

## 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 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-in-500-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 \$5x10<sup>21</sup> 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

## Econ DA

*[Bachman 9-16] Economic fundamentals are strong but Delta makes the econ more fragile*

**Bachman 9/16** (Daniel Bachman, September 16, 2021, "United States Economic Forecast," Deloitte

Insights, <https://www2.deloitte.com/us/en/insights/economy/us-economic-forecast/united-states-outlook-analysis.html>) //neth

**Meanwhile, economic fundamentals remain strong. Household and business balance sheets are still in good shape, and consumers are sitting on piles of savings. GDP is now above the prepandemic level, even though employment is 4.4% below the fourth-quarter average. That's not good for the people still not working—but the strong growth in productivity (output per worker) is a positive sign. And continued government action in the form of the bipartisan infrastructure agreement should support the economy in the short term and foster even greater productivity growth in the long run. Deloitte's five-year baseline remains, therefore, quite positive** (although slightly less so in the very near term). We expect GDP to remain above the prepandemic baseline level for the entire forecast horizon. That's a surprising prospect and doesn't alter the damage that the pandemic has done. The US economy's ability to bounce back from such a sudden, damaging shock, is amazing. But don't forget that alternative scenarios are a key part of our forecast. We continue to place a relatively high probability on our "Side effects in post-op" scenario, and the Delta variant could—if things get worse—easily lead there. One further consideration: **Delta demonstrates the importance of vaccinations for the economic recovery. As of August 2021, the Centers for Disease Control and Prevention (CDC) reported that only about 50% of the total US population (60% of those age 12 and over) was fully vaccinated. The economy may well remain fragile until the vaccination rate hits much higher levels, so that people are comfortable returning to the prepandemic "normal."** Continued low vaccination rates risk creating shortages of ICU hospital beds, closed schools, and people once again avoiding shopping and entertainment venues. As we've said all along, the disease is determining the state of the economy, and vaccination rates are a good indicator of whether the disease can be kept under control—and whether the economy will be able to fully recover.

*[Coon 2000] Strikes hurt the GDP – even small strikes can have a ripple effect – the gm strike proves*

**Coon 2000** (Korey Harlyn Coon (1999) "The Ripple Effect of Union Strikes: A Case Study of the Micro- and Macroeconomic Effects of the General Motors Strike of 1998," The Park Place Economist: Vol. 7 Available at: <https://digitalcommons.iwu.edu/parkplace/vol7/iss1/13>) //neth

**The direct effects on General Motors Corporation are not slight in measure.** Although the strike began in June, most of the effects of the strike were felt in the third quarter of 1998. Compared to the corresponding months in 1997, GM's U.S. sales fell 38% in July and 37% in August (Peoria Journal Star, 1998). September saw only a 3.1 percent drop in sales compared to September 1997 (Reuters-Detroit, 1998). The total cost of the strike to GM in the third quarter was \$1.2 billion, causing a net loss of \$809 million compared to a net gain of \$973 million in 1997. Worldwide market share for GM in the third quarter fell from 16.6% last year to 14.2 percent this year (Ellis, 1998). Its U.S. market share went from pre-strike levels of 31% to a level of about 21% in July and August 1998 (Reuters-Detroit, 1998). Obviously, the UAW strike that halted vehicle production for approximately 8 weeks had an enormous impact on GM. **The strikes also had a large ripple effect in many various industries that saw sales and profits drop because of the strikes. For example, the earnings of steel companies lowered in the third quarter because the GM strike brought demand for steel down (Reuters-New York, 1998).** Also, H.B. Fuller, who makes adhesives, sealants, coatings, and paints saw lower earnings because of the GM strike (Reuters-St. Paul, 1998). **Companies not even in the manufacturing sector saw effects as well.** For example, The Washington Post's earnings were slowed by the GM strike because of a decline in advertising revenue on its television stations and in its Newsweek Magazine (The Washington Post, 1998). In addition, many auto suppliers reported reduced earnings because of the GM strike. These include Dana Corp, an engine component supplier, Excel Industries, a doorframe maker, Gentex, a car mirror manufacturer, and Westcast Industries, an exhaust system maker (Eldridge, 1998). **By taking all the above-mentioned data into perspective, it can be seen that the GM strike had a negative impact on the United States' GDP, the best measurement of economic growth.** As previously shown, vital statistics and data involving the impact the strike made on the GDP, production, buying power, trade deficit, and employment are evident. **An effect was even felt globally as exports decreased.** GM could very well have the largest influence on the U.S. economy compared to all other companies. With over \$178 billion in sales per year and the employment of over 600,000 people, GM has a huge impact on the economy. Obviously, when a nearly complete shutdown of business occurs for a company providing that large of a share of the nation's wealth, GDP is significantly effected. The GM strike halted production in almost all of their plants. Therefore, **a shock to supply occurred in the U.S. economy.** That can be shown as an upward shift in the SRAS (short-run aggregate supply) curve in the economic model shown below in Figure 1.

