

**I affirm.**

objective: not influenced by personal feelings or opinions in considering and representing facts (oxford languages)

advocate: a person who publicly supports or recommends a particular cause or policy. (oxford language)

**Single standard: maximizing utilitarianism, 2 reasons to prefer**

## 1. Util promotes life?

**Cummiskey 90**

(Dr. David Cummiskey, Bates College. "Kantian Consequentialism." *Ethics*, Vol. 100, No. 3 (Apr., 1990), pp. 586-615 Published by: The University of Chicago Press. Stable URL: <https://www.jstor.org/stable/2381810>)

We must not obscure the issue by characterizing this type of case as the sacrifice of individuals for some abstract "social entity." It is not a question of some persons having to bear the cost for some elusive "overall social good." Instead, the question is whether some persons must bear the inescapable cost for the sake of other persons. Robert Nozick, for example, argues that "to use a person in this way does not sufficiently respect and take account of the fact that he is a separate person, that his is the only life he has." But why is this not equally true of all those whom we do not save through our failure to act? By emphasizing solely the one who must bear the cost if we act, we fail to sufficiently respect and take account of the **many other persons** each with only one life, who will **bear the cost of our inaction.** In such a situation, what would a conscientious Kantian agent, an agent motivated by the unconditional value of rational beings, choose? A morally good agent recognizes that the basis of all particular duties is the principle that "rational nature exists as an end in itself". Rational nature as such is the supreme objective end of all conduct. **If one truly believes that all rational beings have an equal value, then the rational solution to such a dilemma involves maximally promoting the lives and liberties of as many rational beings as possible.** In order to avoid this conclusion, the non-consequentialist Kantian needs to justify agent-centered constraints. As we saw in chapter 1, however, even most Kantian deontologists recognize that agent-centered constraints require a non-value-based rationale. But we have seen that Kant's normative theory is based on an unconditionally valuable end. How can a concern for the value of rational beings lead to a refusal to sacrifice rational beings even when this would prevent other more extensive losses of rational beings? If the moral law is based on the value of rational beings and their ends, then what is the rationale for prohibiting a moral agent from maximally promoting these two here of value? If I sacrifice some for the sake of others, I do not use them arbitrarily, and I do not deny the unconditional value of rational beings. Persons may have "dignity, that is, an unconditional and incommensurable worth" that transcends any market value, but persons also have a fundamental **equality that dictates that some must sometimes give way for the sake of others.** The concept of the end-in-itself does not support the view.

## 2. Util prevents death?

**Paterson, 03**

(Craig Paterson, Contemporary philosopher with a special interest in bioethics. Educated at Glasgow Caledonian University, Scotland; University of Edinburgh, Scotland; University of York, England; Saint Louis University, USA. He has previously held teaching appointments at Saint Louis University, USA and Providence College, USA. He is currently an independent scholar, 2003, "A Life Not Worth Living?" *Studies in Christian Ethics* 16:1 ACC 8/5/11)

Contrary to those accounts, I would argue that it is **death** per se that **is really the objective evil for us**, not because **it deprives us of a prospective future of overall good judged better than the alternative of non-being.** It cannot be so harmful to a former person who has ceased to exist, for no person actually suffers from the subsequent non-participation. Rather, **death in itself is an evil to us because it ontologically destroys the current existent subject** — it is the ultimate in metaphysical lightening strikes. **80 The evil of death is truly an ontological evil borne by the person who already exists, independently of calculations about better or worse possible lives.** Such an evil need not be consciously experienced in order to be an evil for the kind of being a human person is. **Death is an evil because of the change in kind it brings about a change that is destructive of the type of entity that we essentially are. Anything**, whether caused naturally or caused by human intervention (intentional or unintentional) **that drastically interferes in the process of maintaining the person in existence is an objective evil for the person.** What is crucially at stake here, and is dialectically supportive of the self-evidence of the basic good of human life, is that **death is a radical interference with the current life process of the kind of being that we are.** In consequence, **death itself can be credibly thought of as a primitive evil for all persons, regardless of the extent to which they are currently or prospectively capable of participating in a full array of the goods of life.** **81 In conclusion, concerning willed human actions, it is justifiable to state that any intentional rejection of human life itself cannot therefore be warranted since it is an expression of an ultimate disvalue for the subject, namely, the destruction of the present person.** **To deal with the sources of disvalue** (pain, suffering, etc.) **we should not seek to irrationally destroy the person, the very source and condition of all human possibility.**

