Unit 3 Draft Samples: Critique Essay

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# Sample One

By Anonymous, shared with permission

**Intro**

In the article “Tailored messaging needed to limit vaccine hesitancy” published by *Healthy Debate,* the author brings to light the issue of access to reliable information in marginalized communities. The author states that the solution is simply through credible and diverse channels that are accessible to anyone. The author creates a compelling argument, however, some of the assumptions she makes are more complicated to implement.

**Summary**

Nadia Alam explains that diverse ethnic groups have less access to healthcare in their countries, which creates mistrust towards the government and the healthcare system. She states that as a result these multicultural citizens; specifically, immigrants, put their trust into non credible sources, such as social media, religious leaders, or their family members. She proposes that we use these diverse channels to spread the correct information towards these marginalized communities. Other than family physicians, which are equipped with correct information and close with their patients; the author supports the idea of informing the public through more casual messengers. This way less fortunate communities can have access to vaccine information more readily; thus perhaps reducing their hesitancy. Nadia Alam poses that for the battle against this pandemic to be over the healthcare system must take into account the multiculturalism and less fortunate communities of our country.

**Critical Response**

**Reasoning**

Alam creates a sound and compelling argument on creating easily accessible channels with reliable information about the vaccine for marginalized communities. She states that these channels need to be accessible, especially to immigrants since they “do not have the same access to health and social supports like income, job and housing stability as well as stable childcare and eldercare” (Alam, 2021). Due to these restrictions, these citizens have since become hesitant in getting the Covid-19 vaccine. She supports her claim by providing the following data; “even among (immigrant) healthcare workers, [45 per cent](https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-key-populations-early-covid-19-immunization.html) expressed vaccine hesitancy” (Alam,2021). According to the author, these citizens have come to their decision on vaccine hesitancy because of the spread of misinformation. The author points out “how previous experiences with the government and healthcare shape how people react to government recommendations about health” (Alam, 2021). In 2019, several immigrants migrated to Canada from different countries where “healthcare was accessible only to the privileged few” (Alam, 2021), this created a mistrust in the government and the healthcare system which led to these citizens turning to “personal networks, extended families and religious leaders” (Alam, 2021) for information about the vaccination process. The author concludes to have these trusted sources be informed by healthcare workers such as family physicians. They can provide more details to those who do not have access to such resources or information since they are constantly up to date with the facts about the immunization process.

**Fairness**

The author’s analysis of the argument is fair minded and takes into consideration different viewpoints. The author mentions, the viewpoint of the marginalized communities as well as the healthcare system. She mentions, how “the expertise and reach of religious leaders, community influencers and family doctors will be more persuasive and relevant” (Alam, 2021). Meaning, that those within the healthcare system can help reach out to those who are trusted by these citizens. Alam sees both sides of the system and believes that with the help of family doctors as well as community leaders, they can inform everyone about the vaccine.

**Assumptions**

The author’s thesis and issue state that marginalized communities need to rely on other resources to get information about the immunization process. She states, “a [strategy](https://www.oha.com/Documents/Effective%2520Communications%2520Strategies%2520for%2520COVID-19.pdf) that includes the expertise and reach of religious leaders, community influencers and family doctors will be more persuasive and relevant” (Alam, 2021). She makes the assumption, that these unlicensed individuals, can reiterate and comprehend the information given. She also does not take into account the beliefs, biases, and personal perceptions that some leaders may have. These personal views can change the reliable information provided. Since, these channels are the only way for these individuals to get the correct information, the media can also alter information and create more false rumours about the vaccine. The healthcare system and it’s workers are trusted and reliable sources who know the information being distributed to these citizens. Alam also assumes that if these individuals have the correct information they will want to be vaccinated, although that is not the case. Some may refuse to get the vaccination even if they do have all the right information.

**Conclusion**

In the article “Tailored messaging needed to limit vaccine hesitancy” the author provides some good points on how to help marginalized communities and provide them with reliable information. Her argument isn’t perfect because of the assumptions she poses. She brings forth the argument on how these communities have been struggling throughout the pandemic, what can be done for them to become more informed on the immunization process and how the healthcare system can provide a simpler way in distributing reliable information.

# Sample Two

By Grace Kheireddine, shared with permission

**Introduction**

In “Building Trust…Hesitancy” (*Healthy Debate*, 2021), author Nadia Alam addresses the issue of whether or not Canada’s immunization strategy should embrace and integrate formally-neglected cultural aspects of the pandemic into its delivery and messaging. Alam argues that indeed, there is a crucial need for expanding and diversifying the country’s approach to vaccine distribution through the usage of several different types of channels—for instance, those that are culturally and locally based—to ensure that the plan is comprehensive for all citizens.

Alam’s argument is ethical, logically sound, and constantly utilizes evidence to substantiate any claims made. Overall, the presentation of her argument is eloquent and coherent. However, minimal assumptions are present—which slightly interject with the effectiveness of Alam’s rhetoric.

