## Util Fwk

**[Standard] The standard is maximizing expected wellbeing. Prefer:**

**1] Theory first –**

**A] Ground – both debaters have ground underneath util because every action has a consequence that can be weighed fairly using different metrics under the framing – other frameworks flow exclusively to one side.**

**B] Topic lit – most articles are written through a utilitarian lens because they are crafted for policymakers and the general public who believes consequences are important – key to fairness because topic lit is how we determine in-round engagement.**

**2] Actor specificity:**

**A] Aggregation – governments only have access to averages and aggregates which are the basis of justification for their policies**

**B] 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**

**Util is intrinsic to us we can’t avoid that maximizing well being is the most moral action.**

**Nagel 86:** Thomas Nagel, The View From Nowhere, HUP, 1986: 156-168.

I shall defend the unsurprising claim that sensory pleasure is good and pain bad, no matter whose they are. The point of the exercise is to see how the pressures of objectification operate in a simple case. Physical pleasure and pain do not usually depend on activities or desires which themselves raise questions of justification and value. They are just sensory experiences in relation to which we are fairly passive, but toward which we feel involuntary desire or aversion. Almost [E]veryone takes the avoidance of his {their} own pain and the promotion of his own pleasure as subjective reasons for action in a fairly simple way; they are not back[ed] up by any further reasons.

**[Baum & Barrett] Extinction outweighs**

Seth D. **Baum &** Anthony M. **Barrett 18**. Global Catastrophic Risk Institute. 2018. “Global Catastrophes: The Most Extreme Risks.” Risk in Extreme Environments: Preparing, Avoiding, Mitigating, and Managing, edited by Vicki Bier, Routledge, pp. 174–184.

2. What Is GCR And Why Is It Important? Taken **literally**, a global catastrophe can be any event that is in some way catastrophic across the globe. This suggests a rather low threshold for what counts as a global catastrophe. An event causing just one death on each continent (say, from a jet-setting assassin) could rate as a global catastrophe, because surely these deaths would be catastrophic for the deceased and their loved ones. However, in common usage, a global catastrophe would be **catastrophic** for a significant portion of the globe. Minimum thresholds have variously been set around ten thousand to ten million deaths or $10 billion to $10 trillion in damages (Bostrom and Ćirković 2008), or death of one quarter of the human population (Atkinson 1999; Hempsell 2004). Others have emphasized catastrophes that cause **long-term declines in the trajectory of human civilization** (Beckstead 2013), that human civilization **does not recover from** (Maher and Baum 2013), that drastically reduce humanity’s potential for future achievements (Bostrom 2002, using the term “**existential risk**”), or that result in **human extinction** (Matheny 2007; Posner 2004). A common theme across all these treatments of GCR is that **some catastrophes are vastly more important than others**. Carl Sagan was perhaps the first to recognize this, in his commentary on nuclear winter (Sagan 1983). Without nuclear winter, a global nuclear war might kill several hundred million people. This is obviously a major catastrophe, but humanity would presumably carry on. However, with **nuclear winter**, per Sagan, **humanity could go extinct**. The loss would be not just an additional four billion or so deaths, but the loss of **all future generations**. To paraphrase Sagan, the loss would be billions and billions of lives, or even **more**. Sagan estimated **500 trillion lives**, assuming humanity would continue for ten million more years, which he cited as typical for a successful species. Sagan’s 500 trillion number may even be an **underestimate**. The analysis here takes an adventurous turn, hinging on the evolution of the human species and the long-term fate of the universe. On these long time scales, the descendants of contemporary humans may no longer be recognizably “human”. The issue then is whether the descendants are still worth caring about, whatever they are. If they are, then it begs the question of how many of them there will be. Barring major global catastrophe, Earth will remain habitable for about one billion more years 2 until the Sun gets too warm and large. The rest of the Solar System, Milky Way galaxy, universe, and (if it exists) the multiverse will remain habitable for a lot longer than that (Adams and Laughlin 1997), should our descendants gain the capacity to migrate there. An open question in astronomy is whether it is possible for the descendants of humanity to continue living for an **infinite length of time** or instead merely an **astronomically large but finite** length of time (see e.g. Ćirković 2002; Kaku 2005). Either way, the stakes with global catastrophes **could** be **much larger than the loss of 500 trillion lives.** Debates about the infinite vs. the merely astronomical are of theoretical interest (Ng 1991; Bossert et al. 2007), but they have **limited practical significance**. This can be seen when **evaluating GCRs from a standard risk-equals-probability-times-magnitude framework**. Using Sagan’s 500 trillion lives estimate, it follows that reducing the probability of global catastrophe by a mere one-in-500-trillion chance is of the same significance as saving one human life. Phrased differently, society should **try 500 trillion times harder to prevent a global catastrophe than it should to save a person’s life**. Or, preventing one million deaths is equivalent to a one-in500-million reduction in the probability of global catastrophe. This suggests society should **make extremely large investment in GCR reduction, at the expense of virtually all other objectives.** Judge and legal scholar Richard Posner made a similar point in monetary terms (Posner 2004). Posner used $50,000 as the value of a statistical human life (VSL) and 12 billion humans as the total loss of life (double the 2004 world population); he describes both figures as significant underestimates. Multiplying them gives $600 trillion as an underestimate of the value of preventing global catastrophe. For comparison, the United States government typically uses a VSL of around one to ten million dollars (Robinson 2007). Multiplying a $10 million VSL with 500 trillion lives gives $5x1021 as the value of preventing global catastrophe. But even using “just" $600 trillion, society should be willing to spend at least that much to prevent a global catastrophe, which converts to being willing to spend at least $1 million for a one-in-500-million reduction in the probability of global catastrophe. Thus while reasonable disagreement exists on how large of a VSL to use and how much to count future generations, even low-end positions suggest **vast resource allocations** should be redirected to reducing GCR. This conclusion is only **strengthened** when considering the **astronomical size of the stakes**, but the same point holds either way. The bottom line is that, as long as something along the lines of the standard riskequals-probability-times-magnitude framework is being used, then **even tiny GCR reductions** merit significant effort. This point holds especially strongly for risks of catastrophes that would cause **permanent harm to global human civilization**. The discussion thus far has assumed that all human lives are valued equally. This assumption is **not universally held**. People often value some people more than others, favoring themselves, their family and friends, their compatriots, their generation, or others whom they identify with. Great debates rage on across moral philosophy, economics, and other fields about how much people should value others who are distant in space, time, or social relation, as well as the unborn members of future generations. This debate is crucial for all valuations of risk, including GCR. Indeed, if each of us only cares about our immediate selves, then global catastrophes may not be especially important, and we probably have better things to do with our time than worry about them. While everyone has the right to their **own views and feelings**, we find that the strongest arguments are for the **widely held position** that **all human lives should be valued equally**. This position is succinctly stated in the United States Declaration of Independence, updated in the 1848 Declaration of Sentiments: “We hold these truths to be self-evident: that all men and women are created equal”. Philosophers speak of an agent-neutral, objective “view from nowhere” (Nagel 1986) or a “veil of ignorance” (Rawls 1971) in which each person considers what is best for society **irrespective of which member of society they happen to be**. Such a perspective **suggests valuing everyone equally**, regardless of who they are or where or when they live. This in turn suggests a **very high value for reducing GCR**, or a high degree of priority for GCR reduction efforts.

