## 1

**Innovation high now**

**Dunleavy et al 21** Kevin Dunleavy, Eric Sagonowsky, Noah Higgins-Dunn, Fraiser Kansteiner, Angus Liu, 7-6-2021, "Innovation on hold during the pandemic? FDA says no with 29 approvals in first half of 2021," FiercePharma, [https://www.fiercepharma.com/special-reports/innovation-hold-during-pandemic-fda-says-no-27-approvals-first-half-2021 //](https://www.fiercepharma.com/special-reports/innovation-hold-during-pandemic-fda-says-no-27-approvals-first-half-2021%20/) EH

**Many pursuits** have been put **on hold during the** coronavirus **pandemic**. **But biopharma**ceutical **innovation isn’t one of them**. **In 2020, the FDA approved 53 new drugs,** the **second-most** in a single year, **after 2018’s** bounty of 59. And the **momentum** has **continued through the first half of 2021**. With the **FDA endorsing its 29th novel drug on June 30**, the industry was slightly **ahead of last year’s** pace. No. 29 came last week with a green light to Jazz Pharmaceuticals for its blood cancer therapy Rylaze. It was the first FDA approval in 23 days. Perhaps the U.S. regulator needed a break after the uproar that ensued after its June 7 nod for Biogen’s Alzheimer’s disease treatment Aduhelm. It was an approval so divisive that three members of the FDA’s advisory committee that reviewed the drug quit in protest. In his resignation letter to acting FDA commissioner Janet Woodcock, Harvard Medical School professor Aaron Kesselheim called the move a “debacle” and “probably the worst drug approval decision in recent U.S. history.” Within hours of its green light, Biogen ignited another firestorm when it revealed the treatment’s annual price tag of $56,000 and provided a new flashpoint for the decades-old drug-pricing debate. Before the Aduhelm controversy eclipsed everything else, the year had featured **a lot of** other **high-profile approvals**. GlaxoSmithKline and ViiV Healthcare earned a nod for Cabenuva, a long-awaited monthly injectable for those with HIV. ADC Therapeutics won a green light for Zynlonta, the first single-agent CD19-targeted antibody-drug conjugate for diffuse large B-cell lymphoma. And Apellis scored with Empaveli **for** the rare, chronic blood disorder paroxysmal nocturnal hemoglobinuria (PNH). Another high-profile approval came in late May for Amgen's new cancer drug Lumakras. The non-small cell **lung cancer** treatment has been highly anticipated, as it targets KRAS mutations which were previously believed to be “undruggable.” The green light for Lumakras triggered a Memorial Day weekend splurge for the FDA. On the same Friday afternoon, Alkermes’ **schizophrenia** drug Lybalvi and BridgeBio’s bile duct cancer therapy Truseltiq also won approvals. Then the Tuesday after the holiday, Scynexis gained an FDA nod for its potential blockbuster Brexafemme, the first new treatment for vaginal **yeast infection** in more than two decades. The approval for Truseltiq was particularly noteworthy because it was the second this year for tiny BridgeBio, which reported $8.2 million in revenue last year. The only other firms with two approvals in the first half are companies on the other end of the industry spectrum. Pharma giant Johnson & Johnson earned nods for NSCLC antibody Rybrevant and multiple sclerosis therapy Ponvory. Bristol Myers Squibb scored two CAR-T approvals, as well. In terms of treatment areas, it is of little surprise that oncology accounts for 12 of this year’s approvals. That figure represents 44% of all new drug approvals this year, an even higher rate than in 2020 when 20 of 53 new drugs were in the oncology class. Even during a pandemic, don’t expect the pace of innovation to subside. It’s a sign of the times, and successes will only fuel further innovation, according to Ernst & Young industry analyst, Arda Ural. “The **acceleration in the successful development** of truly novel platform technologies and therapeutics **offers** the **opportunity for higher returns on investment and are driving pipeline priorities**,” Ural wrote in his analysis of first-quarter trends this year. “**Gene therapy, mRNA vaccines and therapeutics, cell therapy and gene editing once seemed like science fiction but now are a reality.”**

**Unions drastically hurt innovation—empirics prove**

**Bradley et al 15** Daniel Bradley [Department of Finance, University of South Florida, Tampa, FL], Incheol Kim [Department of Finance, Fordham University, New York, NY], Xuan Tian [Department of Finance, Indiana University, Bloomington], originally posted 3-13-2013, revised 8-24-2015, “Do unions affect innovation?” [https://sci-hub.se/https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=2232351](https://sci-hub.se/https:/papers.ssrn.com/sol3/papers.cfm?abstract_id=2232351) // EH