**Summary**

“Building Trust…Hesitancy” (*Healthy Debate*, 2021), posted on January 6th, 2021, is an opinion piece written by Nadia Alam which highlights the crucial need for community-based medicine integrated into Canada’s vaccine distribution strategy. Alam argues that the neglected social aspects of the pandemic—namely equity and diversity—must be brought to the forefront of decision-making when it comes to the vaccine if Canada wants coverage to be comprehensive. Alam goes on to support this statement by bringing up that marginalized groups are disproportionately impacted by the pandemic, hence the need to tailor vaccine communication strategies to address these disparities. Alam then provides statistics emphasizing the vaccine hesitancy in the country, and how crucial it is that information about the vaccine is communicated in a concise and culturally appropriate way. Furthermore, the delivery of vaccination programs should be facilitated by family doctors and guided by community influences, to ensure that all citizens have access to these critical health care services. Alam argues that by integrating these community-based aspects into vaccine distribution and messaging, it will adequately account for Canada’s diverse population—and allow the country to move forward beyond a pandemic reality.

**Critical Response**

**Reasoning**

Alam’s reasoning is presented in a logical fashion, as she coherently links one idea to the next—all while consistently providing evidence and examples to substantiate her claims. For instance, Alam begins the opinion piece by establishing the foundation of her argument through emphasizing just how diverse Canada is. Alam brings up examples from the various neighbourhoods she has lived and studied in—from Thorncliffe Park in east Toronto to the northern Cree community of Moose Factory—she communicates to the reader that the need for diversity isn’t simply a trivial detail to her argument. Rather, this concept is what encompasses Canadian lives each and every single day—and thus should be integrated into any national immunization plan.

Alam then provides statistics regarding vaccine hesitancy in Canada, which further advances her argument by illustrating the sheer volume of discrepancies in vaccine messaging, and hence the need to modernize current national strategies. Alam proposes a collaborative strategy between family doctors and cultural/community influences—which, according to her, are the hallmarks for ensuring health care is locally relevant. This proposition is not without statistics outlining the widespread accessibility of family physicians, and evidence that shows many Canadians look to community leaders for health-care advice prior to visiting a professional.

Conclusively, Alam provides a sound argument that is detailed with many substantiated claims. It is evident to the reader that the evidence and examples given are reliable, and relevant to the main idea. Alam expresses her reasons with great clarity, which contributes to the overall cohesiveness and logical flow of the proposition.

**Fairness**

Fairness and ethics are clearly intrinsic to the core of Alam’s argument. Alam is arguing for the broader inclusion of all Canadians in the national vaccine plan, in order to support many vulnerable and marginalized groups in the country. Alam also identifies institutional racism as a reason for why some may distrust governmental institutions and messaging, which further re-enforces the idea that the argument is deeply considering of fairness and ethics. It is evident that Alam’s approach to this issue is one that is fair-minded, and also one that would reasonably benefit all Canadian citizens.

**Assumptions**

By suggesting that Canada’s vaccine delivery and messaging incorporate diversity and other cultural components in it’s core, Alam is making the assumption that such a plan would greatly increase vaccine uptake, and gradually diminish vaccine hesitancy in the country. In general, this is a valid assumption to make—as many Canadians, especially those from minority, immigrant, or some other marginalized groups—would surely gravitate towards a more decentralized and culturally sensitive immunization plan. There are reasonable statistics and evidence that Alam has provided in order to back up this assumption. However, some issues regarding vaccine hesitancy and inaccessibility of health care services are a bit too complex and intricate to be addressed by a broad, national immunization program. For example, Canada’s Indigenous and First Nations communities have been historically neglected during federal decision-making—especially those pertaining health care—given the sparse availability of such services in many reserves. While it may be easier to deliver these vaccination programs in big cities such as Toronto and Montreal, extra care—not equal care—will have to be directed toward Indigenous communities to adequately address structural inequities relating to health-care. Alam is suggesting tailored delivery plans primarily including family doctors, which certainly would be helpful for many—however, it is important to note that such programs would have to be coupled with policy and systemic changes in order to maximize efficiency and truly be comprehensive.

**Conclusion**

Conclusively, in “Building Trust…Hesitancy” (*Healthy Debate*, 2021), Alam presents an ethically sound and logically consistent argument which proposes that Canada decentralizes it’s immunization plan, and embraces the cultural and community-based aspects of health care instead. Alam believes that by fine-tuning these distribution strategies, vaccine hesitancy and misinformation will subsequently decrease as more people will be willing to partake in such programs. Overall, this is a reasonable conclusion to make, considering that the evidence provided substantiates virtually all of these claims.

However, it is important to note that such a plan can be regarded as over-simplified. There are certain issues related to vaccine hesitancy and inaccessibility that cannot be adequately addressed by the aforementioned distribution program alone. It may not matter that the vaccine is being facilitated through family physicians instead of hospitals, when some in the First Nations or Indigenous communities of Canada may not have reasonable access to either. These glaring health inequities are embedded within the fabric of the country, and will require more action in order to be adequately addressed.

