) freedom is a property of agency, not an additive consequence. Adding two circles together does not make anything more circular than what was before, just like two humans are not freer than one human. B) even if the net effect of the aff is more freedom, the means by which you have achieved that freedom is an inherently coercive action so you don’t address the appropriate response. I answer whether the state is even in the position to coerce in the first place.**

#### **Prefer additionally:**

#### **1] Regress --- agents can always ask “why should I do this” an infinite amount of times when deciding the ethicality of an action – only strict deontic rules solve by setting concrete maxims agents cannot violate – otherwise anything becomes permissible since agents can find one loophole in the infinite chain of questions.**

#### 

#### **Now negate –**

#### **Strikes in essential services hurt the patient but not the employer which reduces the patient to a mere means to an end.**

**Loewy 2K**

Essential professionals, have responsibility considered different from, workers in a supermarket chain. only one **police force, fire department; and healthcare system In the medical setting, workers are more apt to deal with identified lives**: Striking against their employer is **denying meaningful and essential services to lives**. strikes do not directly hurt the employer. The employer **is hurt through the** **patient**. patient becomes a **means toward the employees’ ends**,

## **4**

**CP: A just government ought to recognize the right of workers to strike except in the instance medical workers during a public health emergency. Its conditional**

**Mfutso-Bengu**, **and** **Muula**. **02**):

2001, at QEC Hospital ( strike resulted in virtual closure rs. The strike left an indelible mark tertiary level health care t damage has been done it is impossible to stage a strike which does not hurt the patient If they forsake their patient who can then defend them?

**The counterplan is key to pandemic containment**

**Damery et. al.**, **2010**

The duty to work is under scrutiny because of the swine pandemic. the potential emergency recognised internationally. Health services are already strained, the situation is set to worsen HCWs are at the forefront of pandemic response effective public health ensures patient care depends on HCWs continuing to attend work, absenteeism may be sever

**Disease causes extinction - defense is wrong**

**Millett 17**,

pandemic result in extinction disease spread worldwide there are instances of species going extinct due to disease also human populations when multiple diseases were introduced diseases exhibit 100% fatality to every community advances in biotech creat diseases that combine enhanced transmissibility, lethality, and survival,

#### **Extinction comes first under any framing – future value, magnitude, risk parity**

**Pummer 15**

**deontologists, virtue ethicists** – **all agree we should save the world**. **there are trillions upon trillions future people Non-consequentialism is not the view that the latter don’t matter.plausible versions must be concerned in part with promoting good,, even if we are only 1% sure that well-being matters, from the standpoint of uncertainty, reducing existential risk is the most important thing**

## **5**

**\*T On Framework ,Util justifies curing disability to increase the disabled’s “welfare”.**

**Stein 01**

**If disabled have less welfare the disabled benefit less from life Utili would place lower value on disabled life proportional to the distribution of resources. to cure a disabled person, increasing welfare,**

**Reps must come first as going. 1) Voter for accessible as if someone justify something ableist disabled debater would be less likely to join because as you said something violate 2) Punishment for being ableist to not encourage this behavior**

## **Case**

## **FW**

1. Util causes infinite regress because it can’t explain why we reason in the first place
2. Governments use reason to determine policy
3. We can’t predict the future which means we can’t predict the consequences of an action since things can happen during our actions that cause a completely different consequence.

## **Disad**

#### **Strikes do more harm than good – they stifle productivity, risk market disruption, and harm ununionized people**

### **Epstein 20**,

### **greatest protection for workers lies in a competitive economy that opens up more doors than it closes**. **monopoly institutions that raise wages through collective bargaining, not productivity improvements**. **higher costs of negotiating collective bargaining agreements, and higher labor market uncertainty all undercut the gains to union workers just as they magnify losses to nonunion employers, as well as to the shareholders, suppliers, and customers of these unionized firms**. **increase the risk of market disruption from strikes, lockouts, or firm bankruptcies whenever** **employers overplay their hands in negotiation**. **losses in capital values reduce the pension fund values** **will only cripple the very workers whom those actions are intended to help**.

### 

* **There is no card in the aff that talks about how people will strike if the right gets past**