6. Discussion and Conclusion In this paper, we examine the effect of unionization on the innovation activities of firms. We find **patent counts and citations decline significantly after firms elect to unionize.** Economically, **passing a union election leads to an 8.7% decline in patent counts and a 12.5% decline in the number of citations per patent** three years after the election. We provide a battery of diagnostic and robustness tests and find our conclusions are unchanged. Next, we show that the **results** are **statistically insignificant** in states with right-to-work legislation **where unions have less bargaining power** to expropriate rents. A reduction in R&D expenditures, reduced productivity of existing and newly hired inventors, and the departure of innovative individuals appear plausible underlying mechanisms through which unionization impedes innovation. Finally, **in response to unionization, we find that firms move their innovation activities away from states where union elections win.**

**Medical innovation vital to global economy**

**GII 19** Global Innovation Index [The Global Innovation Index 2019 is the result of a collaboration between Cornell University, INSEAD, and the World Intellectual Property Organization (WIPO) as co-publishers, and their Knowledge Partners, Confederation of Indian Industry, Dassault Systemes, Sebrae, Brazilian Micro and Small Industry Support Services, and Brazilian Confederation of Industry.], November 13, 2019, “Is medical innovation the key to global economic growth?”, [https://www.globalinnovationindex.org/gii-blog/2019/Is-medical-innovation-the-key-to-global-economic-growth--b189 //](https://www.globalinnovationindex.org/gii-blog/2019/Is-medical-innovation-the-key-to-global-economic-growth--b189%20/) EH

**The global economy owes much of its success to better healthcare**, writes Columbia University Associate Professor Bhaven Sampat in the Global Innovation Index 2019. This article is part of a series about the power of innovation to solve social and economic challenges. Stories and statistics are drawn from the Global Innovation Index 2019 – your guide to world-changing ideas. **Over the past decade, global spending on healthcare has grown at around double the rate of** gross domestic product (**GDP**). In 2018, global healthcare expenditure was US$7.6 trillion, and by 2020, estimated global health expenditures will approach US$9 trillion. **Improvements** to healthcare **generate obvious social returns**: in the past 100 years, **better sanitation and medicine** have **doubled life expectancy in developing and developed countries** alike, and **drastically improved our quality of life**. The economics of living longer To what extent has a healthier population contributed to the global economy? Observing that **greater longevity expands the global workforce**, Nobel-Prize winning economist William Nordhaus calculated that the **economic value of greater longevity in the last 100 years matches economic growth in all other sectors**. There are statistics to support his estimate. For instance, while **billions** of dollars have been **ploughed into cancer treatments**, between 1988 and 2000, **improvements** to cancer survival **generated** social benefits valued at around US**$1.9 trillion** – **far outstripping investment**. **Similarly**, by the end of the 20th century, new **HIV/AIDS drugs generated US$1.4 trillion** in economic value **in the US alone**. Source: Global Innovation Index 2019, page 43 Looking ahead For **future medical innovations** to **have major economic impact**, one of several things will have to be true: • innovations must help prevent or treat diseases with a high disease burden • the process of innovation should be transformed by new technologies like AI, gene editing and cell therapy, to open up new areas of exploration and invention • new technologies must facilitate broad systemic improvements in healthcare delivery, lowering costs and/or improving outcomes. Although predicting the impact of specific areas of medical innovation is difficult, the **potential** for new medical innovation to generate valuable gains seems **high**. **The future of health innovation** will **depend on** the **policies** and institutions **created by** national and **global actors** to support research and innovation. These are **important** issues for policymakers and the public to consider carefully and deliberately—**given** the **transformative economic, social**, and **health impacts** that **new medical technologies have had historically, and** the **enormous potential value** of further health improvements **for current and future generations**.

Over the years, Malthus’ theories have been applied to other topics with mixed responses. That said, there are good arguments to be made in relation to his thoughts on environmental damage, the elimination of indigenous peoples, extinction of other species4 and global warming.

