# 1NC

#### I negate the resolution, A just government ought to recognize the unconditional right to a workers strike.

#### The value is morality because the word ought in the resolution,

#### Next: unconditional is defined by

NLRB 85 [National Labor Relations Board; “Legislative History of the Labor Management Relations Act, 1947: Volume 1,” Jan 1985; <https://play.google.com/store/books/details?id=7o1tA__v4xwC&rdid=book-7o1tA__v4xwC&rdot=1>] Justin

\*\*Edited for gendered language

As for the so-called absolute or unconditional right to strike—there are no absolute rights that do not have their corresponding responsibilities. Under our American Anglo-Saxon system, each individual is entitled to the maximum of freedom, provided however (and this provision is of first importance), his [their] freedom has due regard for the rights and freedoms of others. The very safeguard of our freedoms is the recognition of this fundamental principle. I take issue very definitely with the suggestion that there is an absolute and unconditional right to concerted action (which after all is what the strike is) which endangers the health and welfare of our people in order to attain a selfish end.

#### This means the affirmative has to prove that workers have a right to strike in every instance, this also means that if we can prove one instance in which a right to strike would not be favorable that is sufficient for you to negate.

#### We support a conditional right to a workers strike; this mitigates all of their offense since we allow workers to align with [aff framework] in every other instance except health care workers strikes and strikes in the tech sector

## Contention one

#### Healthcare strikes cause millions of deaths from a lack of treatment in developing countries – poor people have no alternatives to public doctors

Aacharya and Varghese 16 [Ramesh P Aacharya, Department of Emergency and General Practice, Tribhuvan University Teaching Hospital, Institute of Medicine, and Sibichan Varghese, Department of Higher Secondary Education, Omanoor P.O. Malappuram, 2016, “Medical Doctors’ Strike: An Ethical Overview with Reference to the Indian Context,” Journal of Clinical Research & Bioethics, https://www.longdom.org/open-access/medical-doctors-strike-an-ethical-overview-with-reference-to-the-indiancontext-2155-9627-1000272.pdf]/Kankee

\*the original article is badly formatted when copying to MS Word, replacing “ff” with a special character and missing the capital “T” at the start of sentences – try OCR software or manual corrections if you want to fix it. Find and replace didn’t work