## Healthcare Workers DA

#### [Swanson Murphy 8-10] Trust in doctors is doctors is high right now and is key to ending the pandemic

**Swanson Murphy 8-10** (Emily Swanson is the director of public opinion research at The Associated Press, Tom Murphy is a National Helath Writer at The Associated Press, “High trust in doctors, nurses in US, AP-NORC poll finds”, August 10, 2021, AP News, <https://apnews.com/article/joe-biden-business-health-coronavirus-pandemic-509835fc9b663bffc83f52d248e9ef4a>) SJ

Most Americans have high trust in doctors, nurses and pharmacists, a new poll finds. Researchers say that trust could become important in the push to increase COVID-19 vaccinations, as long as unvaccinated people have care providers they know and are open to hearing new information about the vaccines. At least 7 in 10 Americans trust doctors, nurses and pharmacists to do what’s right for them and their families either most or all of the time, according to the poll from the University of Chicago Harris School of Public Policy and [The Associated Press-NORC Center for Public Affairs Research](https://apnorc.org/). The poll shows high levels of trust among both Democrats and Republicans; men and women; and white, Black and Hispanic Americans. When people get treatment or a service from a doctor or a nurse, they start building trust and then tend to return to those providers when they need more help or have questions about a health issue, said Michelle Strollo, a senior vice president in NORC’s Health Research Group. “Public health officials should really look to doctors, nurses and pharmacists to be the megaphone to deliver the message of the importance of getting vaccinated,” she said. Polling from the nonprofit Kaiser Family Foundation [in June](https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-june-2021/) also showed people trusted doctors for information about the vaccine more than other sources like the Centers for Disease Control and Prevention and Dr. Anthony Fauci, the U.S. government’s top infectious disease expert. COVID-19 case levels are soaring across the country, driven by a highly contagious [virus variant](https://apnews.com/article/science-health-coronavirus-pandemic-ac6ef8534bffeec97e9dc771b7990fe6) that mostly infects unvaccinated people, according to public health experts. President Joe Biden and others have pleaded with Americans to get the shots. The COVID-19 vaccines have been widely available since spring, and [the CDC reports](https://covid.cdc.gov/covid-data-tracker/#vaccinations) that 71% of U.S. adults have received at least one dose. Recently retired cardiologist Paul Vaitkus said he encouraged many of his patients, some of whom have been seeing him for years, to get the vaccine due to their health conditions. He thinks they listened to him. “As a doctor, my patient knows me and they sized me up eye to eye,” the 62-year-old Gurnee, Illinois, resident said. “They know that I’m honest.” Care providers could help encourage people to get vaccines, but the country’s fragmented health care system presents an obstacle. Vaccination rates are low among the uninsured, noted Liz Hamel, director of public opinion and survey research for Kaiser. “Those are the same people who are less likely to be in regular health care, to have those interactions with doctors and providers,” she said.The same holds true for younger adults, who also have low vaccination rates. They are less likely to see a doctor regularly or get preventive care like annual. Plus, just getting someone into a doctor’s office or drugstore offers no guarantee that the patient will become vaccinated. Hamel noted that attitudes toward the shots have become so politicized that people who trust a doctor to give them advice about other issues may not be open to hearing more about the vaccines. “I think some people, based on politics, have completely closed off,” she said.

#### [Waithaka 20] Medical strikes impact public trust in facilities and result in inadequate care being sought out from private facilities.

**Waithaka et al., ‘20** (Dennis Waithaka is currently doing a Postgraduate Diploma in Research Methodology at KEMRI-Wellcome Trust, Published: 2/10/20, “Prolonged health worker strikes in Kenya- perspectives and experiences of frontline health managers and local communities in Kilifi County” International Journal for Equity in Health, <https://link.springer.com/article/10.1186/s12939-020-1131-y> ) SJ

Households sought alternative sources of care and faced increased costs. To cope with the widespread closures and uncertainty of public sector services, many households reportedly turned to local private facilities or healers, or – for those unable to raise the required funds, or living remotely - started to depend more heavily on self-medication with shop bought drugs or herbs. “Now you will find it [strike] also taught people on how to look for alternative ways to coming to hospital, and if it continues that way, others might harm themselves with traditional herbs outside there”. Facility Management Committee FGD-03. To access funds for alternate care in private facilities, many community respondents reported that household members had to fund raise and borrow funds, or sell off precious assets such as domestic animals. For some of these households the effects of trying to meet these costs were described as catastrophic: “We brought another woman there [at a local private facility] she was forced to sell her land. The expenses were at 27000 [Kshs] within a week. She [even] wanted to sell her house, and then she died there and we couldn’t remove the body until you pay.” KEMRI Community Reprensentative FGD-03. Health system staff felt guilty and demotivated Most managers found the situation exhausting and stressful, working longer hours, taking work home, and feeling anxious about where their patients were going. Middle level managers’ frustrations were compounded by receiving pressure, and little support, from above. “It was not easy ... from the county who were my supervisors, who I thought maybe they would come, see the situation on the ground, sit with actually me or us, deliberate on the issues, come up with possible solutions, and how they are going to support us, it never happened... Nobody came actually to find out, but they were asking for reports on daily basis until at a point I said, ‘No, I’m not giving any report to anybody and if people are willing to come let them come on the ground and find the report on the whatever is the situation on the ground.’ Hospital Manager-03. The strikes were also reported to have had negative effects on other actors within the system. For example, when one cadre was out on strike, the remaining cadres were demotivated by being unable to perform their roles as usual. It was reported that both doctors and nurses missed salaries for several months and that many suffered guilt and an internal tension between adhering to their oath to do no harm to the patients but at the same time feeling obliged to fight for their interests and stand with their colleagues. Loss of trust in the public health system Several interviewees felt that the recurrence of strikes in the public sector and the disruptions and uncertainties brought by the prolonged strikes had contributed to a ‘loss of trust’ from the public in the public sector that might have longer term effects in treatment-seeking and ultimately the public health system. “No, not everyone has managed to come back [to the public facility], some maybe they are still going to the private and they will still go. They have had bad experiences here during the strikes and this makes somebody lose trust in the government facilities. We wish our clients could come back.” Peripheral Facility Manager-06.