**Econ decline goes nuclear**

**Tønnesson 15** Stein Research Professor, Peace Research Institute Oslo; Leader of East Asia Peace program, Uppsala University, 2015, “Deterrence, interdependence and Sino–US peace,” International Area Studies Review, Vol. 18, No. 3, p. 297-311

Several recent works on China and Sino–US relations have made substantial contributions to the current understanding of how and under what circumstances a combination of nuclear deterrence and economic interdependence may reduce the risk of war between major powers. At least four conclusions can be drawn from the review above: first, those who say that interdependence may **both inhibit and drive conflict** are right. Interdependence raises the cost of conflict for all sides but asymmetrical or unbalanced dependencies and **negative trade expectations** may generate tensions leading to trade wars among inter-dependent states that in turn increase the risk of military conflict (Copeland, 2015: 1, 14, 437; Roach, 2014). The risk may increase if one of the interdependent countries is governed by an inward-looking socio-economic coalition (Solingen, 2015); second, the risk of war between China and the US should not just be analysed bilaterally but include their allies and partners. Third party countries could drag China or the US into confrontation; third, in this context it is of some comfort that the three main economic powers in Northeast Asia (China, Japan and South Korea) are all deeply integrated economically through production networks within a global system of trade and finance (Ravenhill, 2014; Yoshimatsu, 2014: 576); and fourth, decisions for war and peace are taken by very few people, who act on the basis of their future expectations. International relations theory must be supplemented by foreign policy analysis in order to assess the value attributed by national decision-makers to economic development and their assessments of risks and opportunities. If leaders on either side of the Atlantic begin to seriously **fear or anticipate their own nation’s decline** then they may blame this on external dependence, appeal to anti-foreign sentiments, contemplate the use of force to gain respect or credibility, adopt protectionist policies, and ultimately **refuse to be deterred by** either **nuclear arms** or prospects of socioeconomic calamities. Such a dangerous shift could happen **abruptly**, i.e. under the instigation of actions by a third party – or against a third party. Yet as long as there is both nuclear deterrence and interdependence, the tensions in East Asia are unlikely to escalate to war. As Chan (2013) says, all states in the region are aware that they cannot count on support from either China or the US if they make provocative moves. The greatest risk is **not** that **a territorial dispute** leads to war under present circumstances but that **changes in the world economy** alter those circumstances in ways that render inter-state peace more precarious. If China and the US fail to rebalance their financial and trading relations (Roach, 2014) then a trade war could result, interrupting transnational production networks, provoking social distress, and exacerbating nationalist emotions. This could have unforeseen consequences in the field of security, with nuclear deterrence remaining the only factor to **protect the world from Armageddon**, and **unreliably so**. Deterrence could **lose its credibility**: one of the two great powers might gamble that the other yield in a cyber-war or conventional limited war, or third party countries might engage in conflict with each other, with a view to obliging Washington or Beijing to intervene.

**Now is key—we’re failing at diseases but tech necessary**

**Smythe 17** Dr. Roy Smythe 17, Chief Medical Officer for Health Informatics, 10-30-2017, "Was Malthus right about healthcare?," Philips, https://www.philips.com/a-w/about/news/archive/blogs/innovation-matters/can-the-malthusian-crisis-theory-be-applied-to-healthcare.html, EH

Consider his theory from the perspective of healthcare and disease burden. **The population keeps growing**, especially in the developing world. The aged population is rapidly increasing in the medically developed world6. The burden of non-communicable disease is rising everywhere7, and it looks like we’re failing miserably at keeping **up with the disease burden**. Was Malthus wrong about the capability of the agricultural and financial support structure to keep up with hunger, but correct in his warning about the inability of the global medical industrial enterprise to provide adequate care for disease? Let’s take heart disease as an example, by 2030 the annual global burden of death from ischaemic heart disease, stroke and hypertensive disease is predicted to increase by over 20% to more than 19 million8. And, **unless the trend is reversed, the cost burden** is predicted **to exceed 1 trillion** USD **per year** by 2035. In this case, what we need to consider is if **we can use tech**nology **to prevent** heart disease when it is preventable, and to stave it off or reduce it when it is not. One way to think about a group of patients from the standpoint of health and disease is a pyramid, with those most severely affected at the top, the healthy at the bottom, with those at varying stages of risk and severity in the middle and moving upwards. Everyone knows we should focus on those at the top of the triangle but it’s just as important that we move deeper into the triangle. A mix of devices, data collection and smart analysis can help. Our task? To reach those one level down from the top – let’s call them the “identified, but not comprehensively managed” with cardiovascular disease – and keep them away from the top, ensuring compliance and encouraging lifestyle changes. We should also be using data to identify those with a diagnosis of cardiovascular disease that has not been documented10. If these individuals aren’t documented, it’s difficult to keep them from moving up the pyramid. We must also use data to identify those at highest risk of developing cardiovascular disease at some point. By leveraging genomics and other physiologic and clinical indicators, we can delay the onset of disease and possibly minimize its impact when it manifests. Finally, we must work to provide those fortunate individuals currently at the base of our pyramid with tools to keep them healthy for as long as possible. Most non-communicable diseases, such as cancer and cardiovascular disease, are most prevalent in the medically-developing world, where populations are growing. We’re also facing significant increases in both oncologic and neurologic diseases in the rapidly aging, medically-developed world. We are doing okay with the most severely affected in the medical first world, but not as well prepared in countries where care is not adequate to meet the challenge presented by these patients, much less dealing with those at lower levels in the triangle in either context. The good news? **We have** many of the **tools** we need in hand now. The **question is whether or not we will increasingly incentivize** their **use** by providers and the general public, and apply them on a time course that allows us to avoid a Malthusian healthcare crisis.