Health is a very important human value and hence health care is a paramount social good. In this context doctors have more responsibility on health of every people [3]. In many countries health care workers including doctors are unsatisfied with factors like payments and with non-monetary aspects such as healthcare policy issues, security and safety issues, better working conditions and hospital’s physical and administrative infrastructure [4-12]. Doctors argue that they are compelled to action to make their needs or demands met, and that strikes may be chosen as an ultimate choice of action. Such collective actions by practicing doctors are occurring with increasing frequency worldwide [13-15]. In 2006, Frizelle pointed out that in the past two decades there has been strikes by medical doctors in many countries including Australia, Belgium, Canada, Chile, Finland, France, Germany, Ghana, India, Ireland, Israel, Italy, Korea, Malta, New Zealand, Peru, Serbia, Spain, Sri Lanka, Romania, USA, UK, Zambia and Zimbabwe [14]. Many of these strikes have been harmful to patients as strikes reduce patient’s access to care by eliminating or delaying necessary care, and may, at times interfere with the continuity of such care [16,17]. A doctors’ strike, regardless of the reason for it, receives a lot of media attention and meets a great deal of criticism and resistance from the general public as well as within the healthcare profession [18,19]. In fact, it arouses intense debate on the ethical justification of medical professionals failing to prioritise human life and their needs, and to find less harmful ways of negotiating their own needs without harming patients [20-22]. Many empirical studies and reviews on strikes indicate that in many instances, medical services are badly affected by doctors’ strikes [7,15]. The objections against medical strikes range from causing harm to patients, deterioration of physician-patient relationship to decrease of public’s respect for the medical profession [23]. In the recent past, a number of such strikes have been reported from many developing countries including India [4-7,10,24]. The impact of such strikes is very destructive in developing countries like India where medical insurance and health care systems are very poor and substandard. Pandya pointed out that “in such a (strike) situation, the paralysis of health care centres by striking doctors runs contrary to the raison d'être of the profession. It also violates the first dictum of medicine - Primum, non nocere” [25]. Although doctors usually put forward reasons to justify their strikes, such strikes need close ethical scrutiny. 6ignificantl\, striking doctors may feel psychological distress and ethical conflict regarding the consequences and impact of their strikes on patients [26]. In such a complex situation, various ethical dilemmas arise, like the legitimacy of doctors’ strikes while patients are harmed [18], which further questions whether a medical doctor has autonomy to engage in what he/she feels to be his/her right. In this context our question is whether doctors’ strikes can be ethically legitimate, especially in the Indian scenario? Do they have the right to strikes or work slowdowns, even if they have a genuine reason, which may put the lives of defenceless patients at serious danger? How can doctors genuinely press for their demands without making untoward eوٴects to human life? Нerefore, in this article we would like to discuss doctors’ strikes and its ethical reflection with special reference to India. Нis ethical debate is literature based for which various databases and online sources including PubMed, Web of Science, Google Scholar, Philosophers index etc. were used. Most of the full texts were accessed through Health Internetwork Access to Research Initiative (HINARI) currently named as HINARI Access to Research in Health Programme. Нe objective of this work is to study and describe reasons, modalities and impacts of the doctors’ strikes in India. Further, we try to develop an ethical reflection on doctors’ strikes and to evaluate the doctors’ strikes in India using these ethical reflections. Discussion 1. НH Indian situation with doctors’ strikes In India, strikes of junior as well as senior doctors have been more frequent in recent times which cause harm in diوٴerent dimensions of a patient’s life giving rise to ethical debates [21,22,27,28]. 1a. Reasons for doctors’ strike in India: Considering inadequate Indian public health care system, doctors argue that there are good reasons for carrying out strikes. Нe\ also argue that they deploy such activities when situations are hopeless and helpless, especially when dissatisfaction has become substantially worse. Нe major reasons can be categorised as follows: Low wages: Нe main discontent for majority of doctors relates to a ‘fair wage’ [29]. Нe ‘stipend’ given to resident doctors are very low and they need to work increasingly longer hours and thus junior doctors are exploited by the administration bypassing all labour laws in the name of training. For this reason junior or resident doctors are leading groups to strike all over the world including India. Most of the senior doctors also receive a relatively low salary compared to their time at work, risks and expertise. Failure to fulfil their expectations has contributed to a ‘brain drain’ to the rich and developed countries. Lack of security and safety at work places: Another reason for doctor’s strike is increasing incidents of attacks on doctors [6,7], by relatives of certain unfortunate patients who lost their lives during the course of treatment. Such incidents increase the lack of security and safety in their working environments. Health care policy issues: Another main reason for doctors’ strikes is related with health care policy issues adopted by central or state governments [4,5,10,24], which hamper the opportunity of a majority of talented and committed doctors to further their academic or professional and financial advancement. Upgrading of institutional capacity: A number of strikes were also reported for better working conditions and for hospital infrastructure development [6,7]. Нe infrastructures in hospitals including professional resources are inadequate to accommodate the needs of all patients seeking for public hospital services. Нe number of medical staوٴ is lower in every public hospital than is required. In many hospitals, many posts for medical staوٴ remain vacant, and the attempts to get new recruits are inadequate and ineوٴective. Despite the fact that medical education infrastructure has grown rapidly during the last decade enrolling 46,456 medical students in 2014 [30] which is 64% increment compared to 2005, the doctor-patient ratio is unsatisfactory with one government doctor for every 11,528 people [31]. Нerefore, overcrowded public hospitals are very common in India, putting more pressure on the shoulders of public hospital doctors. 1b. Modes of Strike: Unlike what workers oіen do in other strikes, most striking doctors do not begin by sudden abandoning of patients in critical conditions [32]. Rather, the usual course is starting from simple work slow-down and then, gradual increase in intensity to strong actions. Initially, they may stop indoor admissions, not attend medical boards meetings. Later, they may deny services to out-patients and also exclude surgeries. However, in most cases, emergency departments are attended by some doctors during the strike. Most of such strikes last for one day to a few weeks, and the modes of striking diوٴer from one situation to other. Doctors conduct demonstration [6], sit-in, absenteeism and some of them even undergo hunger strikes [5,29,33]. 1c. Impact of doctors’ strikes: Нe impact of such strikes varies depending on a number of factors such as the duration, cases under treatment and mode of strike [2]. Most patients who come from poor backgrounds and seek for free healthcare, they are harmed greatly because they have neither medical insurance nor social security insurance. According to United Nation's Millennium Development Goal (MGD) programme 21 percent out of India's population of 1.29 billion are living below the poverty line [34]. Further, in India, only less than 10 per cent of people have comprehensive health insurance coverage. This worsens their poor condition ending in sometimes very fatal results because they cannot financially afford to go to private hospitals. Thus outcomes of physicians’ strikes are likely to affect patients and their vulnerability to illness makes patients relatively powerless in relationship to the health care system, and influencing patients’ attitudes (of trust) towards medical doctors [1,26,35]. In India, there is a system of employing part time or alternative service especially doctors from army during periods of strike. Нe relatively small number of such part-time and/or full-time consultants in most departments is insuٹcient in comparison to the patients’ load of those who are seriously ill requiring hospital care. According to Pandya “…. If doctors in such hospitals go on strike, the only option open to these patients is to turn their faces to the wall, sicken further, and, in some instances, die. These are compounded, avoidable tragedies, all the more terrible as they follow no fault of their” [25]. Нis statement clearly illustrates the depth of the consequences of doctors’ strikes in India, which, in concluding this section, brings us back to our former question of whether it is ethically justifiable for doctors to demand to strike. Нe professional virtues behind such strikes raise moral and ethical questions. 2. D