#### [Udow Phillips and Lants 20] Trust in hospitals and public health is key to successful pandemic responses

**Udow-Phillips and Lantz 20**

(Marianne Udow-Philips and Paula M Lantz, Trust in Public Health is Essential Amid the COVID-19 Pandemic, June 17, 2020, Journal of Hospital and Medicine <https://www.journalofhospitalmedicine.com/jhospmed/article/223587/hospital-medicine/trust-public-health-essential-amid-covid-19-pandemic>)

The visibility of public health—both as a science and a government responsibility—has increased dramatically with the COVID-19 pandemic. Public health science, surveillance, and emergency interventions are saving lives across the globe. Public health leaders are advising local, state, national, and international policymakers and have a consistent and strong voice in the media. We describe here the trust challenges facing public health in this moment of crisis, as well as the strategies necessary to maintain and increase that trust. In the United States, public opinion data suggest that, while trust in science and government is relatively low and has been declining in recent years, trust in public health is high.1,2 In a survey released in April, 2020, the most trusted groups “to do the right thing” on COVID-19 were doctors, hospitals, scientists, researchers, and the Centers for Disease Control and Prevention (CDC).3 Trust in state government was the next highest. Some governors have been particularly strong in supporting public health messages. For example, Governor Gretchen Whitmer in Michigan has repeatedly stated that her decisions are based on science and public health4; Michiganders reported trust in state government at 79%, compared with trust in the White House at 54%.3 In Ohio, where Governor Mike DeWine has stood with his director of public health, Amy Acton, MD, MPH, in his pandemic response, trust in state government was 80%, compared with trust in the White House at 62%.3 Until there is an effective vaccine with high levels of uptake, COVID-19 prevention and control efforts are going to primarily rely on intrusive and challenging public health interventions such as school/business closures, stay-at-home orders, crowd limits, and travel restrictions. Maintaining trust in and support for both public health interventions and leaders requires intentional strategies that are sophisticated and deploy effective social marketing and risk communication strategies. Early in the trajectory of COVID-19, Americans were almost uniform in their support for stay-at-home orders.5 Later, as the economic and social impact of self-quarantine, business, and school closures deepened, backlash began to increase.6 As recent protests against stay-at-home orders and other COVID-19-interventions reveal, many people do not understand the breadth of government’s duty to protect the public’s health and welfare. In fact, the US Constitution gives states a significant amount of power to protect the health, safety, and welfare of their populations, including “police powers” that generally fall into three categories: (a) protecting people who cannot protect themselves, (b) protecting people from others, and (c) protecting people from themselves.7,8 Current executive orders and other government actions designed to combat COVID-19 represent the use of police powers in all three of these areas. It is exceedingly difficult for governments to design effective pandemic interventions—including executive orders and laws based on “police power”—that protect the public’s health without negatively affecting the economy, healthcare system, schools, and the financial and psychosocial welfare of citizens. To compound this challenge, while local, state, and federal governments have the authority to act strongly and swiftly in a public crisis, American’s passionate political and philosophical attachments to freedom and self-determination and their skepticism about government interference cannot be dismissed. “Life, liberty, and the pursuit of happiness” is more than a line in the Declaration of Independence—it reflects a strong set of American values that make the case for action that is collectively based while honoring individual interests. Although Americans have a deep-seated belief in individual freedoms, public health relies on collective action for success. Public health leaders must understand this tension and effectively articulate why and when collective action is necessary while also articulating a path to move from a uniform, state-imposed emergency response to one that relies on responsible individual actions. The federal government’s conflicting messages on science and the public health are also an enormous threat to public health. When the White House’s top trade adviser publicly criticizes the response of the CDC, the CDC guidance appears politicized, which erodes public trust. Unfortunately, public health in the United States has generally struggled to make a clear and compelling case for prevention and nonmedical approaches to health and well-being. As the saying goes, “Public health is invisible when it is most effective.” Public health leaders are