# ac coat hanger ma19

## Note

Evidence may be bracketed for problematic language and/or clarity

Content warning: non-graphic mentions of sexual assault and intimate partner violence

I’ll defend:

If any concerns from the above arise, please let me know

## Framework makes the game work

#### I value Morality

#### Thus, the standard is maximizing expected utility.

#### 1] There is a difference between prescriptive and descriptive goods. Calling cake “good” is descriptive - an attribute of an object in

#### relation to a criterion. But being descriptively good doesn’t mean I can offer a reason to follow it. For example, honesty is something “good”, but you shouldn’t always be honest- if Nazis came to your house and you were housing Jewish people, being honest

#### causes moral issues.

#### 2] frameworks must be w prescription- giving us reasons to follow actions. Prescription requires non-arbitrary judgement. To clarify, moral rules must be applied to agents in similar circumstances- Any other interp makes rules contradict because they would say X and Y but that means that rules couldn’t achieve their benefits- if something is incapable of achieving its goal, it’s not worth pursuing because it diverts away from its original purpose. For example, if I’m making mac and cheese and the instructions say throw away cheese then burn your hands off the instructions would be worthless because I only follow them for the sake of getting mac and cheese.

#### 3] post fiat-utlity calculus key. It prescribes action universally. For example, if stealing is a bad end and I want to convince someone that

#### it’s bad- I could steal from them to show how it impacts agents- thereby convincing them to change their behavior leading to less stealing in the long run. Means based ethics fail because they’d never violate a rule to ensure that rule is followed in the long run collapsing the system.

#### 4] Moral substitutability is true and only consequentialism explains it, sinnott armstrong 92

Walter Sinnott-Armstrong ’92 Dartmouth College Philosophical Perspectives, 6, Ethics, AN ARGUMENT FOR CONSEQUENTIALISM

fulfillment of a promise and not because of its consequences."2 Such deontologists claim in effect that if I promise to mow the grass, there is a moral reason for me to mow the grass and this moral reason is constituted by the fact that mowing the grass fulfills my promise. This reason exists regardless of the consequences of mowing the grass even though it might be overridden by certain bad consequences. However if this is why I have a moral reason to mow the grass then even if I cannot mow the grass without starting my mower and starting the mower would enable me to mow the grass it still would not follow that l have any moral reason to start my mower since I did not promise to start my mower and starting my mower does not fulfill my promise. Thus a moral theory cannot explain moral substitutability ii it claims that properties like this provide moral reasons. Of course this argument is too simple to be conclusive by itself since deontologists will have many responses. The question is whether any response is adequate. I will argue that no response can meet the basic challenge. A deontologist might respond that his moral theory includes not only the principle that there is a moral reason to keep one's promises but also another principle that there is a moral reason to do whatever is a necessary enabler for what there is a moral reason to do. This other principle just is the principle of moral substitutability. So of course. I agree that it is true. However, the question is why it is true. This new principle is very different from the substantive principles in a deontological theory. So it cries out for an explanation. ii a deontologist simply adds this new principle to the substantive principles in his theory. he has done nothing to explain why the new principle is true. It would be ad hoc to tack it on solely in order to yield moral reasons like the moral reason to start the mower. in order to explain or justify moral substitutability. A deontologist needs to show how this principle coheres in some deeper way with the substantive principles of the theory. That is what deontologists cannot do. A second response is that l misdescribed the property that provides the moral reason. Deontologists might admit that the reason to mow the lawn is not that this fulfills a promise. but they can claim instead that the moral reason to mow the lawn is that this is a necessary enabler for keeping a promise. They can then claim that there is a moral reason to start the mower. because starting the mower is also a necessary enabler for keeping my promise. Again. I agree that these reasons exist. But the question is why. This deontologist needs to explain why the moral reason has to be that the act is a necessary enabler for fulfilling a promise instead of just that the act does fulfill a promise. Ii there is no moral reason to keep a promise. it is hard to understand why there is any moral reason to do what is a necessary enabler for keeping a promise. Furthermore, deontologists claim that the crucial act is not about consequences but directly about promises. My moral reason is supposed to arise from what I said before my act and not from consequences alter my act. However, what I said was “I promise to mow the grass'. I did not say. ‘l promise to do what is a necessary enabler for mowing the grass.’ Thus I did not promise to do what is a necessary enabler for keeping the promise. What I promised was only to keep the promise. Because of this deontologists who base moral reasons directly on promises cannot explain why there is not only a moral reason to do what I promised to do (mow the grass) but also a moral reason to do what i did not promise to do (start the mower). Deontologists might try to defend the claim that moral reasons are based on promises by claiming that promise keeping is intrinsically good and there is a moral reason to do what is a necessary enabler of what is intrinsically good. However, this response runs into two problems. First, on this theory, the reason to keep a promise is a reason to do what is itself intrinsically good, but the reason to start the mower is not a reason to do what is intrinsically good. Since these reasons are so different, they are derived in different ways. This creates an incoherence or lack of unity, which is avoided in other theories. Second, this response conflicts with a basic theme in deontological theories. If my promise keeping is intrinsically good, your promise keeping is just as intrinsically good. But then, if what gives me a moral reason to keep my promise is that I have a moral reason to do whatever is intrinsically good, I have just as much moral reason to do what is a necessary enabler for you to keep your promise. And, if my breaking my promise is a necessary enabler for two other people to keep their promises, then my moral reason to break my promise is stronger than my moral reason to keep it (other things being equal). This undermines the basic deontological claim that my reasons derive in a special way from my promises.13 So this response explains moral sub- stitutability at the expense of giving up deontology.