**Independently healthcare worker attendance is necessary to pandemic containment**

HWCs=health care workers

**Damery et al 10** S Damery, H Draper, S Wilson, S Greenfield, J Ives, J Parry, J Petts and T Sorell, Journal of Medical Ethics Vol. 36, No. 1 (January 2010), pp. 12-18 (7 pages), "Healthcare workers' perceptions of the duty to work during an influenza pandemic on JSTOR," <https://www.jstor.org/stable/20696709#metadata_info_tab_contents>

The duty to work is presently under scrutiny because of the current swine flu pandemic. Pandemic influenza is, according to the National Risk Register, the potential emergency that is likely to have the greatest impact in the UK,6 and the serious nature of the threat is widely recognised internationally.710 Health services in the UK are already strained, and the situation is set to worsen as winter?the traditional influenza season? approaches. HCWs are at the forefront of both pandemic response and exposure to infection. An effective public health response that ensures that appropriate standards of conventional and critical patient care can be maintained depends on the majority of uninfected HCWs continuing to attend work, despite the risks they might face in doing so. We recently published research suggesting that absenteeism during an influenza pandemic may be significant, depending on the severity of the pandemic and the combination of adverse circum stances that arise as a result.11 In common with others, we have found that there are barriers to both the willingness and the ability to work.11-15 Pandemic preparedness plans typically focus on reducing barriers to ability (such as employers providing HCWs with transport to and from work if they are redeployed to an alternative site, or allowing greater flexibility of working hours).16 These plans assume that ability and willingness are discrete and complementary, such that addressing barriers to ability to work will have a corresponding positive influence on will ingness to do so. However, willingness may not necessarily be increased by the implementation of practical or pragmatic solutions but may be instead more deeply rooted in a number of factors, such as the extent to which HCWs feel included in preparedness planning, or various sociodemo graphic and family issues. These are likely to influence HCWs; willingness to work during a pandemic or other emergency.15 1718 The main findings of a large-scale survey of professional and non-professional HCWs in the West Midlands, which aimed to investigate the factors associated with willingness to work during an influenza pandemic, have been published elsewhere.11

#### Pandemics cause extinction, because of new biotechnology

**Millet and Snyder-Beattie 17** Piers Millett and Andrew Snyder-Beattie, Health Security Volume 15, Number 4, 2017, https://www.liebertpub.com/doi/pdfplus/10.1089/hs.2017.0028