trained in epidemiology and other sciences, in community-based partnerships, and sometimes medicine. However, few public health leaders have been trained in advocacy communication. Government leaders and their partners can better balance the health, economic, and other needs of the population if they effectively communicate the rationale and need for population-­based public health interventions in ways that are based on communication science and are politically savvy. A civics lesson from public health officials about constitutional law and the role of police power in combating COVID-19 is not likely to be effective. However, sophisticated messaging tailored to different audiences about the government’s role in protecting the health of everyone could be. While much is still unknown regarding COVID-19, the evidence is clear that nonpharmaceutical interventions like self-quarantine and isolation, physical distancing, business and school closures, and other core public health strategies are effective in reducing community spread and can flatten the infectious-disease epidemiologic curve.9,10 Countries such as South Korea, New Zealand, Australia, and Germany—countries that have taken strong public-health approaches on social distancing and stay-at-home orders along with extensive testing and contact tracing—have demonstrated reduced rates of severe morbidity and mortality from COVID-19. Vietnam, a developing country of 96 million people that borders China, has reported zero deaths from COVID-19 to date because of both swift public health actions and strong communication strategies.11 Public health communication efforts regarding COVID-19 should be based on risk and crisis communication science and on best practices for social marketing that rallies people around shared values.12,13 For example, communications from Dr Acton have attempted to “inspire” rather than “order” people to physically isolate by appealing to widely shared core values.14 This includes acknowledging the hardships people are experiencing, emphasizing the important historic role that everyone is playing in their sacrifices, promoting determination rather than fear, and declaring that “not all heroes wear capes.” Best practices in communication also include segmenting audiences for the design and testing of different communication approaches.12 Public health leaders can also learn from the extensive research from other fields in how to build trust. Consumer product research emphasizes the importance of transparency in sharing known and unknown risks and admitting error when errors are made.15 Engagement of the public in policy decision-making is also essential in situations of uncertainty. Since much is unknown about COVID-19, policy guidance about mitigation and prevention strategies has changed in real time. Changing messages on the importance of face masks is an example of the trust challenge for public health. In the initial stages of the pandemic, the CDC discouraged the use of face masks. As more data became available, the CDC changed its guidance. Such changed guidance can undermine the entire public health message on protective factors. Acknowledging uncertainty and engaging the public in decision-making through a process of reflexive learning can build public trust in a time of uncertainty.16 COVID-19 has also reaffirmed and illuminated that the public health and healthcare delivery systems are intertwined. Failure to “flatten the curve” results in an overrun healthcare system, enormous costs, and significant mortality. However, public health efforts that successfully slow and limit community spread also produce significant financial losses for healthcare systems because the use of all types of nonemergent care greatly decreases. Public health and healthcare system leaders must partner in the strategic design and reinforcement of messages to build strong and lasting trust in the ongoing public health interventions and mandates that are going to be with us for the unforeseen future. Finally, maintaining trust in the face of political attacks on our agencies of public health requires the healthcare community speak out in unity—endorsing science-based recommendations and supporting the CDC, the World Health Organization, and local public health. Public health is at an unprecedented and crucial moment in this global pandemic, with growing societal understanding of the role that public health plays in our lives. Public health leaders have a unique opportunity to build on that understanding, strengthen trust, and increase funding and support for core public health services. Balancing risks and benefits in the face of great uncertainty is never easy. With COVID-19, the horrific number of deaths and speed of community spread has led to a strong and essential public health emergency response throughout most of the country. Keeping the public committed to the important and ongoing measures necessary to ensure that prevention/control efforts are effective and that as few lives as possible are lost will require strengthening the widespread and deep trust in the science and practice of public health.