## Contention 1: Objectivity prevents misinformation related to disease

Ecker, U.K.H., Lewandowsky, S., Cook, J. et al. The psychological drivers of misinformation belief and its resistance to correction. *Nat Rev Psychol* 1, 13–29 (2022). <https://doi.org/10.1038/s44159-021-00006-y>

**Cook 22**

For decades, science communication has relied on an information deficit model when responding to misinformation, focusing on people's misunderstanding of, or lack of access to, facts<sup>17</sup>. Thus, a thorough and accessible explanation of facts should overcome the impact of misinformation. However, the information deficit model ignores the cognitive, social and affective drivers of attitude formation and truth judgements<sup>18,19,20</sup>. For example, some individuals deny the existence of climate change or reject vaccinations despite being aware of a scientific consensus to the contrary<sup>21,22</sup>. This rejection of science is not the result of mere ignorance but is driven by factors such as conspiratorial mentality, fears, identity expression and motivated reasoning — reasoning driven more by personal or moral values than objective evidence<sup>23,24,25,26</sup>. Thus, to understand the psychology of misinformation and how it might be countered, it is essential to consider the cognitive architecture and social context of individual decision makers.

Analytical:

People advocate both for and against the COVID vaccine. The difference comes in the objectivity. If we prioritize objectivity, we prioritize facts. The facts will lead us to take this virus seriously and get vaccinated. Therefore, objectivity solves.

Misinformation is inherently untrue and therefore if we prioritize the truth we prevent misinformation.

**Ignoring science is more so about values than objectivity. In other words, advocacy over objectivity. To prevent this, we need to be objective.**

## Contention 2: Misinformation prevented early responses to COVID

Ecker, U.K.H., Lewandowsky, S., Cook, J. et al. The psychological drivers of misinformation belief and its resistance to correction. *Nat Rev Psychol* 1, 13–29 (2022). <https://doi.org/10.1038/s44159-021-00006-y>

**Cook 22**

Misinformation has been identified as a major contributor to various contentious contemporary events ranging from elections and referenda to the response to the COVID-19 pandemic. Not only can belief in misinformation lead to poor judgements and decision-making, it also exerts a lingering influence on people's reasoning after it has been corrected — an effect known as the continued influence effect. In this Review, we describe the cognitive, social and affective factors that lead people to form or endorse misinformed views, and the psychological barriers to knowledge revision after misinformation has been corrected, including theories of continued influence. We discuss the effectiveness of both pre-emptive ('prebunking') and reactive ('debunking') interventions to reduce the effects of misinformation, as well as implications for information consumers and practitioners in various areas including journalism, public health, policymaking and education.

## Social media only increases advocacy misinformation

**Lu 20 Lu,** Jainhu. "Themes and Evolution of Misinformation During the Early Phases of the COVID-19 Outbreak in China—An Application of the Crisis and Emergency Risk Communication Model." *Frontiers*, 14 August 2020, <https://www.frontiersin.org/articles/10.3389/fcomm.2020.00057/full>. Accessed 11 March 2022.

Social media has enabled misinformation to circulate with ease around the world during the novel coronavirus disease 2019 (COVID-19) pandemic. This study applies the Crisis and Emergency Risk and Communication model (CERC) to understand the themes and evolution of misinformation on the Internet during the early phases of the COVID-19 outbreak in China, when the epidemic developed rapidly with mysteries. Drawing on 470 misinformation rated as false by three leading Chinese fact-checking platforms between 1 January and 3 February 2020, the analysis demonstrated five major misinformation themes surrounding COVID-19: prevention and treatment, crisis situation updates, authority action and policy, disease information, and conspiracy. Further trend analyses found that misinformation emerged only after the nationwide recognition of the crisis, and appeared to evolve relating to crisis stages, government policies, and media reports. This study is the first to apply the CERC model to investigate the primary themes of misinformation and their evolution. It provides a standard typology for crisis-related misinformation and illuminates how misinformation of a particular topic emerges. This study has significant theoretical and practical implications for strategic misinformation management.

### **Misinformation from authority figures advocacy**

**Lewis 21** Lewis, Tanya. "How the U.S. Pandemic Response Went Wrong—and What Went Right—during a Year of COVID." *Scientific American*, 11 March 2021, <https://www.scientificamerican.com/article/how-the-u-s-pandemic-response-went-wrong-and-what-went-right-during-a-year-of-covid/>. Accessed 9 March 2022.

During the pandemic's crucial early days and weeks, then president Donald Trump and other authority figures actively minimized the virus's threat. Trump dismissed it as no worse than the flu and said the pandemic would be over by Easter.

