# Pandemic Aff

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I affirm

Resolved: The United States ought to guarantee universal health care for its citizens.

Definitions:

Health Care: is the provision of services that helps individuals achieve an optimal state of well-being, in any settilllng or stage in the human life cycle.

- http://www.ihs.gov/nonmedicalprograms/chr/index.cfm?module=vocab

This definition means that the affirmative can advocate any action as long as it promotes the well being of humans, and is universal.

United States is understood to be the United States Federal Government.

United States government: the executive and legislative and judicial branches of the federal government of the United States

wordnetweb.princeton.edu/perl/webwn

# V/C

The value is Political morality, as the resolution specifies a governmental actor. This differs from individual morality in that Governments must be held accountable for the well being of their citizens.

Thus, the criterion is Consequentialism. In a political scheme, evaluation by the consequences makes the most sense because…

1. It holds those in power accountable to their people
2. Allows for decision making in morally contradicting situations.
3. Allows us to evaluate the solvency, and thus, consider the benefits of an action, which is key in policymaking, as opposed to means based theories.

**Brock 87**  [Dan W. Brock, Professor of Philosophy and Biomedical Ethics, and Director, Center for Biomedical Ethics at Brown University, Ethics, Vol. 97, No. 4, (Jul., 1987), pp. 786-791, JSTOR]JFS

**When philosophers become** more or less **direct participants in the policy-making process** and so are no longer academics just hoping that an occasional policymaker might read their scholarly journal articles, this scholarly virtue of **the** unconstrained **search for the** **truth**-all assumptions open to question and follow the arguments wherever they lead-**comes under** a variety of related **pressures**. **What arises is an intellectual variant of the** political **problem** of "dirty hands" **that those who hold political power often face.** I emphasize that I do not conceive of the problem as one of pure, untainted philosophers being corrupted by the dirty business of politics. My point is rather that the different goals of academic scholarship and public policy call in turn for different virtues and behavior in their practitioners. Philosophers who steadfastly maintain their academic ways in the public policy setting are not to be admired as islands of integrity in a sea of messy political compromise and corruption. Instead, I believe that **if philosophers maintain the academic virtues** there **they will** **not only find themselves often ineffective but will as well often fail in their responsibilities** and act wrongly. Why is this so? The central point of conflict is that **the first concern of those responsible for public policy is**, and ought to be, **the consequences of their actions** for public policy **and the persons that those policies affect. This is not to say that they should not be concerned with the moral evaluation of those consequences**-they should; nor that they must be moral consequentialists in the evaluation of the policy, and in turn human, consequences of their actions-whether some form of consequentialism is an adequate moral theory is another matter. **But** it is **to say that persons who directly participate in** the formation of **public policy** **would be irresponsible if they did not focus** their concern **on** **how their actions will affect policy** and how that policy will in turn affect people. **The** virtues of academic research and scholarship that consist in an unconstrained **search for truth, whatever the consequences, reflect** not only the different goals of scholarly work but also the fact that **the effects of the scholarly endeavor on the public** are less direct, and are mediated more by other institutions and events, than are those of the public policy process. It is in part the very impotence in terms of major, direct effects on people's lives of most **academic scholarship** that **makes it morally acceptable not to worry** much **about** the social **consequences** of that scholarship. **When philosophers move into the policy domain, they must shift** their primary commitment **from** knowledge and **truth to** the policy **consequences** of what they do. And if they are not prepared to do this, why did they enter the policy domain? What are they doing there?

Thus, you evaluate the round on who does the most good or prevents the greatest harm to the citizens of the US

The only contention is Pandemics

# A: We are not prepared to deal with a pandemic

Current countermeasures against pandemics are insufficient.