#### [Barnes 21] Studies show new pandemics are on the way, much worse than COVID-19.

**Barnes, 21**

(Adam Barnes, 6-23-2021, "US Army scientists warn worse pandemics are coming soon," TheHill, <https://thehill.com/changing-america/well-being/prevention-cures/559796-us-army-scientists-warn-worse-pandemics-are>, 8-29-2021) SJ

Scientists studying coronavirus vaccines at the Walter Reed Army Institute of Research are warning that the pandemic could be followed by an even larger and potentially deadly viral outbreak. Speaking at the Defense One 2021 Tech Summit on Monday, Kayvon Modjarrad, director of Walter Reed’s infectious diseases branch, argued that the probability of this generation encountering another pandemic “is high,” [Defense One reported](https://www.defenseone.com/technology/2021/06/may-not-be-big-one-army-scientists-warn-deadlier-pandemics-come/174853/). “We have seen the acceleration of these pathogens and the epidemics that they precipitate. And it may not be a coronavirus, this may not be the big one,” Modjarrad said, according to the outlet. “There may be something that's more transmissible and more deadly ahead of us.” “We have to think more broadly, not just about COVID-19, not just about coronavirus, but all emerging infectious threats coming into the future,” Modjarrad The team at Walter Reed has been working on developing vaccines not only for COVID-19 but also potential new viruses, according to Defense One. Researchers thus far have conducted testing of their spike ferritin nanoparticle, or SpFN, vaccine on nonhuman specimens, although the group is in the early stages of human trials. “If we try to chase the viruses after they emerge, we're always going to be behind,” Modjarrad said. Director for the Centers for Disease Control [Rochelle Walensky said](https://thehill.com/changing-america/well-being/prevention-cures/559670-cdc-director-says-vaccinations-make-adult-covid) at a press briefing on Tuesday that the availability of effective vaccines has made adult COVID-19 deaths “entirely preventable. "This new virus forced too many of our families to accept death as an outcome for too many of our loved ones, but now this should not be the case," Walensky added. CDC [data shows that 65 percent](https://covid.cdc.gov/covid-data-tracker/#vaccinations) of eligible U.S. adults have received at least one vaccine dose, while 45.3 percent of the total population has been fully vaccinated.

