### T

#### Interpretation: A democracy is defined by the Economist Intelligence Index as ranking in the top twenty globally in the Democracy Index.

#### Screenshots below –

<https://www.eiu.com/n/campaigns/democracy-index-2021/> // Phoenix

Table

Description automatically generated

#### Violation: [THEY SPECIFIED AN A COUNTRY OR GROUP NOT IN THE TOP TWENTY]

#### Limits – The EIU is the most reputable and popular source of democratic measurement which means anything else allows them to find a random blogger that says their country is a democracy which explodes limits because it opens the rez up to any country in the world – creating a caselist of over 150 on a topic that’s just one tourney for most.

#### Ground – Specifying any country decks core negative ground and allows them to no link out of all of our offense – i.e if we read a Contracts NC about international journalism norms they could no link if their country didn’t agree to that norm.

#### Paradigm Issues

#### 1 – Drop the debater – their abusive advocacy skewed the debate from the start and we can’t come back

#### 2 - Comes before 1AR theory — A - If we had to be abusive it’s because it was impossible to engage their aff, B – Neg abuse outweighs aff abuse because we control the depth of the debate if we can’t engage depth is impossible

#### 3 - Use competing interps on T – A – T is a yes/no question, you can’t be half topical or mostly topical B - reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation

#### 4 - No RVIs – A - Forcing the 1NC to go all in on the shell kills substance education and neg strat, B - discourages checking real abuse C - Encourages baiting – outweighs because if the shell is frivolous, they can beat it quick

### CP

#### CP Text – Free Press should openly and deliberately articulate their advocacies on stories and on issues of relevancy to their writings.

#### CP promotes democracy while breaking the manipulate power of the so-called objective press

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Given that objectivity is, according to its ideological construction, in a state of binary opposition with subjectivity, it necessarily follows that if objectivity is abandoned, journalism would perform its functions by owning its subjectivity, its biases, and contextualising the information which it presented openly, according to its own clearly and explicitly defined perspectives, political and otherwise. The clarity and logical consistency of this context would condition the credibility of what is reported. And such a change of understanding is not unthinkable. As one of the authors of this book has discussed elsewhere,9 there was a (fairly long) period in the history of American journalism during which the news was openly biased, and, to oversimplify quite a bit, it still worked just fine. It can be argued, as we said at the beginning of this chapter, that this press earned a role for itself in the founding myth(s) of the American republic which conditions, to this day, the high claims made for its journalism. The arrow flies straight from Tom Paine’s time to John Carey now, hitting the bullseye and allowing Carey boldly to assert that ‘journalism is usefully understood as another name for democracy’.10 But for much of this arrow’s flight – how much is a matter of debate – objectivity was not just irrelevant, but unheard of. As another eminent US media scholar, Robert McChesney, observed: During the first two or three generations of the republic such notions for the press would have been nonsensical, even unthinkable. The point of journalism was to persuade as well as inform, and the press tended to be highly partisan.11 Gerald Baldasty, in discussing the ‘opinionated, politically biased, one-sided, argumentative and frequently strident’12 newspapers of the Jacksonian era, which were also publicly subsidised, privately patronised, and openly partisan, noted that in the early 1800s, it was in fact a failure to adopt and espouse clearly defined political positions that was taboo. This was not because of a lack of professionalism, or of a lack of respect for the importance of newspapers in the functioning of a democracy, but rather because journalism was viewed differently. Neutrality, thought Horace Greely, was a gag. In essence, as Baldasty notes, a newspaper’s failing to express a clear opinion would have been viewed as evidence, not of fairness, detachment, etc., but that either the editor did not have an opinion, or did not have the courage to express it. Neither was acceptable. Baldasty says, ‘Evenhandedness or objectivity was not so much bad as inappropriate.’13 While some might view the move from such an ideological position towards professionalism and objectivity as an example of progress, from the primitive to the sophisticated, and from worse to better, we, obviously, do not see it in this way. This admittedly now unfamiliar ideology seems to us far from incomprehensible or obviously inferior, given the nature and importance of lively public debate, informed not just by facts, but by popular understanding of the context(s) and meaning(s) of the news. Conscious that some may reply that much of the news is already openly politically-slanted, a note of clarification: though within the (admittedly fuzzy) borders of the mainstream press, there are of course news outlets of various kinds which might conventionally be considered as highly partisan (e.g. The Daily Mail, but also the likes of The Guardian), even their rhetoric is grounded, invariably, in presenting news/truth, with the only bias ever explicitly acknowledged being the national/common interest. The rhetoric of the spectacularly partisan Fox News network, which until relatively recently had the phrase ‘fair and balanced’ trademarked, exemplifies this point. Since admitting to your bias is no admission at all if you define it as a bias in favour of being right, this type of stance, still ultimately grounded in the ideology of objectivity, must not be confused with the honest, explicit partisanship from which we are suggesting the press should never have departed, and to which it should return. The word ‘objectivity’ comes into the language in 1803 but it is not immediately applied to the press. Nevertheless, according to Dan Schiller, selling what amounted to objectivity had, by the 1830s, become a shrewd commercial move for newspaper publishers.14 He grounds his case for its de facto adoption in the press of that era in terms of a response to the growing scepticism of the age of industrialisation and urbanisation – a new world of trains and electricity, of probabilistics and increasingly democratic modes of government. Objectivity at this point can in fact perhaps best be understood as a hustle, designed to obscure the exercise of power within the realm of news. Schiller describes how the con was pitched: With its universalistic intent, its concern for public rationality based on equal access to the facts, objectivity harbored a profoundly democratic promise. From the 1830s the informational system was not to be the exclusive preserve of a king, a baron, a president or a class but rather, as it seemed, of the political nation itself.15