**Future pandemics cause extinction**

**Supriya 21** Lakshmi Supriya [B.Sc. Industrial Chemistry, Ph.D. Polymer Science and Engineering], 21, 4-19-2021, "Humans versus viruses," News-Medical.net, [https://www.news-medical.net/news/20210419/Humans-versus-viruses-Can-we-avoid-extinction-in-near-future.aspx //](https://www.news-medical.net/news/20210419/Humans-versus-viruses-Can-we-avoid-extinction-in-near-future.aspx%20/) EH

Expert argues that **human-caused changes to the environment can lead to the emergence of pathogens**, not only from outside but also from our own microbiome, which can **pave the way for large-scale destruction of humans and** even our **extinction**. **Whenever there is a change in any system, it will cause other changes to reach a balance or equilibrium**, generally at a point different from the original balance. Although this principle was originally posited by the French chemist Henry Le Chatelier for chemical reactions, this theory can be applied to almost anything else. In an essay published on the online server Preprints\*, Eleftherios P. Diamandis of the University of Toronto and the Mount Sinai Hospital, Toronto, argues that changes caused by humans, to the climate, and everything around us will lead to changes that may have a dramatic impact on human life. **Because our ecosystems are so complex, we don’t know how our actions will affect us in the long run, so humans generally disregard them**. Changing our environment **Everything around us is changing,** from living organisms to the climate, water, and soil. Some estimates say about half the organisms that existed 50 years ago have already become extinct, and about 80% of the species may become extinct in the future. As the debate on global warming continues, according to data, the last six years have been the warmest on record. Global warming is melting ice, and sea levels have been increasing. The changing climate is causing more and more wildfires, which are leading to other related damage. At the same time, increased flooding is causing large-scale devastation. One question that arises is how much environmental damage have humans already done? A recent study compared the natural biomass on Earth to the mass produced by humans and found humans produce a mass equal to their weight every week. This human-made mass is mainly for buildings, roads, and plastic products. In the early 1900s, human-made mass was about 3% of the global biomass. Today both are about equal. Projections say by 2040, the human-made mass will be triple that of Earth’s biomass. But, slowing down human activity that causes such production may be difficult, given it is considered part of our growth as a civilization. Emerging pathogens Although we are made up of human cells, we have almost ten times that of bacteria just in our guts and more on our skin. These **microbes not only affect locally but also affect the entire body. There is a balance between the good and bad bacteria, and any change in the environment may cause this balance to shift, especially on the skin, the consequences of which are unknown**. Although most bacteria on and inside of us are harmless, gut bacteria can also have viruses. **If viruses don’t kill the bacteria immediately, they** can **incorporate into** the **bacterial genome and stay latent for a long time until reactivation by environmental factors, when they can become pathogenic**. **They** can also **escape** from **the gut and enter other organs or the bloodstream**. **Bacteria** can **then use these viruses to kill other bacteria or help them evolve to more virulent strains**. **An example** of the evolution of pathogens **is the cause of the current pandemic**, the severe acute respiratory syndrome **coronavirus** 2 (SARS-CoV-2). Several **mutations** are now known that **make the virus more infectious and resistant to immune responses, and** **strengthening its to enter cells via surface receptors**. The brain There is evidence that the SARS-CoV-2 can **also affect the brain**. **The virus may enter the brain via the olfactory tract or through the angiotensin-converting enzyme** 2 (ACE2) **pathway**. Viruses can also affect our senses, such as a loss of smell and taste, and there could be other so far unkown neurological effects. The loss of smell seen in COVID-19 could be a new viral syndrome specific to this disease. Many books and movies have described pandemics caused by pathogens that wipe out large populations and cause severe diseases. In the essay, the author provides a hypothetical scenario where a gut bacteria suddenly starts producing viral proteins. Some virions spread through the body and get transmitted through the human population. After a few months, the virus started causing blindness, and within a year, large populations lost their vision. **Pandemics can cause other diseases that can threaten humanity’s entire existence**. The **COVID**-19 pandemic **brought this possibility to the forefront**. **If we continue disturbing the equilibrium between us and the environment, we don’t know what the consequences may be and the next pandemic could lead us to extinction.**