#### 5] No act-omission distinction—governments are responsible for everything in the public sphere so inaction is implicit authorization of action: they have to yes/no bills, which means everything collapse

#### 6] 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. santa

#### 7] Reductionism – split brains – empirics prove.

Parfit ’84 Derek Parfit, cool hair. “Reasons and Persons” 1984.

Some recent medical cases provide striking evidence in favour of the Reductionist View. Human beings have a lower brain and two upper hemispheres, which are connected by a bundle of fibres. In treating a few people with severe epilepsy, surgeons have cut these fibres. The aim was to reduce the severity of epileptic fits, by confining their causes to a single hemisphere. This aim was achieved. But the operations had another unintended consequence. The effect, in the words of one surgeon, was the creation of ‘two separate spheres of consciousness.’ This effect was revealed by various psychological tests. These made use of two facts. We control our right arms with our left hemispheres, and vice versa. And what is in the right halves of our visual fields we see with our left hemispheres, and vice versa. When someone’s hemispheres have been disconnected, psychologists can thus present to this person two different written questions in the two halves of his visual field, and can receive two different answers written by this person’s two hands.

#### 8] Actor specificity: A] Governments must aggregate since every policy benefits some and harms others, which also means side constraints freeze action.

#### B] States lack wills or intentions since policies are collective actions. Actor-specificity comes first since different agents have different ethical standings. Takes out util calc indicts since they’re empirically denied and proves my fw is more probable

## Advocacy

#### CNN 11/5] Plan text: Resolved: The federal government and relevant subfederal actors of the United States of America ought mandate that the illegal use of telemedicine medication abortion pills mifepristone and misoprostol ought to be a matter of public health, not of criminal justice. There’s infinite things I can include in my advocacy (timeframe, funding, etc.), check interps and link in cx to pursue substance else dta.

* Mifepristone - “Mifeprex,” “RU-486,”
* Misoprostol – “miso”

Abortion pills now available by mail in US -- but FDA may be investigating Cable News Network. Turner Broadcasting System Updated 12:35 PM ET, Mon November 5, 2018 <https://m.cnn.com/en/article/h_ac657516b059ebfc4de42428320abf1d> cw//az

"In all honesty, I think the REMS really doesn't serve much purpose in terms of mitigating risk to people having medication abortions. In fact, it's actually one of the biggest barriers to the widespread use of a very safe and effective medication," Aiken said. By requiring a "prescriber registry," the drug has been made "expensive and out of reach for many."

It turns out too that in 2016, the FDA approved a limited study by Gynuity Health Projects, a nonprofit research group focused on reproductive health, to explore the safety of using telemedicine and mailed medications to induce abortions at home. The TelAbortion Study is available only to women in Hawaii, Oregon, Washington, New York and Maine -- while Aid Access is available to people in all 50 states.

Dr. Beverly Winikoff, president of Gynuity, has been working on research around mifepristone since 1988, she says. She explained that while there's a "tacit understanding that people are allowed to bring into the US drugs for their own use," the FDA has a list of drugs on an "import alert" list that aren't afforded the same leeway. Mifepristone, she said, was placed on that list "in a political move."

She said its inclusion on that list could be challenged, because it was placed on the list before numerous studies showed how safe and effective mifepristone is.

The TelAbortion Study uses drugs registered in the US and distributed by a registered US provider, with the approval of the FDA, which is monitoring the study's progress. As a result, Winikoff said, Gynuity's work is not under threat.

What the work has shown is that of the 200 women who've enrolled in the study, there have been no problems with medical abortions, and the women have been satisfied with the results, Winikoff said.