David S. Fedson. Preparing for Pandemic Vaccination: An International Policy Agenda for Vaccine Development. Journal of Public Health Policy, Vol. 26, No. 1 (2005), pp. 4-29

When the next pandemic virus emerges, it will replace the influenza viruses that have been circulating until then. Thus, a pandemic vaccine will need to contain only the pandemic virus; in other words, it will be a monovalent not trivalent vaccine. **Given the current global production capacity** of ~300 million doses of trivalent vaccine (and assuming a production cycle similar to that for current trivalent vaccines), it is theoretically possible that up to 900 million doses of same-strength (15 g HA) monovalent pandemic vaccine could be produced. Most if not all people will never have been infected with an influenza virus like the pandemic virus. As they will be immunologically naive, they will require two doses of vaccine to be fully protected (21). This means that **only 450 million people could be vaccinated** with two doses of a "same strength" monovalent vaccine. In many countries, **public health officials will want to vaccinate everyone in their populations**. For this reason, when a pandemic virus appears, **government leaders in countries that have vaccine companies will probably "nationalize" their vaccine production facilities to ensure that there is enough vaccine to vaccinate their populations. This could mean that millions of people living in countries without vaccine companies will have to wait several months** or more **for** supplies of pandemic **vaccines.** It also means that millions of people living in many "have not" countries that have traditionally been supplied with interpandemic vaccines will not be able to obtain any supplies of pandemic vaccines.

**Further, a pandemic damages the infrastructure needed**

MT Osterholm. Pandemic Influenza Vaccine: The US Government Is Not Doing Enough. Clinical Pharmacology & Therapeutics Volume 82 Number 6 | December 2007

Many of these critical products and services originate in developing-world countries for which there is currently little likelihood of receiving any pandemic influenza vaccine throughout the duration of a pandemic. This point takes on specific relevance when considering that **approximately 80% of all prescription drugs in the United States come from offshore and are** delivered to pharmacies just **hours before they are dispensed.4 With** such long and **thin supply chains, a pandemic that closed borders**, caused worker attrition, and suspended travel or transport of commercial goods **would seriously disrupt the delivery of everyday essentials. The** direct **human toll, as well as** the potential “**collateral damage” costs** associated with the next pandemic, **should be the benchmark for** considering any **investment** of resources and leadership **by the US government**. Finally, **the critical tool for combating the next pandemic will be the availability of a highly efficacious pandemic vaccine for everyone in the world** in the earliest days of the pandemic onset. Whereas most seasonal influenza vaccine—the prototype for a pandemic vaccine—is purchased for distribution by a limited number of world governments, most vaccine production is under the control and financial investment of the private sector. Preparedness efforts for any potential catastrophic event should be related to the likelihood of that event’s occurrence, when it might occur (today, next year, or even 10 years from now), the estimated costs in terms of human lives and economic impact, and our ability to better prepare if resources and leadership were not limiting factors. When considering these points, it must be acknowledged that there are three notable complications of preparing for a pandemic vs. many other catastrophic events; they include projecting exactly when (e.g., in a year) a pandemic will begin, which strain of influenza will cause it, and which vaccine(s) will prove protective. **The US government’s primary approach to pandemic** vaccine availability has been based largely on the premise that increasing production capacity for seasonal influenza vaccine will provide the surge capacity for vaccine production for a pandemic. This approach **suffers from several serious flaws**. First, without advance knowledge of the influenza strain that will cause the next pandemic, **any** conventional seasonal influenza **vaccine production will necessarily require vaccine production after the pandemic has begun**. Even considering the possibility that newer production methods using cell culture will be approved in the future, **the vaccine thus produced will still require the pandemic virus and will not be available in the first months of the pandemic for almost all the world. Current efforts to purchase pre-pandemic** H5N1 vaccine by several governments may provide some vaccine early into the next pandemic if H5N1 is the cause and the pre-pandemic vaccine strain provides some efficacy for either illness or serious, life-threatening disease. The US government has purchased 27.5 million 15-μg doses of the GlaxoSmithKline clade 2 H5N1 vaccine, which is made in Canada. However, this amount **will fall far short of the necessary vaccine for the United States and does not** even begin to **address the needs of the countries** of the world largely **responsible for much of the economic production** (i.e., the upstream of our global supply chain) on **which our country** so **desperately relies**.

# B. Impacts

First, Life.