## 2

#### Nurse strikes devastates hospitals

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

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

#### Hospitals are the critical internal link for pandemic preparedness.

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

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

## 3

#### The standard is maximizing expected wellbeing.

#### Prefer it:

#### 1] Actor specificity:

#### A] Aggregation – every policy benefits some and harms others, which also means side constraints freeze action.

#### B] No act-omission distinction – choosing to omit is an act itself – governments decide not to act which means being presented with the aff creates a choice between two actions, neither of which is an omission -

#### C] No intent-foresight distinction – If we foresee a consequence, then it becomes part of our deliberation which makes it intrinsic to our action since we intend it to happen

o/w

#### 2] Lexical pre-requisite: threats to bodily security preclude the ability for moral actors to effectively act upon other moral theories since they are in a constant state of crisis that inhibits the ideal moral conditions which other theories presuppose

#### 3] Only consequentialism explains degrees of wrongness—if I break a promise to meet up for lunch, that is not as bad as breaking a promise to take a dying person to the hospital. Only the consequences of breaking the promise explain why the second one is much worse than the first. Intuitions outweigh—they’re the foundational basis for any argument and theories that contradict our intuitions are most likely false even if we can’t deductively determine why.

#### 3] Substitutability—only consequentialism explains necessary enablers.

**Sinnott-Armstrong 92** [Walter, professor of practical ethics. “An Argument for Consequentialism” Dartmouth College Philosophical Perspectives. 1992.]

**A moral reason to do an act is consequential if and only if the reason depends only on the consequences of either doing the act or not doing the act.** For example, a moral reason not to hit someone is that this will hurt her or him. A moral reason to turn your car to the left might be that, if you do not do so, you will run over and kill someone. A moral reason to feed a starving child is that the child will lose important mental or physical abilities if you do not feed it. All such reasons are consequential reasons. All other moral reasons are non-consequential. Thus, **a moral reason** to do an act **is non-consequential if** and only if **the reason depends even partly on some property that the act has independently of its consequences. For example, an act can be a lie regardless of what happens as a result of the lie** (since some lies are not believed), and some moral theories claim that that property of being a lie provides amoral reason not to tell a lie regardless of the consequences of this lie. Similarly, the fact that an act fulfills a promise is often seen as a moral reason to do the act, even though the act has that property of fulfilling a promise independently ofits consequences. All such moral reasons are non-consequential. In order to avoid so many negations, I will also call them 'deontological'. This distinction would not make sense if we did not restrict the notion of consequences. If I promise to mow the lawn, then one consequence of my mowing might seem to be that my promise is fulfilled. One way to avoid this problem is to specify that the consequences of an act must be distinct from the act itself. My act of fulfilling my promise and my act of mowing are not distinct, because they are done by the same bodily movements.10 Thus, my fulfilling my promise is not a consequence of my mowing. A consequence of an act need not be later in time than the act, since causation can be simultaneous, but the consequence must at least be different from the act. Even with this clarification, it is still hard to classify some moral reasons as consequential or deontological,11 but I will stick to examples that are clear. In accordance with this distinction between kinds of moral reasons, I can now distinguish different kinds of moral theories. I will say that **a moral theory is consequentialist if and only if it implies that all basic moral reasons are consequential. A moral theory is then non-consequentialist or deontological if it includes any basic moral reasons which are not consequential**. 5. Against Deontology So defined, the class of deontological moral theories is very large and diverse. This makes it hard to say anything in general about it. Nonetheless, I will argue that no deontological moral theory can explain why moral substitutability holds. My argument applies to all deontological theories because it depends only on what is common to them all, namely, the claim that some basic moral reasons are not consequential. Some deontological theories allow very many weighty moral reasons that are consequential, and these theories might be able to explain why moral substitutability holds for some of their moral reasons: the consequential ones. But even these theories cannot explain why moral substitutability holds for all moral reasons, including the non-consequential reasons that make the theory deontological. The failure of deontological moral theories to explain moral substitutability in the very cases that make them deontological is a reason to reject all deontological moral theories. I cannot discuss every deontological moral theory, so I will discuss only a few paradigm examples and show why they cannot explain moral substitutability. After this, I will argue that similar problems are bound to arise for all other deontological theories by their very nature. The simplest deontological theory is the pluralistic intuitionism of Prichard and Ross. Ross writes that, when someone promises to do something, 'This we consider obligatory in its own nature, just because it is a fulfillment of a promise, and not because of its consequences.'12 Such deontologists claim in effect that, **if I promise to mow the grass, there is a moral reason for me to mow the grass, and this moral reason is constituted by the fact that mowing the grass fulfills my promise.** This reason exists regardless of the consequences of mowing the grass, even though it might be overridden by certain bad consequences. **However**, if this is why I have a moral reason to mow the grass, then, even **if I cannot mow the grass without starting my mower, and starting the mower would enable me to mow the grass, it still would not follow that I have any moral reason to start my mower, since I did not promise to start my mower**, and starting my mower does not fulfill my promise. Thus, **a moral theory cannot explain** moral **substitutability if it claims that properties** like this **provide moral reasons.**