*[Baird 20] Decrease in US GDP causes crisis – ensuring continued growth is key*

**Baird '20** [Zoe; October 2020; C.E.O. and President of the Markle Foundation, Member of the Aspen Strategy Group and former Trustee at the Council on Foreign Relations, J.D. and A.B. from the University of California at Berkeley; Domestic and International (Dis)order: A Strategic Response, "Equitable Economic Recovery is a National Security Imperative," Ch. 13] **A strong and inclusive economy is essential for American national security and global leadership.** As the nation seeks to return

from a historic economic crisis, the national security community should support an equitable recovery that helps every worker adapt to the seismic shifts underway in our economy. Broadly shared economic prosperity is a bedrock of America's economic and political strength—both domestically and in the international arena. A strong and equitable recovery from the economic crisis created by COVID-19 would be a powerful testament to the resilience of the American system and its ability to create prosperity at a time of seismic change and persistent global crisis. Such a recovery could attack the profound economic inequities that have developed over the past several decades. Without bold action to help all workers access good jobs as the economy returns, the United States risks undermining the legitimacy of its institutions and its international standing. The outcome will be a key determinant of America's national security for years to come. An equitable recovery requires a national commitment to help all workers obtain good jobs—particularly the two-thirds of adults without a bachelor's degree and people of color who have been most affected by the crisis and were denied opportunity before it. As the nation engages in a historic debate about how to accelerate economic recovery, ambitious public investment is necessary to put Americans back to work with dignity and opportunity. We need an intentional effort to make sure that the jobs that come back are good jobs with decent wages, benefits, and mobility and to empower workers to access these opportunities in a profoundly changed labor market. To achieve these goals, American policy makers need to establish job growth strategies that address urgent public needs through major programs in green energy, infrastructure, and health. Alongside these job growth strategies, we need to recognize and develop the talents of workers by creating an adult learning system that meets workers' needs and develops skills for the digital economy. The national security community must lend its support to this cause. And as it does so, it can bring home the lessons from the advances made in these areas in other countries, particularly our European allies, and consider this a realm of international cooperation and international engagement. Shared Economic Prosperity Is a National Security Asset

A strong economy is essential to America's security and diplomatic strategy. Economic strength increases our influence on the global stage, expands markets, and funds a strong and agile military and national defense. Yet it is not enough for America's economy to be strong for some—prosperity must be broadly shared. Widespread belief in the ability of the American economic system to create economic security and mobility for all—the American Dream—creates credibility and legitimacy for America's values, governance, and alliances around the world. After World War II, the United States grew the middle class to historic size and strength. This achievement made America the model of the free world—setting the stage for decades of American political and economic leadership. Domestically, broad participation in the economy is core to the legitimacy of our democracy and the strength of our political institutions. A belief that the economic system works for millions is an important part of creating trust in a democratic government's ability to meet the needs of the people. The COVID-19 Crisis Puts Millions of American Workers at Risk For the last several decades, the American Dream has been on the wane. Opportunity has been increasingly concentrated in the hands of a small share of workers able to access the knowledge economy. Too many Americans, particularly those without four-year degrees, experienced stagnant wages, less stability, and fewer opportunities for advancement. Since COVID-19 hit, millions have lost their jobs or income and are struggling to meet their basic needs—including food, housing, and medical care.<sup>1</sup> The crisis has impacted sectors like hospitality, leisure, and retail, which employ a large share of America's most economically vulnerable workers, resulting in alarming disparities in unemployment rates along education and racial lines. In August, the unemployment rate for those with a high school degree or less was more than double the rate for those with a bachelor's degree.<sup>2</sup> Black and Hispanic Americans are experiencing disproportionately high unemployment, with the gap widening as the crisis continues.<sup>3</sup> The experience of the Great Recession shows that without intentional effort to drive an inclusive recovery, inequality may get worse: while workers with a high school education or less experienced the majority of job losses, nearly all new jobs went to workers with postsecondary education. Inequalities across racial lines also increased as workers of color worked in the hardest-hit sectors and were slower to recover earnings and income than White workers.<sup>4</sup> The Case for an Inclusive Recovery