"One thing that shouldn't have been done is people downplaying the infection," Perlman says. "That was a real big problem, because if you let the pandemic get out of control and don't take it seriously, it gets worse." The U.S. Centers for Disease Control and Prevention initially told the media that the threat to the American public was low. When a CDC spokesperson acknowledged in late February that disruptions to daily life could be "severe," the agency was quickly sidelined—and Trump himself became the government's main conduit for COVID updates through his daily briefings.

### **Lots of our deaths were preventable**

Isaac Sebenius and James K. Sebeniu. "A faster response could have prevented most US Covid-19 deaths." *STAT News*, 19 June 2020,

<https://www.statnews.com/2020/06/19/faster-response-prevented-most-us-covid-19-deaths/>. Accessed 11 March 2022. / **sebenius 20**

Had American leaders taken the decisive, early measures that several other nations took when they had exactly the same information the U.S. did, at exactly the same time in their experience of the novel coronavirus, how many of these Covid-19 deaths could have been prevented? That isn't a hypothetical question. And the answer that emerges from a direct comparison of the fatalities in and policies of the U.S. and other countries — South Korea, Australia, Germany, and Singapore — indicates that between 70% and 99% of the Americans who died from this pandemic might have been saved by measures demonstrated by others to have been feasible.

### **Contention 3: Misinformation prevents vaccination for COVID**

#### **a) Vaccine myths spread rapidly**

Most, Doug. "Myths vs. Facts: Making Sense of COVID-19 Vaccine Misinformation." *Boston University*, 2021, <https://www.bu.edu/articles/2021/myths-vs-facts-covid-19-vaccine/>. Accessed 11 March 2022.

Most 21

Among the many reasons COVID-19 vaccination rates in the United States peaked earlier than experts hoped—then, rather than crescendoing into the summer months, began trending downward—are myths that took hold among the unvaccinated and solidified as their reasons not to get the shots. The vaccine will make women sterile; the vaccines are too new; the shots have a microchip in them; the vaccine itself will give me COVID; I'm immune because I had COVID; breakthrough cases prove vaccines are useless. There are more. And none of them are true. But no matter how convincing and irrefutable the science and the data about the COVID-19 vaccines are, misinformation spreads so easily and quickly—largely through social media networks—that it has become a major barrier stopping the United States from reaching higher levels of vaccination (190 million people, or 57 percent of Americans, have received at least one shot) that would bring us closer to herd immunity.

#### **b) The misinformation in media is preventing vaccinations**

Christie, Lorna. "COVID-19 vaccine misinformation." *COVID-19 vaccine misinformation - POST*, 26 April 2021, <https://post.parliament.uk/covid-19-vaccine-misinformation/>. Accessed 11 March 2022. / Christie 21

Widespread misinformation about COVID-19 vaccines has included false claims about their safety, efficacy, ingredients, side effects and purpose.

The main source of vaccine misinformation is social media. Misinformation may be amplified by social media algorithms that prioritize content likely to receive a high amount of engagement. The number of followers of social media accounts promoting vaccine misinformation has increased since the start of the pandemic.

Research has found that there are several factors associated with increased susceptibility to COVID-19 misinformation, including vaccine misinformation. These include using social media as a key source of information and having a lower level of trust in scientists.

The main public health concern around COVID-19 vaccine misinformation is the risk of it leading to a reduction in vaccine uptake. While barriers to vaccine uptake are not well-understood, one recent UK study suggested that exposure to misinformation may play a role in reducing a person's intent to get vaccinated.

Strategies to tackle the spread of vaccine misinformation include moderation of content on social media platforms, ensuring the public have access to accurate and reliable information, and providing education and guidance to people on how to address vaccine misinformation.

Some of the initiatives to tackle vaccine misinformation and encourage vaccine uptake are aimed at specific minority ethnic groups, in which there is a historically lower level of vaccine uptake.

#### c) **We need accurate, objective, information about vaccinations**

De Witte, Melissa. "Curbing the spread of COVID-19 vaccine-related mis- and disinformation | Stanford News." *Stanford News*, 24 February 2022,

<https://news.stanford.edu/2022/02/24/curbing-spread-covid-19-vaccine-related-mis-disinformation/>. Accessed 11 March 2022. **witte 22**

Despite overwhelming scientific evidence showing that COVID-19 vaccines are a safe and effective means to prevent severe cases of a disease that has killed nearly one million people in the U.S., there has been a proliferation of false and misleading claims trying to undermine the public's confidence in their safety and uptake.