#### Honest advocacy enhances knowledge whereas objective journalism masks and blocks critical challenging power structures

Greg McLaughlin Journalism, Objectivity and War Book Title: The War Correspondent Book Author(s): Published by: Pluto Press Stable URL: <https://www.jstor.org/stable/j.ctt19qgf0x.7> The War Correspondent Greg McLaughlin Copyright Date: 2016

It was Kapuscinski, however, who revealed the deeper, broader picture, and like all great writers he forged his own unique style. He did not assume absolute truth or prescribe a moral course but, as James Aucoin (2001) puts it, he took you there, showed you an incomplete picture and then challenged you to find the missing pieces. He implicitly passed responsibility on to the reader. It was not conventional, objective journalism, and it was not the journalism of attachment, but perhaps it was better journalism for that. This is close to the idea of ‘honest journalism’ in conventional reporting, whereby the journalist admits not just to the difficulties of objectivity, but to the constructed nature of journalism as a form. In his study of the US press corps in El Salvador during some of the worst years of its civil war in the 1980s, Mark Pedelty highlights a key difference between American and Salvadoran journalists in how they saw their job. The Americans insisted that they ‘report’ news as fact; the Salvadorans talked in terms of ‘making’ news. The Americans adhered to notions of ‘objectivity’, while the Salvadorans thought the highest aspiration in journalism was ‘honesty’ (1995, p.  226–27). As Pedelty argues, the ethic of honest journalism comes somewhere between objective journalism and propaganda: Objective journalists deny their subjectivities, rather than acknowledge them and critically challenge them. They reduce complexities, rather than explain them. They evade contradiction, rather than letting the reader in on the inevitable doubts and difficulties encountered in any act of discovery. (ibid., p. 227)

### DA

#### Link Story

#### Growing medical needs in terms of access, financing and the delivery of health mandate the need to advocacy journalism to foster change

[Jon Stewart](https://www.ncbi.nlm.nih.gov/pubmed/?term=Stewart%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26704920), Communications Director of the Permanente Federation, *The Permanente Journal,* [Perm J.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/) 2004 Spring; 8(2): 80–81. PMCID: PMC4690720 PMID: [26704920](https://www.ncbi.nlm.nih.gov/pubmed/26704920) The Shared Terrain of Narrative Medicine and Advocacy Journalism, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/