A recovery that promotes broad economic participation, renewed opportunity, and equity will strengthen American moral and political authority around the world. It will send a strong message about the strength and resilience of democratic government and the American people's ability to adapt to a changing global economic landscape. An inclusive recovery will reaffirm American leadership as core to the success of our most critical international alliances, which are rooted in the notion of shared destiny and interdependence. For example, NATO, which has been a cornerstone of U.S. foreign policy and a force of global stability for decades, has suffered from American disengagement in recent years. A strong American recovery—coupled with a renewed openness to international collaboration—is core to NATO's ability to solve shared geopolitical and security challenges. A renewed partnership with our European allies from a position of economic strength will enable us to address global crises such as climate change, global pandemics, and refugees. Together, the United States and Europe can pursue a commitment to investing in workers for shared economic competitiveness, innovation, and long-term prosperity. The U.S. has unique advantages that give it the tools to emerge from the crisis

with **tremendous economic strength**— including an entrepreneurial spirit and the technological and scientific infrastructure to lead global efforts in developing industries like green energy and biosciences that will shape the international economy for decades to come.

### *[Tonnesson 15] Extinction*

**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.

## 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 Health 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. 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 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 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 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 Representative 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 Lantz 20] Trust in hospitals and public health is key to successful pandemic responses*

### **Udow-Phillips and Lantz 20**

(Marianne Udow-Phillips 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.<sup>1,2</sup> 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).<sup>3</sup> 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 health<sup>4</sup>; Michiganders reported trust in state government at 79%, compared with trust in the White House at 54%.<sup>3</sup> 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%.<sup>3</sup> 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.<sup>5</sup> Later, as the economic and social impact of self-quarantine, business, and school closures deepened, backlash began to increase.<sup>6</sup> 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.<sup>7,8</sup> 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.<sup>9,10</sup> 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.<sup>11</sup> 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.<sup>12,13</sup> For example, communications from Dr Acton have attempted to “inspire” rather than “order” people to physically isolate by appealing to widely shared core values.<sup>14</sup> 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.<sup>12</sup> 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.<sup>15</sup> 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.<sup>16</sup>

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. “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](#) 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](#) 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 subtypes 266 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-tailed 262 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 high impact epidemic will have a greater probability than usually assumed. All the features of an extremely devastating disease already exist in nature: essentially incurable (Ebola 268), nearly always fatal (rabies 269), extremely infectious (common cold 270), and long incubation periods (HIV 271). If a pathogen were to emerge that somehow combined these features (and influenza has demonstrated antigenic shift, the ability to combine features from different viruses 272), 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 rapidly 274, 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 impossible 277 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.

## Case

### **1- Kant is ableist – independent voter**

**Their framework requires rationality that constructs a perfect subject – this form of rationality isn't accessible to all people, reifying ableism. Kant only gives agency to those who are both rational and autonomous. Those who are not are not given the same deference and are treated as if they are on the same level as animals.**

*This is a reason to drop them – it kills accessibility to disabled people, . Their Reps was also ableist, which means they can't cross apply the theory to defend itself because it's what's indicted. Reps first –*

1] controls the form of argumentation – every arg you make is skewed because you justified them with flawed rhetoric

2] prevents debaters from engaging in your arguments – if you're arguments justify these things, they may be sensitive to debaters who identify with those groups and prevent them from effectively engaging.

3] reps shape reality because we only understand arguments through how they're conveyed, just like you won't vote on an argument you don't understand.

**All of these are drop the debater – they actively make the debate space unsafe and kill inclusion that o/w/s and is highest layer because it's a prereq to debating the round and w/o debaters debate dies as an activity**

## Case

*[1] The process of strike uses patients or beneficiaries of work as a means to an end*

**Howard 20** [Danielle Howard,, Mar 2020, "What Should Physicians Consider Prior to Unionizing?," Journal of Ethics | American Medical Association, [// LEX JB\]](https://journalofethics.ama-assn.org/article/what-should-physicians-consider-prior-unionizing/2020-03)

- Written in the context of doctors, warrant can be used for all jobs

**The** possible **disadvantage to** patients highlights the crux **of** the moral issue of physician **strikes. In** Immanuel **Kant's** *Groundwork for the Metaphysics of Morals*, one formulation of **the categorical imperative is to "Act in such a way as to treat humanity, whether in your own person or in that of anyone else, always as an end and never merely as a means."**<sup>24</sup> **When patient care is leveraged** by physicians during strikes, **patients serve as a means to the union's ends.** Unless physicians act to improve *everyone's* care, union action—if **it jeopardizes** the **care of some hospitalized patients**, for example—cannot be ethical. It is for this reason that, in the case of **physicians looking to form a new union**, the argument can be made that unionization should be used only as a last resort. Physician union **members must be prepared to utilize collective action and accept its risks to patient care, but every effort should be made to avoid actions that risk harm to patients.**