## Case

#### Existential risks are categorically different---even if they win that the vast majority of people would die, total collapse is an entirely different ethical category---the infinite range of scenarios for total extinction mean try or die is decisively neg

Baum 15

Seth D. Baum, PhD in geography from Pennsylvania State University, is Executive Director of the Global Catastrophic Risk Institute, “Winter-Safe Deterrence: The Risk of Nuclear Winter and Its Challenge to Deterrence, Contemporary Security Policy, 36(1): 123-14, http://www.tandfonline.com/10.1080/13523260.2015.1012346

Here it is important to bring in the ethics of global catastrophic risk. A global catastrophe is an event that causes great harm to the entirety of global human civilization. Catastrophes of this magnitude take on a special ethical significance. Carl Sagan was perhaps the first to recognize this in his own discussion of nuclear winter. The astronomer saw the big picture: Human extinction means the loss of all people who could ever exist into the distant future. Contemporary scholars further understand that even without total human extinction, a permanent collapse of human civilization is of comparable significance. Ultimately what is at stake is the long-term trajectory of human civilization, its success or its failure. Ethical obligations to future generations are fundamentally different from those to people alive today, for two reasons. First, future generations vastly outnumber the current population. Barring catastrophe, humanity could survive for millions or even billions of years into the future. Thus anything that affects the long-term trajectory of human civilization is of much greater consequence than things that only affect people today. Second, despite their great number, future generations are utterly helpless. They cannot vote in today’s elections or trade in today’s markets, and they certainly cannot deter today’s countries with any weapons. This is absolutely unfair, but that is just how it is. The only reason people must help future generations is because it is the right thing to do. For nuclear winter policy, the basic point is that when a permanent global catastrophe could occur, a cautious approach is generally warranted. This means erring on the side of smaller nuclear arsenals. Any given nuclear weapons exchange has a range of possible outcomes of varying severities and probabilities. A permanent global catastrophe is so severe of an outcome that even a small probability of it happening is a large risk and thus worth avoiding.

#### Alternatives to strikes are more persuasive.

Shonk 21 [(Katie ( editor of the Negotiation Briefings newsletter, a monthly source of negotiation advice for professionals published by the Program on Negotiation at Harvard Law School), 13 September 2021, “Collective Bargaining Negotiations and the Risk of Strikes”, Program on Negotiation, Harvard Law School, <https://www.pon.harvard.edu/daily/negotiation-skills-daily/collective-bargaining-negotiations-risk-strikes/>] //DebateDrillsLC

Collective bargaining negotiations help level the playing field between individual employees and management by enabling employees to organize and find strength in numbers. But when collective bargaining negotiations fall apart, the result can be a devastating strike.

To take just two examples, back in 1988, the  Writers Guild of America (WGA) strike lasted five months and cost approximately $500 million in lost revenues and wages. The 1994 Major League Baseball (MLB) players’ strike led to the cancellation of the season and led owners and players to lose an estimated $1 billion in the years that followed. Usually, disputing parties would do better to remain at the negotiating table than to head for the picket lines. Yet many negotiators fail to recognize this fact until it’s too late.