How worthwhile is it spending resources to study and mitigate the chance of human extinction from biological risks? The risks of such a catastrophe are presumably low, so a skeptic might argue that addressing such risks would be a waste of scarce resources. In this article, we investigate this position using a cost-effectiveness approach and ultimately conclude that the expected value of reducing these risks is large, especially since such risks jeopardize the existence of all future human lives. Historically, disease events have been responsible for the greatest death tolls on humanity. The 1918 flu was responsible for more than 50 million deaths,1 while smallpox killed perhaps 10 times that many in the 20th century alone.2 The Black Death was responsible for killing over 25% of the European population,3while other pandemics, such as the plague of Justinian, are thought to have killed 25 million in the 6th century—constituting over 10% of the world's population at the time.4 It is an open question whether a future pandemic could result in outright human extinction or the irreversible collapse of civilization. A skeptic would have many good reasons to think that existential risk from disease is unlikely. Such a disease would need to spread worldwide to remote populations, overcome rare genetic resistances, and evade detection, cures, and countermeasures. Even evolution itself may work in humanity's favor: Virulence and transmission is often a trade-off, and so evolutionary pressures could push against maximally lethal wild-type pathogens.5,6 While these arguments point to a very small risk of human extinction, they do not rule the possibility out entirely. Although rare, there are recorded instances of species going extinct due to disease—primarily in amphibians, but also in 1 mammalian species of rat on Christmas Island.7,8 There are also historical examples of large human populations being almost entirely wiped out by disease, especially when multiple diseases were simultaneously introduced into a population without immunity. The most striking examples of total population collapse include native American tribes exposed to European diseases, such as the Massachusett (86% loss of population), Quiripi-Unquachog (95% loss of population), and the Western Abenaki (which suffered a staggering 98% loss of population).9 In the modern context, no single disease currently exists that combines the worst-case levels of transmissibility, lethality, resistance to countermeasures, and global reach. But many diseases are proof of principle that each worst-case attribute can be realized independently. For example, some diseases exhibit nearly a 100% case fatality ratio in the absence of treatment, such as rabies or septicemic plague. Other diseases have a track record of spreading to virtually every human community worldwide, such as the 1918 flu,10 and seroprevalence studies indicate that other pathogens, such as chickenpox and HSV-1, can successfully reach over 95% of a population.11,12 Under optimal virulence theory, natural evolution would be an unlikely source for pathogens with the highest possible levels of transmissibility, virulence, and global reach. But advances in biotechnology might allow the creation of diseases that combine such traits. Recent controversy has already emerged over a number of scientific experiments that resulted in viruses with enhanced transmissibility, lethality, and/or the ability to overcome therapeutics.13-17 Other experiments demonstrated that mousepox could be modified to have a 100% case fatality rate and render a vaccine ineffective.18 In addition to transmissibility and lethality, studies have shown that other disease traits, such as incubation time, environmental survival, and available vectors, could be modified as well.19-21 Although these experiments had scientific merit and were not conducted with malicious intent, their implications are still worrying. This is especially true given that there is also a long historical track record of state-run bioweapon research applying cutting-edge science and technology to design agents not previously seen in nature. The Soviet bioweapons program developed agents with traits such as enhanced virulence, resistance to therapies, greater environmental resilience, increased difficulty to diagnose or treat, and which caused unexpected disease presentations and outcomes.22 Delivery capabilities have also been subject to the cutting edge of technical development, with Canadian, US, and UK bioweapon efforts playing a critical role in developing the discipline of aerobiology.23,24 While there is no evidence of state-run bioweapons programs directly attempting to develop or deploy bioweapons that would pose an existential risk, the logic of deterrence and mutually assured destruction could create such incentives in more unstable political environments or following a breakdown of the Biological Weapons Convention.25The possibility of a war between great powers could also increase the pressure to use such weapons—during the World Wars, bioweapons were used across multiple continents, with Germany targeting animals in WWI,26 and Japan using plague to cause an epidemic in China during WWII.27 Non-state actors may also pose a risk, especially those with explicitly omnicidal aims. While rare, there are examples. The Aum Shinrikyo cult in Japan sought biological weapons for the express purpose of causing extinction.28 Environmental groups, such as the Gaia Liberation Front, have argued that “we can ensure Gaia's survival only through the extinction of the Humans as a species … we now have the specific technology for doing the job … several different [genetically engineered] viruses could be released”(quoted in ref. 29). Groups such as R.I.S.E. also sought to protect nature by destroying most of humanity with bioweapons.30 Fortunately, to date, non-state actors have lacked the capabilities needed to pose a catastrophic bioweapons threat, but this could change in future decades as biotechnology becomes more accessible and the pool of experienced users grows.31,32 What is the appropriate response to these speculative extinction threats? A balanced biosecurity portfolio might include investments that reduce a mix of proven and speculative risks, but striking this balance is still difficult given the massive uncertainties around the low-probability, high-consequence risks. In this article, we examine the traditional spectrum of biosecurity risks (ie, biocrimes, bioterrorism, and biowarfare) to categorize biothreats by likelihood and impact, expanding the historical analysis to consider even lower-probability, higher-consequence events (catastrophic risks and existential risks). In order to produce reasoned estimates of the likelihood of different categories of biothreats, we bring together relevant data and theory and produce some first-guess estimates of the likelihood of different categories of biothreat, and we use these initial estimates to compare the cost-effectiveness of reducing existential risks with more traditional biosecurity measures. We emphasize that these models are highly uncertain, and their utility lies more in enabling order-of-magnitude comparisons rather than as a precise measure of the true risk. However, even with the most conservative models, we find that reduction of low-probability, high-consequence risks can be more cost-effective, as measured by quality-adjusted life year per dollar, especially when we account for the lives of future generations. This suggests that despite the low probability of such events, society still ought to invest more in preventing the most extreme possible biosecurity catastrophes.