- At prevent exploitatoin

1- mass death causes suffering and exploitation because marignalized groups can't get access to resources and basic necessities while more priviledged people can

2- Magnitude of the impact over exploitation, 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

3- Large impacts turn exploitation – impacts like global warming disproportionately affects minorities and people in poverty, the exploited

*[1] The process of strike uses patients or beneficiaries of work as a means to an end*

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*Strikes have no impact and hurt workers.*

## Orechwa 19

Jennifer Orechwa, 2019, "General Motors Strike A Reminder Unions Hurt Workers," UnionProof, <https://projectionsinc.com/unionproof/how-unions-hurt-workers-the-gm-strike-continues/>

**Employees Hurt the Most by a Strike** The reality is that a strike hurts the workers the most. They don't hurt the union. In fact, **union leaders see a strike as a chance to get some nationwide publicity as an organization helping the "little guys" take on the big bad abusive employer.** **Strikes don't hurt permanently hurt the company because a large company like GM has a contingency plan** and is prepared **to keep operating without the striking workers** by taking steps like temporarily shutting down some plants and consolidating operations. **It's the workers that are hurt, encouraged by the unions and some politicians to subject themselves to loss of income and job stability.** Instead of encouraged, it should read that workers are "used" by the unions and **political parties** to push their agenda. Unions thrive on making employers look bad, and politicians that believe America's big businesses take advantage of employees use the strikes as proof. The general line is that, "If employees are willing to suffer a loss of income, benefit and job stability, the workplace policies must be abusive."

*Strikes fail and spark backlash – leads to fragmentation. And violence*

**Grant and Wallace 91** [Don Sherman Grant; Ohio State University; Michael Wallace; Indiana University; "Why Do Strikes Turn Violent?" University of Chicago Press; March 1991; [//SJWen">https://www.jstor.org/stable/pdf/2781338.pdf?refreqid=excelsior%3Aca3144a9ae9e4ac65e285f2c67451ffb](https://www.jstor.org/stable/pdf/2781338.pdf?refreqid=excelsior%3Aca3144a9ae9e4ac65e285f2c67451ffb)]/SJWen

**\*\*RM = Resource-Mobilization, or Strikes**

3. Violent tactics.-Violent tactics are viewed by **RM theorists exclu- sively** as purposeful strategies by challengers for inciting social change with **little recognition of how countermobilization strategies of elites also create violence.** The role of **elite counterstrategies** has been **virtually ig- nored in research on collective violence.** Of course, **history is replete with examples of elites' inflicting violence** on challenging groups with the full sanction of the state. Typically, elite-sponsored violence occurs when the power resources and legal apparatus are so one-sidedly in the elites' favor that the outcome is never in doubt. In conflicts with weak insiders, elites may not act so openly unless weak insiders flout the law. Typically, **elite strategies do not overtly promote violence but rather provoke violence by the other side in hopes of eliciting public condemnation** or more vigorous state repression of challenger initiatives. This is a critical dynamic in struggles involving weak insiders such as unions. In these cases, **worker violence, even when it appears justified, erodes public support for the workers' cause and damages the union's insider status.**

4. Homogeneity and similarity.-**Many RM theorists incorrectly as- sume that members of aggrieved groups are homogeneous** in their inter- ests and share similar positions in the social structure. This (assumed) homogeneity of interests is rare for members of outsider groups and even more suspect for members of weak-insider groups. Indeed, **groups are rarely uniform** and often include relatively advantaged persons who have other, **more peaceful channels in which to pursue their goals.** Internal stratification processes mean that **different persons have varying invest- ments in current structural arrangements**, in addition to their collective interest in affecting social change. Again, these forces are especially prev- alent for weak insiders: even the group's lowest-status members are likely to have a marginal stake in the system; high-status members are likely to have a larger stake and, therefore, less commitment to dramatic change in the status quo.

**Internal differences may lead to fragmentation of interests and lack of consensus about tactics, especially tactics suggesting violent confronta- tion.** While group members share common grievances, individual mem- bers may be **differentially aggrieved by the current state of affairs** or differentially

exposed to elite repression. White's (1989) research on the violent tactics of the Irish Republican Army shows that working-class members and student activists, when compared with middle-class participants, are more vulnerable to state-sponsored repression, more likely to be available for protest activities, and reap more benefits from political violence. When we apply them to our study of strike violence, we find that differences in skill levels are known to coincide with major intraclass divisions in material interests (Form 1985) and are likely to coincide with the tendency for violent action. For instance, skilled-craft workers, who are more socially and politically conservative than unskilled workers, are less likely to view relations with employers as inherently antagonistic and are prone to separate themselves from unskilled workers, factors that should decrease their participation in violence.