In the still uncharted territory of “narrative medicine,” the early conceptual pioneers have planted a number of boundary stakes and flags in attempts to define the width and breadth of the new discipline, in much the way that new medical subspecialties are defined and legitimized. Thus, depending on whom you read or talk to, narrative medicine is about the writing of stories (narratives, actual or fictional) by medical practitioners as a modality to discover and explore the meaning of practice, or to deepen the human dimensions of the patient-physician relationship. Some have defined it from the patient perspective as the therapeutic use of patient-written stories of personal illness. But the combined practices of medicine and storytelling (or writing) surely has more to offer than personal introspection, however worthy that goal. Whether it fits within anyone’s definition of narrative medicine or not, skillful storytelling about issues of health and illness has always served a powerful public role, especially that of education and persuasion: to move public attitudes and encourage policy makers to action through the presentation of hard, science-based argument wrapped in the soft flesh of real human stories of suffering and triumph. In other words, the newly discovered terrain of narrative medicine overlaps the even larger province of advocacy journalism. They come together wherever physicians and other health professionals employ the techniques of narrative to move people toward change—be it toward healthier lifestyles (quit smoking), improved delivery systems (system integration), incremental public or private policy reforms (increased Medicare reimbursements, pay-for-performance incentives), or comprehensive system reforms (single-payer or its alternatives). Call it what you will, this territory is the soapbox on which health professionals can project their own uniquely informed and credible voices to advocate for their vision of a healthier world. A good number of brave-hearted physicians who have ventured into this overlapping territory have left memorable marks on the wider world. The Lancet, the first great medical journal, was founded in 1823 by a London coroner, Thomas Wakley, as a tool for exposing and reforming the despotic and nepotistic organizations running London’s teaching hospitals. He went on to use the journal to great effect in exposing the government’s virtual cover-up of the cholera epidemics of the mid-1800s, causing great consternation among government officials and politicians.[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b1-permj08_2p0080) More recent physician inhabitants of the territory have included such giants of literature as Anton Chekhov and William Carlos Williams, who addressed both the mundane and the horrific medical issues of their time through memorable personal essays motivated more by socio-political than aesthetic concerns. Contemporary physician-writers like Robert Coles, Atul Gawante, Abraham Verghese, and Jerome Groopman, writing in the New Yorker, the New York Review of Books and other mid-to-high-brow consumer magazines, as well as numerous books, have raised the art of advocacy-oriented narrative medicine to the lofty ranks of what’s now popularly known as “literary journalism”—the domain defined by masters like James Agee, John Hershey, John McPhee, Calvin Trillin and Tracy Kidder. Advocacy-oriented medical journalism has nudged its way even into the sacred pages of the modern professional medical and scientific journals, beginning perhaps with writer-editor Donald Gould’s editorship over the British journals World Medicine and New Scientist in the 1960s. Gould may be credited with having penned the shortest, and certainly most inflammatory, medical commentary in recent history with his article in the normally objective New Scientist on a papal encyclical against artificial contraception in August, 1968: “Bigotry, pedantry, and fanaticism can kill, mame, and agonize those upon whom they are visited just as surely as bombs, pogroms and the gas chamber. Pope Paul VI has now gently joined the company of tyrants, but the damage he has done may well outclass and outlast that of all earlier oppressors.”[2](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b2-permj08_2p0080) With far greater reserve, physician-editor John Iglehart opened the pages of the studiously academic and fact-based journal Health Affairs to personal, advocacy-oriented medical journalism in 1999 with the launch of the “Narrative Matters” column, edited by physician-writer Fitzhugh Mullan. “The voices of patients, their families, and their caregivers have often gotten lost in the relentless shuffle” of the “big business” that policy-making has become, explained Iglehart in an editorial.[3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b3-permj08_2p0080) In the initial installment of the Health Affairs column, Mullan himself, already a well-known physician voice for policy reforms, offered a cogent justification for his own journalistic temerity in writing his early book of memoirs, White Coat, Clenched Fist: The Political Education of an American Physician: “I was describing what I had seen in the hope that someone might listen and join in an effort to make things better …. I was telling stories that were pertinent to people’s concerns about health care and, to some degree, a goad to those in charge. My writing was an invitation to change things.”[4](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b4-permj08_2p0080) Anne Marie Todkill, deputy editor of the Canadian Medical Association Journal, offered a similar justification for publishing a controversial photo-essay of Cambodian HIV victims by a physician-photo journalist: “Health and disease arise in a setting that is always socioeconomic, political and environmental. When these determinants of health status are particularly evident, and particularly distressing, physicians may find themselves caught by an urge to look at the broader picture, to investigate, to record, and to send reports from the front that do not fit the mould of conventional scientific medical reporting.”[5](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b5-permj08_2p0080) Today, more than ever, physicians and other caregivers have an unprecedented array of opportunities—and, many would argue, a heavy burden of professional responsibility—to add their voices, and their stories, to the public dialogue about health care. The practice of medicine, as well as the financing and delivery of health care, have entered a period of monumental change, and where it all ends up remains an open question—a question with unfathomable implications for both the profession of medicine and the health and well-being of the American people. Health professionals need not only to enter the fray, but to assert their legitimate right to a leadership role in influencing the outcomes. That job can no longer be left to the likes of the AMA, which continues to represent itself as the voice of American medicine despite a continuing free-fall in both membership and public credibility. Indeed, JAMA itself recently featured a thoughtful “Special Communication” article urging greater engagement by individual physicians in advocating for health system improvements in the public arena.[6](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690720/#b6-permj08_2p0080) Finally, no one should be intimidated by the lofty, literary claims of “narrative medicine,” nor by the very real accomplishments of the Gawandes, Vergheses, and Coleses, though they make for excellent role models. Local newspaper op-ed and commentary pages are better read and carry more influence in terms of local and state health policy issues—and most health policy is still state-based, not federal—than the New York Times and Wall Street Journal combined. Letters-to-the-editor columns are even better read than the editorials and opeds that appear alongside them, and short (150 words) well-written, highly focused, fact-based and personalized letters from writers with an MD after their name command priority attention from both editors and readers. Within Kaiser Permanente itself, the excellent Permanente Journal, published by and for Permanente physicians and other caregivers, offers a unique example of the blending of the objective and the subjective into compellingly human perspectives on medicine, and its editors are eager to nurture new writers. Picking up the pen of public advocacy does not mean relinquishing the scalpel of one-on-one medical care. The American health care system needs caregivers who are skilled with both tools.