**Another pandemic could spell disastrous consequences for humanity.**

David S. Fedson. Preparing for Pandemic Vaccination: An International Policy Agenda for Vaccine Development. Journal of Public Health Policy, Vol. 26, No. 1 (2005), pp. 4-29

**The influenza pandemic of I918** was one of the most significant disease outbreaks in all of recorded history (3). Within a two-year period, it **killed an estimated 50-100 million people worldwide**, 2.5 to 5% of the world's population (4). **The number of people who died was far greater than the number who died in World War I. Two later pandemics**-Asian influenza in 1957-1959 and Hong Kong influenza in 1968-were much milder, but nonetheless **caused widespread social disruption and substantial excess mortality** (3). In 1997, avian H5NI influenza appeared in the poultry markets of Hong Kong and infection spread to 18 people, six of whom died (5). Human cases of H5NI influenza reappeared in 1999 and again in early 2003. In late 200oo3 and early 2oo004, unprecedented outbreaks of avian H5Ni influenza swept through poultry flocks in many countries in East and Southeast Asia, leading to the deaths or culling of more than ioo million chickens. Again, human cases of H5NI infection occurred, and this time 24 (68%) of the 34 who were infected died (6). In autumn 2004, human cases of H5NI influenza reappeared, with similarly high fatality rates. Other regions of the world have also experienced human infections with avian influenza viruses. In early 2003, a highly pathogenic avian influenza H7N7 outbreak affected commercial poultry farms in the Netherlands and infection was transmitted to humans. As a result, more than 400 poultry workers and their family members developed conjunctivitis and influenza-like illness and one, a previously healthy veterinarian, died (7). This is not the only documented instance of the transmission of an avian influenza virus to mammals. In the early 198os, an H7N7 avian virus infected harbor seals on Cape Cod in New England, and within 2 months approximately 2zo% had died (8). The World Health Organization (WHO) and infectious disease experts throughout the world are concerned that events such as the recent avian influenza outbreaks in Asia could lead to a new human influenza pandemic. Given the more than three-fold increase in the world's population since 1918**, a reappearance of a 1918-like pandemic could kill as many as 175 to 350 million people. This is greater than the number of people killed in all wars and by the most murderous governments throughout the twentieth century (9). Deaths from a flu pandemic would not be spread over 100 years but happen in one or two.**

Further,   
**Disease increases the likelihood of war and genocide**

**Peterson, 3** (Susan- associate professor of Government at the College of William & Mary, Security Studies 12, no. 2 (winter 2002/3), “Epidemic Disease and National Security” http://people.wm.edu/~smpete/files/epidemic.pdf)

How might these political and economic effects produce violent conflict? Price-Smith offers two possible answers: **Disease .magnif[ies].**both relative and absolute **deprivation and.hasten[s] the erosion of state capacity in seriously affected societies**. Thus, **infectious disease may in fact contribute to societal destabilization and to chronic low-intensity intrastate violence, and** in extreme cases it may **accelerate the processes that lead to state failure**..83 **Disease heightens competition among social groups and elites for scarce resources**. When the debilitating and deadly effects of IDs like AIDS are concentrated among a particular socio-economic, ethnic, racial, or geographic group, **the potential for conflict escalate**s. In many parts of Africa today, AIDS strikes rural areas at higher rates than urban areas, or it hits certain provinces harder than others. If these trends persist in states where tribes or ethnic groups are heavily concentrated in particular regions or in rural rather than urban areas, **AIDS almost certainly will interact with tribal, ethnic, or national differences and make political and military conflict more likely**. Price-Smith argues, moreover, that **.the potential for intra-elite violence is also increasingly probable and may carry grave political consequences, such as coups, the collapse of governance, and planned genocide**s..84

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## Third, economy.

John Thomas Clarkson. Phase Six Pandemic: A Call To Re-Evaluate Federal Quarantine Authority Before The Next Catastrophic Outbreak. 2010 Georgia Law Review Association, Inc.