## Contention two

#### Global tech innovation high now.

Mercury News et al 6/4 [Mercury News and East Bay Times Editorial Boards, June 4, 2021, “Editorial: How America can Win the Global Tech War” <https://www.mercurynews.com/2021/06/04/editorial-why-silicon-valley-needs-endless-frontier-bill/> //gord0]

The nation that wins the global tech race will dominate the 21st century. This has been true since the 1800s. Given the rapid pace of innovation and tech’s impact on our economy and defense capabilities in the last decade, there is ample evidence to suggest that the need for investment in tech research and development has never been greater. China has been closing the tech gap in recent years by making bold investments in tech with the intent of overtaking the United States. This is a tech war we cannot afford to lose. It’s imperative that Congress pass the Endless Frontier Act and authorize the biggest R&D tech investment in the United States since the Apollo years. Rep. Ro Khanna, D-Santa Clara, made a massive increase in science and technology investment a major part of his platform while campaigning for a seat in Congress in 2016. Now the co-author of the 600-page legislation is on the cusp of pushing through a bipartisan effort that has been years in the making. Khanna and his co-authors, Senate Majority Leader Chuck Schumer, D-N.Y., Sen. Todd Young, R-Ind., and Rep. Mike Gallagher, R-Wisc., are shepherding the bill through the Senate, which is expected to approve it sometime later this month. That would set up a reconciliation debate between the House and Senate that would determine the bill’s final language. The ultimate size of the investment is still very much up in the air. Khanna would like Congress to authorize $100 billion over a five-year period for critical advancements in artificial intelligence, biotechnology, cybersecurity, semiconductors and other cutting-edge technologies. The Senate is talking of knocking that number down to $50 billion or $75 billion. They should be reminded of China Premier Li Keqiang’s March announcement that China would increase its research and development spending by an additional 7% per year between 2021 and 2025. The United States still outspends China in R&D, spending $612 billion on research and development in 2019, compared to China’s $514 billion. But the gap is narrowing. At the turn of the century, China was only spending $33 billion a year on R&D, while the United States was spending nearly 10 times that amount. The bill would authorize 10 technology hubs throughout the nation designed to help build the infrastructure, manufacturing facilities and workforce needed to help meet the nation’s tech goals. Building tech centers throughout the United States should also create more support for the industry across the country. Tech’s image has taken a beating in recent years — the emergence of the term “Big Tech” is hardly a positive development — and the industry will need all the support it can muster in Congress. The United States continues to have a crucial tech edge over its competitors, most notably China. The only way we can hope to win the 21st century is to make significant investments in research and development that will spark the next wave of innovation.

#### Violent strike efforts are increasing – they slow innovation, specifically in the tech sector.

Hanasoge 16 [Chaithra; Senior Research Analyst, Market Researcher, Consumer Insights, Strategy Consulting; “The Union Strikes: The Good, the Bad and the Ugly,” Supply Wisdom; April/June 2016 (Doesn’t specifically say but this is the most recent event is cites); https://www.supplywisdom.com/resources/the-union-strikes-the-good-the-bad-and-the-ugly/]//SJWen

The result: Verizon conceded to several of the workers’ demands including hiring union workers, protection against outsourcing of call-center jobs, and employee benefits such as salary hikes and higher pension contributions, among others and thus bringing an end to the strike in June.