Causes of Strikes A number of factors contribute to strikes and prevent parties from reaching agreement in collective bargaining negotiations: Overconfidence leads negotiators on both sides to believe their cases are stronger than they really are, while underestimating the other side’s willingness to stand firm. When one side doubts the other side’s claims, a strike becomes even more tempting. Fairness concerns cause negotiators to reject deals that would leave both sides better off. We sometimes are even willing to pay good money to punish those who treat us unfairly. Agents at the bargaining table can have incentives that are misaligned with the interests of those they represent in collective bargaining negotiations. At times, elected union representatives may be more concerned about appearing to “stand firm” than with working out a deal with management, for example. Viewing negotiation as a competition to be “won” keeps us focused on distributive negotiation at the expense of [integrative bargaining](https://www.pon.harvard.edu/daily/negotiation-skills-daily/find-more-value-at-the-bargaining-table/), and stands in the way of an agreement that will satisfy everyone’s interests. Incremental commitment to a strike can make it difficult to end one. When the decision to “hold out for a few more days” is repeated, a strike can last for months, even years. Economists have long advised us to ignore our past investments of time, money, and other resources when making decisions about the future. Yet such “sunk costs” weigh heavily on us. The decision to cut our losses can be extremely difficult to make.

How to Defuse a Strike Using Collective Bargaining Negotiations Strikes often end up being a waste of everyone’s time and money. To avoid or end a strike in collective bargaining negotiations, follow these five steps and enhance your [negotiation skills](https://www.pon.harvard.edu/daily/negotiation-skills-daily/top-10-negotiation-skills/): Avoid extreme demands. When talks get heated, it’s tempting to draw a line in the sand. But making firm demands is usually a mistake. When you do so, you prevent yourself from considering alternative proposals that might meet your needs just as well. To make matters worse, demands increase the tendency to escalate commitment to a strike. Take the other party’s perspective. Far too often in [negotiation](https://www.pon.harvard.edu/tag/negotiation/), we assume we fully understand the other side’s interests and goals. This is especially true in competitive situations such as competitive bargaining negotiations, where we tend to fall back on stereotypes. By looking for nuances in each other’s positions, we can open up opportunities to brainstorm the types of creative solutions we propose below. Get an outside opinion. When collective bargaining negotiations get heated, third parties can add a degree of rationality and impartiality to the proceedings. Before going on strike, seek advice from a disinterested adviser, such as an industry expert. Ask for an objective critique of your plans and encourage your expert to offer alternatives. Make it a “virtual” strike. In the midst of the 1994 baseball strike, Harvard Business School professors Michael Wheeler and James K. Sebenius proposed a novel solution, which unfortunately wasn’t followed: resume the MLB season, but do not allow owners and players to receive their revenues and pay. Rather, deposit these funds into an escrow fund to be disbursed only after the dispute was resolved. Presumably, the money rapidly accumulating in escrow during this “virtual strike” would motivate both sides to reach a deal. By building virtual-strike clauses into their contracts during collective bargaining negotiations, unions and management could create a situation in which strikes would not destroy long-term value to either side. Structure contingencies. Contingent contracts are an innovative tool for resolving negotiators’ differences of opinion about the future. When you add a contingency clause to your deal, you place a bet on how events will unfold. For example, if parties disagree about how large profits from a certain revenue stream would be, they could stipulate two different profit-sharing formulas based on their different predictions, and then see how the future plays out.

**Collective bargaining allows unions to leverage enormous amounts of power against and obstruct the government.**

**Sherk 12** [Sherk, James. research fellow in labor economics at The Heritage Foundation. "Collective Bargaining Has No Place in Government." 9/18/12. The Heritage Foundation. [https://www.heritage.org/jobs-and-labor/commentary/collective-bargaining-has-no-place-government.]//DD](https://www.heritage.org/jobs-and-labor/commentary/collective-bargaining-has-no-place-government.%5d//DD) AS

**In the private sector, competition forces unions to be reasonable**. If they ask for too much, they will bankrupt their employer. That’s why unions rarely raise wages when they organize firms. They do not want to wind up like GM, US Airways, or Bethlehem Steel**. The government**, however, **has few competitors**. When the CTU strikes, the city’s children go uneducated. **This monopoly gives government unions enormous leverage.** Of course **they take full advantage of it.** The problem is the laws allowing unions to shut down schools in the first place. The government exists to serve the common good. **Collective bargaining hijacks government, making it put unions’ interests first.** This is why **collective bargaining has no place in government**. No one put it better than President Franklin D. Roosevelt: The process of collective bargaining, as usually understood, cannot be transplanted into the public service. . . . Since their own services have to do with the functioning of the Government, a strike of public employees manifests nothing less than an intent on their part to prevent or obstruct the operations of Government until their demands are satisfied. Such action, looking toward the paralysis of Government by those who have sworn to support it, is unthinkable and intolerable.