**Modern projections for future pandemics predict** similar results. **Every aspect of the economy would be affected** by a pandemic, **particularly services, trade-based industries, and transportation. n22 One** World Bank **study predicted a 4.8% decline in worldwide GDP and found that any pandemic of this level,** even **independent of normal economic stresses, would single-handedly trigger a worldwide recession**. n23 **A study by the Lowy Institute projected that** [\*810] **the net loss to the worldwide economy could reach as high as $ 4.4 trillion and cause the complete collapse of some economies**. n24 Additionally, the International Monetary Fund (IMF) forecasted that **a pandemic would significantly disrupt credit flows and have an especially deep impact on open economies. n25 Several studies predicted** a similar effect on the United States in particular. The CDC projected **that U.S. losses could be as much as $ 249.6 billion** in a severe pandemic. n26 Other studies estimated a **5.5% decline in GDP, 2.22% increase in inflation, and 9.5% decrease in exports.** n27 The Lowy Institute predicted that **all sectors of the U.S. economy would be affected by the pandemic.** n28 The Congressional Budget Office (CBO) projected that **the impact of a severe pandemic would have a larger effect on the overall economy than the typical recession** experienced by the U.S. in the post World War II era. n29 Specifically, most sectors of the economy could see 30% of workers become ill, with each of those employees missing three weeks of work. n30 Less affected sectors could still see one in ten workers fall ill and miss one entire week of work. n31 The CBO also predicted that fear of infection at the workplace would likely increase absenteeism among healthy employees. n32 Finally, **the CDC noted that 83% of all losses result from the loss of life and that "the largest economic returns will come from intervention(s) that prevents the largest number of deaths."**

# C: Vaccines solve

**Economic interdependence prevents war**

Daniel Griswold. Trade, Democracy and Peace: The Virtuous Cycle. April 20, 2007.

A little-noticed headline on an Associated Press story a while back reported, "**War declining worldwide, studies say."** In 2006, a survey by the Stockholm International Peace Research Institute found **that the number of armed conflicts around the world has been in decline for the past half-century**. Since the early 1990s, ongoing conflicts have dropped from 33 to 17, with all of them now civil conflicts within countries. **The Institute's latest report found that 2005 marked the second year in a row that no two nations were at war with one another**. What a remarkable and wonderful fact.

The death toll from war has also been falling. According to the Associated Press report, "The number killed in battle has fallen to its lowest point in the post-World War II period, dipping below 20,000 a year by one measure. Peacemaking missions, meanwhile, are growing in number." Current estimates of people killed by war are down sharply from annual tolls ranging from 40,000 to 100,000 in the 1990s, and from a peak of 700,000 in 1951 during the Korean War.

Many causes lie behind the good news--the end of the Cold War and the spread of democracy, among them--**but expanding trade and globalization appear to be playing a major role in promoting world peace.** Far from stoking a "World on Fire," as one misguided American author argued in a forgettable book, growing commercial ties between nations have had a dampening effect on armed conflict and war. **I would argue that free trade and globalization have promoted peace in three main ways.**

First, as I argued a moment ago, **trade and globalization have reinforced the trend toward democracy, and democracies tend not to pick fights with each other. Thanks in part to globalization**, **almost two thirds of the world's countries today are democracies--a record high**. Some studies have cast doubt on the idea that democracies are less likely to fight wars. While it's true that democracies rarely if ever war with each other, it is not such a rare occurrence for democracies to engage in wars with non-democracies. We can still hope that **as more countries turn to democracy, there will be fewer provocations for war by non-democracies.**

**A second and even more potent way that trade has promoted peace is by promoting more economic integration**. **As national economies become more intertwined with each other, those nations have more to lose should war break out. War in a globalized world not only means human casualties and bigger government, but also ruptured trade and investment ties that impose lasting damage on the economy. In short, globalization has dramatically raised the economic cost of war.**

The 2005 Economic Freedom of the World Report contains an insightful chapter on "Economic Freedom and Peace" by Dr. Erik Gartzke, a professor of political science at Columbia University. Dr. Gartzke compares the propensity of countries to engage in wars and their level of economic freedom and concludes that economic freedom, including the freedom to trade, significantly decreases the probability that a country will experience a military dispute with another country. Through econometric analysis, he found that, "Making economies freer translates into making countries more peaceful. At the extremes, the least free states are about 14 times as conflict prone as the most free."

By the way, Dr. Gartzke's analysis found that economic freedom was a far more important variable in determining a countries propensity to go to war than democracy.

A **third** reason why **free trade promotes peace is because it allows nations to acquire wealth through production and exchange rather than conquest of territory and resources.** As **economies develop, wealth is increasingly measured in terms of intellectual property, financial assets, and human capital. Such assets cannot be easily seized by armies**. In contrast, hard assets such as minerals and farmland are becoming relatively less important in a high-tech, service economy. If people need resources outside their national borders, say oil or timber or farm products, they can acquire them peacefully by trading away what they can produce best at home. In short, globalization and the development it has spurred have rendered the spoils of war less valuable.