The repercussion: The strike witnessed several instances of social disorder, violence and clashes, ultimately calling for third party intervention (Secretary of Labor – Thomas Perez) to initiate negotiations between the parties. Also, as a result of the strike, Verizon reported lower than expected revenues in the second quarter of 2016.

Trade unions/ labor unions aren’t just this millennia’s product and has been in vogue since times immemorial. Unions, to ensure fairness to the working class, have gone on strike for better working conditions and employee benefits since the industrial revolution and are as strong today as they were last century. With the advent of technology and advancement in artificial intelligence, machines are grabbing the jobs which were once the bastion of the humans. So, questions that arise here are, what relevance do unions have in today’s work scenario? And, are the strikes organized by them avoidable?

As long as the concept of labor exists and employees feel that they are not receiving their fair share of dues, unions will exist and thrive. Union protests in most cases cause work stoppages, and in certain cases, disruption of law and order. Like in March 2016, public servants at Federal Government departments across Australia went on a series of strikes over failed pay negotiations, disrupting operations of many government departments for a few days.  Besides such direct effects, there are many indirect effects as well such as strained employee relations, slower work processes, lesser productivity and unnecessary legal hassles.

Also, union strikes can never be taken too lightly as they have prompted major overturn of decisions, on a few occasions. Besides the Verizon incident that was a crucial example of this, nationwide strikes were witnessed in India in March and April this year when the national government introduced reforms related to the withdrawal regulations and interest rate of employee provident fund, terming it as ‘anti-working class’. This compelled the government to withhold the reform for further review. In France, strike against labor law reforms in May turned violent, resulting in riots and significant damage to property. The incident prompted the government to consider modifications to the proposed reforms.

However, aside from employee concerns, such incidents are also determined by a number of other factors such as the country’s political scenario, economy, size of the overall workforce and the unions, history of unionization, labor laws, and culture. For example, it is a popular saying that the French are always on strike as per tradition (although recent statistics indicate a decline in frequency). In a communist government like China, strikes have steadily risen in number. In 2015, China Labor Bulletin (CLB), a Hong Kong-based workers’ rights group recorded 2,700 incidents of strikes and protests, compared to 1,300 incidents in 2014. Most of them have stemmed out of failure by the government to respect the basic rights of employees and address labor concerns.

Interestingly, unions have not been able to gain a strong foothold in the IT-BPO industry. While many countries do have a separate union to represent workers from the sector, incidents of strikes like Verizon have been relatively low.  However, workplace regulations, in addition to other factors mentioned could be a trigger for such incidents, even if on a smaller scale. For example, a recent survey that interviewed several BPO employees in India revealed that while forming a union in the BPO sector was difficult, irksome workplace regulations such as constant surveillance, irregular timings and incentives have prompted employees to express their resentment in smaller ways such as corruption of internal servers and so on.  Such risks are further enhanced in a city like Kolkata, which carries a strong trade union culture.

#### Victories like the aff mobilizes unions in the IT sector.

Vynck et al 21 [Gerrit De; Carleton University, BA in Journalism and Global Politics, tech reporter for The Washington Post. He writes about Google and the algorithms that increasingly shape society. He previously covered tech for seven years at Bloomberg News; Nitashu Tiku; Columbia University, BA in English, New York University, MA in Journalism, Washington Post's tech culture reporter based in San Francisco; Macalester College, BA in English, Columbia University, MS in Journalism, reporter for The Washington Post who is focused on technology coverage in the Pacific Northwest; “Six things to know about the latest efforts to bring unions to Big Tech,” The Washington Post; https://www.washingtonpost.com/technology/2021/01/26/tech-unions-explainer/]//SJWen

In response to tech company crackdowns and lobbying, gig workers have shifted their strategy to emphasize building worker-led movements and increasing their ranks, rather than focusing on employment status as the primary goal, says Veena Dubal, a law professor at the University of California Hastings College of the Law in San Francisco. The hope is that with President Biden in the White House and an even split in the Senate, legislators will mobilize at the federal level, through the NLRA or bills such as the PRO Act, to recognize gig worker collectives as real unions.