#### [Pamlin and Armstrong 15] Pandemics cause mass death and extinction.

**Pamlin and Armstrong 15 (**Dennis Pamlin, Executive Project Manager Global Risks, Global Challenges Foundation, and Stuart Armstrong, James Martin Research Fellow, Future of Humanity Institute, Oxford Martin School, University of Oxford, February 2015, “Global Challenges: 12 Risks that threaten human civilization: The case for a new risk category,” Global Challenges Foundation, p.30-93, <https://api.globalchallenges.org/static/wp-content/uploads/12-Risks-with-infinite-impact.pdf>) SJ

4 Global A pandemic (from Greek πᾶν, pan, “all”, and δῆμος demos, “people”) is an epidemic of infectious disease that has spread through human populations across a large region; for instance several continents, or even worldwide. Here only worldwide events are included. A widespread endemic disease that is stable in terms of how many people become sick from it is not a pandemic. 260 84 Global Challenges – Twelve risks that threaten human civilisation – The case for a new category of risks 3.1 Current risks 3.1.4.1 Expected impact disaggregation 3.1.4.2 Probability Influenza subtypes266 Infectious diseases have been one of the greatest causes of mortality in history. Unlike many other global challenges pandemics have happened recently, as we can see where reasonably good data exist. Plotting historic epidemic fatalities on a log scale reveals that these tend to follow a power law with a small exponent: many plagues have been found to follow a power law with exponent 0.26.261 These kinds of power laws are heavy-tailed262 to a significant degree.263 In consequence most of the fatalities are accounted for by the top few events.264 If this law holds for future pandemics as well,265 then the majority of people who will die from epidemics will likely die from the single largest pandemic. Most epidemic fatalities follow a power law, with some extreme events – such as the Black Death and Spanish Flu – being even more deadly.267 There are other grounds for suspecting that such a highimpact epidemic will have a greater probability than usually assumed. All the features of an extremely devastating disease already exist in nature: essentially incurable (Ebola268), nearly always fatal (rabies269), extremely infectious (common cold270), and long incubation periods (HIV271). If a pathogen were to emerge that somehow combined these features (and influenza has demonstrated antigenic shift, the ability to combine features from different viruses272), its death toll would be extreme. Many relevant features of the world have changed considerably, making past comparisons problematic. The modern world has better sanitation and medical research, as well as national and supra-national institutions dedicated to combating diseases. Private insurers are also interested in modelling pandemic risks.273 Set against this is the fact that modern transport and dense human population allow infections to spread much more rapidly274, and there is the potential for urban slums to serve as breeding grounds for disease.275 Unlike events such as nuclear wars, pandemics would not damage the world’s infrastructure, and initial survivors would likely be resistant to the infection. And there would probably be survivors, if only in isolated locations. Hence the risk of a civilisation collapse would come from the ripple effect of the fatalities and the policy responses. These would include political and agricultural disruption as well as economic dislocation and damage to the world’s trade network (including the food trade). Extinction risk is only possible if the aftermath of the epidemic fragments and diminishes human society to the extent that recovery becomes impossible277 before humanity succumbs to other risks (such as climate change or further pandemics). Five important factors in estimating the probabilities and impacts of the challenge: 1. What the true probability distribution for pandemics is, especially at the tail. 2. The capacity of modern international health systems to deal with an extreme pandemic. 3. How fast medical research can proceed in an emergency. 4. How mobility of goods and people, as well as population density, will affect pandemic transmission. 5. Whether humans can develop novel and effective anti-pandemic solutions.