As the pandemic continues to be an ongoing health emergency with new variants rapidly spreading, it is increasingly urgent that accurate vaccine-related information be accessible and readily available to the public, said Stanford scholar and leading expert on mis- and disinformation, Renée DiResta.

#### d) **Misinformation is a threat to public health**

**Epstein 21**

Epstein. "Misinformation fueling vaccine hesitancy, PAHO Director says." *PAHO*, 21 April 2021, <https://www.paho.org/en/news/21-4-2021-misinformation-fueling-vaccine-hesitancy-paho-director-says>. Accessed 11 March 2022.

Washington, D.C. April 21, 2021 (PAHO)-- Misinformation is one of the most serious threats to public health, and it is most damaging when it fuels vaccine hesitancy, Pan American Health Organization Director Carissa F. Etienne said today.

## The objective truth- COVID vaccines save lives

**Simon 22** Simon, scott. "More than 900000 people in the U.S. have now died from COVID-19." *NPR*, 5 February 2022, <https://www.npr.org/2022/02/05/1078478609/more-than-900-000-people-in-the-u-s-have-now-died-from-covid-19>. Accessed 11 March 2022..

So it's pretty clear who is dying during omicron. It's mostly the unvaccinated. They are 14 times more likely to die than those who are fully vaccinated. And as we speak, Scott, about 2,400 Americans are dying every day from COVID, but that number doesn't even capture the full impact.

**Contention 4: COVID decimated US populations** **simon 22** Simon, scott. "More than 900000 people in the U.S. have now died from COVID-19." *NPR*, 5 February 2022, <https://www.npr.org/2022/02/05/1078478609/more-than-900-000-people-in-the-u-s-have-now-died-from-covid-19>. Accessed 11 March 2022..

The number of reported deaths from COVID in the U.S. has now passed a staggering 900,000. However, the number of new infections from the omicron surge is falling. NPR health reporter Will Stone joins us now. Will, thanks for being with us. The U.S. is right there at the top of the list for the most deaths recorded from COVID of any country in the world and right near the top when you look at deaths per capita. And many of those who've died have been older, more vulnerable. In fact, about a quarter of all deaths were just in nursing homes and long-term care facilities. And a huge number of COVID deaths have happened in only the past year, when life saving vaccines were available.

Well, yes, to both of those. But when you look at just deaths, you also need to consider what are called excess deaths. That's how many more people are dying each week than we would typically expect. So the majority of these excess deaths are from COVID, but it includes lots of people who've also died indirectly because of the pandemic. And these may be people who can't get emergency care or perhaps delay care because the health care system is overwhelmed or who are having mental health crises, which can lead to overdoses and suicides. Dr. Steven Woolf has studied these excess deaths. He's at Virginia Commonwealth University

**Contention 5: Countries without misinformation were able to easily contain the spread of COVID**

a) New zealand's actions made them contain COVID (Dyer, 21) Policy and institutional responses to COVID-19: New Zealand

<https://www.brookings.edu/research/policy-and-institutional-responses-to-covid-19-new-zealand/>

From a global perspective, **New Zealand** stands out regarding the efficacy of its approach to combatting the spread of COVID-19, having effectively eliminated the virus from its territory. Towards this end, the country **resorted to a lockdown of its borders and its domestic economy. Following a month during which the country shut down all nonessential businesses, restricted internal travel, and banned social gatherings, New Zealand was able to rapidly reopen its economy.** Following a second outbreak in August, New Zealand was able to control the outbreak through a targeted lockdown of Auckland. Having reopened the economy in June, the country did return to a heightened alert level in August, but it has since returned to a vigilant but full opening. **Throughout the pandemic, New Zealand has continued to build its capacity for testing and contact tracing. Coupled with tight quarantines for returning New Zealanders, this has helped the country control the virus and prevent further outbreaks.**

## Contention 6: Objective information is key to end the pandemic

Harmon 21

Harmon, Gerald. "Defeating misinformation is key in ending the pandemic." *American Medical Association*, 27 September 2021. <https://www.ama-assn.org/about/leadership/defeating-misinformation-key-ending-pandemic>. Accessed 11 March 2022.

Entities of public trust in society play an important role as credible sources for information at all times, but particularly during a public health crisis. Given their reach and influence, news organizations carry tremendous responsibility. They must help viewers and readers separate the facts from fiction, and proven treatments from potentially dangerous poisons. As **physicians**, and in an effort to ease the tremendous pressure on our nation's health system, the AMA **urges** the cooperation of **media outlets**—TV, print and online—to tell the truth about the safety and efficacy of these COVID-19 vaccines, the rigorous research and review process behind them, and to be voices for science and evidence for their audiences.