#### Technological innovation solves every existential threat – which outweighs.

Matthews 18 Dylan. Co-founder of Vox, citing Nick Beckstead @ Rutgers University. 10-26-2018. "How to help people millions of years from now." Vox. https://www.vox.com/future-perfect/2018/10/26/18023366/far-future-effective-altruism-existential-risk-doing-good

If you care about improving human lives, you should overwhelmingly care about those quadrillions of lives rather than the comparatively small number of people alive today. The 7.6 billion people now living, after all, amount to less than 0.003 percent of the population that will live in the future. It’s reasonable to suggest that those quadrillions of future people have, accordingly, hundreds of thousands of times more moral weight than those of us living here today do. That’s the basic argument behind Nick Beckstead’s 2013 Rutgers philosophy dissertation, “On the overwhelming importance of shaping the far future.” It’s a glorious mindfuck of a thesis, not least because Beckstead shows very convincingly that this is a conclusion any plausible moral view would reach. It’s not just something that weird utilitarians have to deal with. And Beckstead, to his considerable credit, walks the walk on this. He works at the Open Philanthropy Project on grants relating to the far future and runs a charitable fund for donors who want to prioritize the far future. And arguments from him and others have turned “long-termism” into a very vibrant, important strand of the effective altruism community. But what does prioritizing the far future even mean? The most literal thing it could mean is preventing human extinction, to ensure that the species persists as long as possible. For the long-term-focused effective altruists I know, that typically means identifying concrete threats to humanity’s continued existence — like unfriendly artificial intelligence, or a pandemic, or global warming/out of control geoengineering — and engaging in activities to prevent that specific eventuality. But in a set of slides he made in 2013, Beckstead makes a compelling case that while that’s certainly part of what caring about the far future entails, approaches that address specific threats to humanity (which he calls “targeted” approaches to the far future) have to complement “broad” approaches, where instead of trying to predict what’s going to kill us all, you just generally try to keep civilization running as best it can, so that it is, as a whole, well-equipped to deal with potential extinction events in the future, not just in 2030 or 2040 but in 3500 or 95000 or even 37 million. In other words, caring about the far future doesn’t mean just paying attention to low-probability risks of total annihilation; it also means acting on pressing needs now. For example: We’re going to be better prepared to prevent extinction from AI or a supervirus or global warming if society as a whole makes a lot of scientific progress. And a significant bottleneck there is that the vast majority of humanity doesn’t get high-enough-quality education to engage in scientific research, if they want to, which reduces the odds that we have enough trained scientists to come up with the breakthroughs we need as a civilization to survive and thrive. So maybe one of the best things we can do for the far future is to improve school systems — here and now — to harness the group economist Raj Chetty calls “lost Einsteins” (potential innovators who are thwarted by poverty and inequality in rich countries) and, more importantly, the hundreds of millions of kids in developing countries dealing with even worse education systems than those in depressed communities in the rich world. What if living ethically for the far future means living ethically now? Beckstead mentions some other broad, or very broad, ideas (these are all his descriptions): Help make computers faster so that people everywhere can work more efficiently Change intellectual property law so that technological innovation can happen more quickly Advocate for open borders so that people from poorly governed countries can move to better-governed countries and be more productive Meta-research: improve incentives and norms in academic work to better advance human knowledge Improve education Advocate for political party X to make future people have values more like political party X ”If you look at these areas (economic growth and technological progress, access to information, individual capability, social coordination, motives) a lot of everyday good works contribute,” Beckstead writes. “An implication of this is that a lot of everyday good works are good from a broad perspective, even though hardly anyone thinks explicitly in terms of far future standards.” Look at those examples again: It’s just a list of what normal altruistically motivated people, not effective altruism folks, generally do. Charities in the US love talking about the lost opportunities for innovation that poverty creates. Lots of smart people who want to make a difference become scientists, or try to work as teachers or on improving education policy, and lord knows there are plenty of people who become political party operatives out of a conviction that the moral consequences of the party’s platform are good. All of which is to say: Maybe effective altruists aren’t that special, or at least maybe we don’t have access to that many specific and weird conclusions about how best to help the world. If the far future is what matters, and generally trying to make the world work better is among the best ways to help the far future, then effective altruism just becomes plain ol’ do-goodery.

# Case