## T

**Interpretation: the affirmative must defend governmental actions taken by just governments**

**Violation: they demand recognition of RTS in Israel, which isn’t a just government. To clarify, even if Palestine is demanding the change, all of their offense is about Palestinian workers in Israel.**

#### Isreal is not a just government- it supports ethnic supremacy and violation of rights

**Kibrik 21** (Roee Kibrik, Director of Research at Mitvim - the Israeli Institute for Regional Foreign Policies, The Israeli right: authoritarianism and ethnic supremacy, Jan 13, 2021, <https://progressivepost.eu/the-israeli-right-authoritarianism-and-ethnic-supremacy/>

The abandonment of liberal values provides the underpinnings of the right-wing coalition that is ruling Israel. Its members are several disparate parties – the Likud, the settlers’ parties representing nationalist religious ideas, the non-Zionist ultra-Orthodox parties, and the Yisrael Beitenu party representing many Israelis who hail from the former Soviet Union. Although fundamentally different on issues of religion and state and divided over economic principles, they share a basic rejection of liberal values. The ultra-Orthodox parties adhere to religious law. They do not identify with the ideas of human and civil rights nor with the basic principle of sovereignty of the people. They are ruled by rabbinical authority. The parties that represent nationalist religious ideas place the goal of a Greater Israel and settlement expansion above all else. Both goals violate Palestinian rights in the territories, create a hierarchy between Jews and Palestinians and contradict the principle of Palestinian self-determination. Yisrael Beitenu, led by Avigdor Liberman, is a secular party in essence, but it is not liberal. Unlike the ultra-Orthodox and religious parties, it promotes the authority of the state as superior to minority and human rights. The ideological thread running through all these parties is a basic concept of Jewish ethnic supremacy (religious, cultural, or historic) and rejection of republican citizenship.

**Standards**

**1 – neg prep – the topic specifically says “just governments” which means that all of our research is about countries that are topical – means that the aff’s choice to defend a country outside of thetopic kills our pre round prep and gives the aff unfair access to the ballot. Also kills education bc we wont have a nuanced debate**

**2 – anti racism – positing the US as a just government papers over a racist history that serves to disenfranchise POC – independent voter for inclusion bc it makes POC feel like their experiences don’t matter as long as the US is considered a “just government.” Also kills education bc you’re inaccurately representing the topic**

**Voters –**

**1 -- Fairness – you need fairness to evaluate debate rounds – the judge needs to vote for the better debater not the better cheater. Unfair advantages in debate rounds make decisions illegitimate and hurt our ability to access real world skills. If they try to go for “fairness bad” then just vote neg because it means you’re under no obligation to evaluate their arguments fairly.**

**2 – education – it’s a voter because it’s the reason schools fund debate and the only portable skills we gain from debate are a result of education – knowing how to discuss the merits of broad policy options has more real world implications than knowing how to go for an rvi or knowing how to defend policies that are so obscure they’d never be passed.**

**Paradigm issues –**

**1 – No RVIs**

**a] logic – you don’t get to win just for proving you’re topical**

**b] chilling effect – rvis disincentivize debaters from checking abuse**

**c] theory baiting – rvis incentivize affs to be as unnegatable as possible so they can bait t or theory and win**

**2 – competing interpretations over reasonability**

**a] arbitrariness – reasonability is arbitrary and invites judge intervention**

**b] brightlines mean competing interps – it becomes a debate of whose brightline is best which is the same thing as competing interps – you’re debating about whose model is best**

**3 – drop the debater**

**a] logic – drop the argument doesn’t make sense – the shell indics their entire advocacy**

**b] severance – if they go for drop the argument it’s severance and an independent reason to negate – kicking out of the aff no-links all neg offense and forces us to restart and finish the debate in the 2nr – means there’s no way the neg can access the ballot because 2ar gets recontextualizations**

## case

#### Turns suffering – mass death causes suffering because people can’t get access to resources and basic necessities

#### [1] Magnitude of the impact over structural violence, even if there’s a smaller chance that our impact occurs, we need to prioritize it in order to save the most amount of lives

#### [2] Large impacts turn structural violence – impacts like global warming disproportionately affects minorities and people in poverty.

#### [3] Arbitrary DA – their framing weighs certain sufferings as more important than others – that’s immoral and irresponsible

#### [4] Tunnel Vision DA – moral ethics create intentions of goodness that make other populations disposable and ignores consequences

#### [5] Complexity DA – moral theories collapse under intricate scenarios – util accounts for all factors

#### 68] Illusion DA – small, ineffective “moral steps” actually make the problem worse because they create the illusion that the problem has been solved discourages search for effective reform. Aff’s strategy cleans their conscience but relinquishes responsibility for finding a policy that solves.

#### The counter role of the ballot is to vote for the better debater.

#### [A] Infinite regress – any other role of the ballot is infinitely regressive, i.e. I could read a role of the ballot to vote for the debater that who creates policy action that prioritizes Asian people. But I could also read a role of the ballot that prioritizes queer Asian people, and then read a roll of the ballot that prioritizes queer, disabled Asian people. Means there’s no predictable stasis to base debate off of.