Alam’s proposition for more cultural-based medicine is certainly a step in the right direction, and will serve beneficial for many Canadians if it were to be adopted in the future. We can use this idea of bringing more cultural and community based components into health care as a foundation and expand on it, to help Canada cultivate a health-care system and subsequently vaccine distribution program that is truly comprehensive and looks after all of its inhabitants.

# Sample Three

By Revathy Kumari, shared with permission

**Introduction**

In this talk given by Bell in *The TED* talk show, she talks about ethical questions surrounding implementation of modern AI enabled autonomous systems (“The Six Most Important Questions To Ask While Designing an AI System” October, 2020). The talk attempts to paint a picture of how AI impacts peoples’ lives in a sense that is broader than many realize, and also encourages the listeners to think about how and AI system can be designed in a sustainable and responsible way.

The speaker’s argument covers the ethical aspect of the topic in an excellent manner. But in doing so, the main goal of developing such systems, and the denial of benefits to a significant section of the society who are looking forward to getting these systems implemented to make their lives better are largely ignored. It ignores the time delays and the obstructive aspects that such a broad inclusive process brings about. Here I’ll summarize the speaker’s argument, show the validity of the speaker’s argument and also bring about another aspect of the topic which goes largely uncovered in the talk.

**Summary**

In this talk about “The 6 big ethical questions about the future of AI”, the speaker Genevieve Bell explains how AI systems are playing an increasingly important role in people’s lives and the ethical issues they bring about. This becomes even more important when the ways in which AI influences them are inconspicuous in nature. The way in which AI is implemented in the real world is completely different from the regular notion of AI that people tend to have due to how it is portrayed in general. There is a real possibility of manipulation or adverse consequences that the people and environment will be subjected to intentionally or unintentionally. These unintended consequences are brought about by the narrow thought process that goes into them while developing such AI systems. The thought is confined only to the technology and the perspective on the purpose and their intended effects on its surroundings is not understood in a broader perspective. The most effective way to mitigate this problem is by broadening the thought process. According to the author, this can be done by asking questions about autonomy, agency, assurance, indicators, interface and purpose. These questions force the designers to have a broader perspective while designing these systems. The author also tries to bring about inclusiveness and respect to the original people of the land and the ways which they have developed to sustain the place over the years. Ultimately the speaker concludes that the best way to think about things that are responsible, safe and sustainable is by considering and involving the humans who would be part of it.

**Critical Response**

**Reasoning**

The speaker was able to lay down the argument very well regarding a broader participation. This has been achieved through the use of excellent examples of everyday things such as a lift about which people do not generally give much thought or notice. Yet that is the kind of places where AI can unknowingly impact the day to day lives of people. The point of inclusiveness is further driven in by bringing in the native people of the land and what their achievements have been in the past. All the aspects that the speaker lays out is indeed valid in present circumstances. But having said so, the speaker misses to cover the developmental aspect of what has been achieved by technological advancements till date and where the human society would have been in the absence of these advancements, many of which have been developed and put in place at light speed and with the sole focus on achieving the goal. The speaker misses to address the impedimental tendencies of carrying out such a broad-based inclusive approach and what is the time cost that is involved here. After all, even while considering the broader impact of an AI system on the society, there is also a sizeable chunk of society who also stands to gain from such systems, who are getting denied of the benefits that it would bring about.

**Fairness**

The speaker in my view is not as fair minded as it might appear in the first glance. The tendency throughout the talk has been towards the broader inclusiveness, without any consideration of what is the delay and the benefits denied to a section of the society of carrying out such broad-based process which can become drawn out process, often times ending up in a stalemate due to lack of agreement on the way forward or even worse, getting tangled in litigations. The denial of benefits due to such time delays to a considerable section of the society seem to be totally missed here. For example, AI implementation is expected to help physically disabled people to be able to be functional again through AI augmented prosthetics. Such advancements tend to get tangled in discussions about ethics on fair use of such technology, and potential misuse of this in a way that could put people in harm’s way. In such cases, a mechanism also needs to be evolved to make sure that questions about ethical use is discussed and brought to a conclusion in a time bound manner, keeping in mind that disadvantaged people wait for such AI enabled assists also have only limited time in this world to lead a happy life like everyone else. Such a mechanism also needs to be the focus of the new engineering course being developed at 3Ai institute by the speaker and her colleagues.

**Assumptions**

The argument made by the speaker is based on the premise that AI based systems tend to have a broader impact on society due to the unprecedented autonomy it brings into play. Unlike the computer based automation that came about during initial days of computing and technological evolution, AI accelerates the extent of automation and domains where it can be implemented. While this is indeed the case and the speaker is very much correct in her argument that a broader audience and participation is needed to design AI systems of the future that are amicable to the majority, it is assumed that such a process need not be time bound, and it is also assumed that the expected benefits of such advanced systems are never equally or more important than the impact it brings to the society.

**Conclusions Drawn**

Such assumptions while appearing to have an inclusive approach, have the risk of potentially decelerating the advancement of human civilization and does not give due respect to the very scientific platforms which we have built from which we have been able to achieve what we have. It is not to mention that inclusive approach is always a hindrance to development, but there must be a balance in focus between inclusive approach and development.