**Turn: Collective bargaining undermine workers.**

**Vernuccio 21** [Vernuccio, Vincent. senior fellow at the Mackinac Center for Public Policy. "Sectoral bargaining is bad for workers and the American economy." 4/17/21. The Hill. [https://thehill.com/opinion/finance/548054-sectoral-bargaining-is-bad-for-workers-and-the-american-economy]//DD](https://thehill.com/opinion/finance/548054-sectoral-bargaining-is-bad-for-workers-and-the-american-economy%5d//DD) AS

Heard about the labor law “reform” so harmful that both the U.S. Chamber of Commerce and the AFL-CIO are skeptical? It’s called “sectoral bargaining.” Last month, the nation’s largest labor federation stopped a bill that would have implemented this scheme for gig workers in Connecticut, and the Chamber released a report harshly critical of the concept. Sectoral bargaining is a new and largely undefined concept in the United States, but it is familiar to European employers. In Germany, for example, sectoral agreements between unions and employer associations set industry-wide terms for wages and working conditions. In a twist that would leave American unions unhappy, most German employers have the freedom to opt out of these agreements — which they are doing in droves, according to a 2017 report from the Institute for the Study of Labor. Determined to ignore lessons from Europe, the Service Employees International Union (SEIU) is leading the charge to import sectoral bargaining. (The SEIU is not a member of the AFL-CIO.) President Biden endorsed a commission to explore the idea, and a report issued by the Democratic-controlled House Education and Labor Committee urged sectoral bargaining on a national level as a way to expand unionization, particularly in the gig economy. **A careful read of domestic supporters’ sectoral bargaining plans shows they prefer a system that gives in to union demands and makes unionization easier, rather than responds to what workers want**. New York’s system of wage boards is often cited as a model by proponents of sectoral bargaining. These committees empower the governor to set wage standards for entire industries through a board that he appoints. According to Vox, wage boards typically “have the authority to mandate pay scales and benefits for whole industries, after consultation with businesses and unions.” In New York, the labor commissioner imposes a final determination based on the state board’s recommendations. The extent of the “consultation” in New York is left to the discretion of the governor. In 2015 Gov. Andrew Cuomo announced he would use the wage board to raise the minimum wage of fast-food workers to $15 an hour. As expected, the governor’s appointed wage board recommended an increase to $15 per hour — the exact amount the SEIU’s “Fight for $15” campaign was demanding. The Connecticut bill, meanwhile, followed another path toward one-size-fits-all bargaining for entire industries. It would have allowed unions to represent independent gig workers with several companies by creating entities known as “industry councils.” The bill was endorsed by the Connecticut AFL-CIO, but according to Bloomberg’s coverage of the bill, the national AFL-CIO “raised concerns about how [this] legislation could impact its efforts to protect workers across the county.” One of its top lawyers explained: The Connecticut bill would “de facto be creating a third category of worker” — neither an employee nor an independent contractor. The labor federation prefers a national version of California’s AB5 law, which makes it difficult for independent workers to work for themselves. (Many independent workers have noted that the law has hurt them.) Bill Samuel, the AFL-CIO’s top lobbyist, previously raised concerns that **sectoral bargaining** also could **undermine pay and benefits negotiated through current union contracts.** While some union officials think that a one-size-fits-all approach would harm their sales pitch to current and prospective members, advocates of sectoral bargaining have a different focus. The House Democrats’ report from the labor committee recommended it as a way of “eliminating the perceived competitive disadvantage from unionization.” Business groups split over Biden vaccine-or-test mandate US added 531,000 jobs in October as delta eased Lost in this conversation are the preferences of workers. **Polling data repeatedly have shown that gig workers prefer to be their own boss.** And **under sectoral bargaining, employees in unionized industries would have a harder time getting raises by switching jobs, since all employers would pay the same.**