#### [B] Predictable limits – any other ROB explodes aff ground and overburdens my prep because I have to prep for every single ROB that could exist. Our ROB provides stable ground for both debaters to debate.

#### Giroux’s focus on finance and wealth within critical pedagogy serve to marginalize labor. This turns their case and framework.

**Zavarzadeh 3** (“The Pedagogy of Totality” by Mas’ud Zavarzadeh (was educated in Middle Eastern, European, and American universities and teaches critical theory at Syracuse University. He has written on postmodern critical theory and is the author of *Mythopoeic Reality* and coeditor of *Theory, Pedagogy, Politics*.) The Red Critique from 2003. <http://www.redcritique.org/FallWinter2003/thepedagogyoftotality.htm> accessed 9/12/2020)

Giroux and other critical pedagogues always criticize capitalism and regard their pedagogy to be a resistance against it. Their criticism, however, is, in practice a radical complicity with capital because it always erases the fundamental material contradiction of capitalism (the appropriation of products from its producers) and instead focuses on such matters as race, sexuality, gender, and the environment as autonomous sites of the exercise of power. When their teacherly criticism approaches capitalism as an economic system, it is finance capital that is their object of attention. Focusing on finance capital, however, represents money itself ("interest") as the source of wealth. In doing so, it marginalizes labor as the source of value and class as the marker of relations of property and exploitation. Replacing capitalism as wage labor with capitalism as finance capital has been the political goal in the writings of such post-al writers as Derrida (Specters of Marx), Deleuze and Guattari (Anti-Oedipus: Capitalism and Schizophrenia) and Bataille, The Accursed Share. "In a sense", write Deleuze and Guattari,230).

No solvency

Just demanding the uncondo rts will not result in it- especially when isreal can use violence against them

Ross 21

Poor labor relations are a symptom of isreali oppression, not the root cause so cannot solve

Non uq—all their ev in squo and they are striking

#### **Participating in illegal strikes bring more public attention to the strikes which creates more public support and change**

**Reddy 21** (Diana S. Reddy, is a Doctoral Fellow at the Law, Economics, and Politics Center at UC Berkeley Law, and a PhD candidate in UCB's Jurisprudence and Social Policy Program, Jan 6, 2021, “There Is No Such Thing as an Illegal Strike”: Reconceptualizing the Strike in Law and Political Economy, Yale Law Journal,<https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy?fbclid=IwAR3E9H7oPHjnowO9sR7fAiFMwRQkLK-B9moWOUala-Lz3jc9Dx67vraa870>)

**The “Great Steel Strike”** of 1919-20—the last large strike of the Progressive Era—illustrates all that seemed possible, yet turned out not to be, in this Era. **State militias and local police imprisoned strikers, and employers brought in strike-breakers, weakening worker solidarity**. In some areas, local police rounded up striking workers from their homes and forced them back to work.[56](https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy?fbclid=IwAR3E9H7oPHjnowO9sR7fAiFMwRQkLK-B9moWOUala-Lz3jc9Dx67vraa870#_ftnref56)After this loss, virtually no union organizing occurred in the steel industry for fifteen years.[57](https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy?fbclid=IwAR3E9H7oPHjnowO9sR7fAiFMwRQkLK-B9moWOUala-Lz3jc9Dx67vraa870#_ftnref57) But these immediate losses were not the end of the story. **These strikes grew the labor movement, creating the material** (organized workers) **and ideological** (something must be done about the “labor problem”) **infrastructure for the legal reforms to come.**[**58**](https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy?fbclid=IwAR3E9H7oPHjnowO9sR7fAiFMwRQkLK-B9moWOUala-Lz3jc9Dx67vraa870#_ftnref58)**Importantly, they changed public consciousness.** By ensuring tat workers’ experience of the new economy was a part of public discourse, strikes contributed to the Progressive challenge to laissez faire. As Louis Brandeis proclaimed following the 1902 coal strike, “The growth in membership has been large, but the change in the attitude toward unions both on the part of the employer and of the community marks even greater progress. **That struggle compelled public attention to the trades union problem in a degree unprecedented in this country.”**[**59**](https://www.yalelawjournal.org/forum/there-is-no-such-thing-as-an-illegal-strike-reconceptualizing-the-strike-in-law-and-political-economy?fbclid=IwAR3E9H7oPHjnowO9sR7fAiFMwRQkLK-B9moWOUala-Lz3jc9Dx67vraa870#_ftnref59)