#### Impact Story

#### We’re on the Brink – new diseases are emerging.

Deccan Herald 21 1-4-2021 Deccan Herald "New deadly virus 'Disease X', much more fatal than COVID-19, could affect humans: Scientists" (Indian English language daily newspaper published from the Indian state of Karnataka by The Printers Mysore Private Limited, a privately held company owned by the Nettakallappa family. It has seven editions printed from Bengaluru, Hubballi, Davanagere, Hosapete, Mysuru, Mangaluru, and Kalaburagi

A **woman** in a remote town in the Democratic Republic of Congo has been **showing** symptoms of hemorrhagic fever, which scientists fear may be a **sign of a new deadly virus, termed ‘Disease X’,** which could be **as contagious as** **COVID**-19 virus **but have Ebola’s fatality** **rate of** 50-**90 per cent**. Disease X, where the ‘X’ standard for ‘unexpected’, has been termed by the World Health Organization (WHO) as hypothetical for now. But the woman in Ingende has been tested for many diseases, including Ebola, but they have all come out negative. Scientists now fear this could be **that deadly virus**, one of many that **could emerge from the** African tropical **rainforests**. “We are now **in a world where new pathogens will come out**. And that is what **constitutes** a **threat for humanity**,” Professor Jean-Jacques Muyembe Tamfum, the scientist who helped discover the Ebola virus in 1976 told CNN, adding that **these new viruses** could be **much deadlier than Covid-19**. The scientist has warned of **many** animal-based **viruses** or those viruses that **can jump the species barrier** and infect humans. He said that Covid-19 is among those diseases, along with rabies and yellow fever.

#### Disease causes extinction---defense doesn’t rule out the possibility and empirics

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 the Western 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