Vaccines are cost effective in pandemic and epidemic situations. Empirics prove.

Kristin L. **Nichol**. The efficacy, effectiveness and cost-effectiveness of inactivated influenza virus vaccines. Published by Elsevier Science Ltd. **2003**

Influenza is a major cause of work loss among healthy adults. Economic analyses generally show that when the indirect costs associated with work absenteeism are included in the models, **vaccination** of healthy working adults **is cost-effective and** in most cases **cost saving to society**. In the United States, three trial-based cost benefit studies and several model-based studies (two cost utility, one cost-effectiveness and three cost benefit) have evaluated influenza vaccination of healthy working adults. One of the clinical trials found that vaccination was associated with savings of US$ 46.85 per person vaccinated [35], while a second found that vaccination generated net costs to society [34]. The third clinical trial found that the break even cost for vaccine and its administration was about US$ 43 per person vaccinated [36]. Thus, with an average cost for vaccine and its administration of US$ 20, **vaccination would generate savings of US$ 23 per person** vaccinated. **Cost-effectiveness and cost benefit analyses based on observational and quasi-experimental studies in the United States have also found that vaccination is cost saving** (Table 3) [37,38]. Given the variability of influenza from year to year, model-based economic analyses that accommodate this variability provide a more realistic picture of the expected economic consequences of vaccination for any given season than economic analyses based on single or only a few seasons. **A model-based** cost utility **analysis** conducted by the US Office of Technology Assessment that did not include indirect cost savings in its cost estimates **found that vaccinating adults under age 65 would still be highly cost effective**: a year of healthy life gained would cost US$ 278 for person 25–44 years in age and US$ 100 for those 45–64 years in age (results adjusted to US$ 2000) [21]. Other model-based studies in the United States have found that **vaccinating healthy working adults would be cost saving in both epidemic [39–41] and pandemic [42] years, with projected cost savings during epidemic years ranging from US$ 13.66–29.50 per person vaccinated**

We can eradicate and prevent certain diseases from happening by use of herd immunity. Only through universal vaccination can we prevent and stop pandemic.

Robert I. Field and Arthur L. Caplan. A Proposed Ethical Framework for Vaccine Mandates: Competing Values and the Case of HPV. Kennedy Institute of Ethics Journal, Volume 18, Number 2, June 2008, pp. 111-124 (Article)

**Much of the harm to society results from the loss of** an effect known as “**herd immunity**.” Most infectious agents must reside in a sufficient number of susceptible individuals to maintain their presence. **Eradication can occur when the proportion of the population that has been vaccinated is sufficiently large to deny the infectious agent** such a reservoir of **unimmunized hosts**. For most diseases, herd immunity is achieved when the proportion of the population vaccinated is in the range of 90 percent. When the proportion of vaccine declinations exceeds this threshold, the infectious agent can lurk in the population to threaten not only those who are unvaccinated but also many who chose the vaccine but whose immune systems generate insufficient levels of antibodies to confer full protection (May and Silverman 2005). In this situation**, a small number of vaccine declinations can have a devastating impact on a community, so the greatest medical benefit for the greatest number of people is achieved by requiring that everyone receive the vaccine. This is true regardless of whether a mandate is in the best interests of every individual or whether it ignores the interest in autonomy**. It is an example of government coercion in the service of a competing ethical consideration. It also reflects an implicit hierarchy of public goods in which health takes precedence over rights. **Justice calls for the fair**, equitable, and appropriate **distribution of scarce goods. It requires a reasoned system of allocating resources** based on an underlying principle such as egalitarianism, fair opportunity, or underlying need. Health care is a scarce resource, so justice demands such a system for determining access. Under most analyses, relying solely on individual wealth to purchase access when life and well-being are at stake would not meet the requirements of fairness. Therefore, a program to encourage widespread use of a health care resource, such as a vaccine, whether through a mandate or otherwise, cannot be just if only those with financial means could comply. Justice requires an equitable means of access (see Daniels 1985; 2008; Daniels and Sabin 2002).