Court ruling keeps last abortion clinic in Kentucky open

"The results are equivalent to what's happening in clinics," she said.

Laws in 19 states make it hard for many women to get medical abortions, Winikoff said. These laws require women to be shown ultrasounds of fetuses or sit down with doctors in order to be issued the medications. If they can't get to or can't afford a clinic visit, medical abortion might not be an option.

Suggesting that Gompert's Aid Access may be in violation of the law "brings into focus the utter folly of the FDA's medically unnecessary regulation of abortion pills that keeps people in the US from being able to get the care they need here," added Jill Adams, founder and chief strategist of the SIA Legal Team.

This week, the legal team launched a confidential helpline and website to help people understand their legal rights and the risks they face in pursuing self-managed abortions. Adams' group is working to "transform the legal landscape so people who end their own pregnancies can do so with dignity and without punishment," according to its main website.

"Government agencies ought to look at the evidence and lift these harmful restrictions," according to recommendations by the American Congress of Obstetricians and Gynecologists and other experts, she said.

Gomperts points to language in a study released by the Guttmacher Institute, which called the restrictions "not justified": "Even a warranted REMS must be tailored to address specific risks and cannot be unduly burdensome. Yet the limits imposed on mifepristone are both burdensome on those seeking to access medication abortion and ineffective in addressing any risks associated with the medication."

## offense

#### Ravindranath & Rayasam 7/29] Dozens of states are preemptively restricting measures to abortion as Roe v Wade becomes contested – telemedicine abortion drugs are necessary and have precedent

How technology could preserve abortion rights Telemedicine prescriptions could undercut state abortion restrictions. By MOHANA RAVINDRANATH and RENUKA RAYASAM 07/29/2018 09:36 AM EDT cw//az \*bracketed for clarity

Roe shift could limit medication abortion in many states

In 2008, a Planned Parenthood affiliate in Iowa became the first to offer medication abortions through telemedicine to rural residents in that state. A patient comes to one of the group’s clinics throughout the state and receives a checkup before she is connected remotely to a doctor at another clinic who looks through her records to determine whether she’s suitable for a medication abortion.

If the patient is deemed suitable for the procedure, the doctor directs on-site staff to hand the patient the first dose of pills.

Medication abortions [which] accounted for about a third of all non-hospital abortions nationwide in 2014, according to Guttmacher. FDA studies show that complications are rare but usually include hemorrhage or failure to end the pregnancy.

“It’s so critical for [those] women who are three to four hours away [from an abortion provider] to get access to this care,” said Evelyn Kieltyka, senior vice president at Maine Family Planning, which is participating in the Gynuity study. About 4 percent of the clinic’s patients opt for the program, which the clinic calls “Meds by Mail,“ said Leah Coplon, director of abortion services.

In 2014, 1 in 5 women needed to travel at least 43 miles to reach an abortion clinic, according to Guttmacher. The number of clinics has declined dramatically since then.

If the Supreme Court were to overturn the constitutional protection of abortion, regulation would likely revert to the states. And in states that ban abortion, telemedicine abortion would also be banned.

Nineteen states already ban doctors from providing abortion pills through telemedicine, according to Guttmacher: Alabama, Arizona, Arkansas, Indiana, Kansas, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, West Virginia and Wisconsin.

In the event the high court allows states to restrict the procedure further, however, the availability of telemedicine abortion could make it easier to secure access for women willing and able to travel to California, Connecticut, Delaware, Hawaii, Maine, Maryland, Nevada and Washington.

And if research shows it is safe to induce miscarriage at home, internet providers and abortion rights groups could also foster greater access to the drugs needed to carry out a medication abortion through the mail — something that is already happening now. This access troubles abortion foes who already fear that technology is moving faster than state abortion laws.

Existing internet apps such as Nurx — created by a company that recently added Chelsea Clinton to its board — allow women in 18 states to order various forms of contraception from their phones or computer and have the medications delivered by mail.

That is “worrisome,” said Rebecca Parma, an associate at the anti-abortion group Texas Right to Life, which considers emergency contraception such as Plan B — known as the “morning-after pill”— a form of abortion. “I don’t know how much is in place to make sure such apps are compliant with state law.”

Telemedicine abortion has already survived legal challenges in Iowa, Oklahoma and Idaho, where courts have rejected arguments from anti-abortion groups that claim it is too dangerous to provide women with abortion pills outside of a physician's direct care.

Bans on the procedure face fresh court challenges in other states including Indiana and Texas, where sweeping new lawsuits against abortion restrictions have been brought.

While awaiting a more conservative high court, many states are adding hurdles to clinics that seek to offer medication abortions via telemedicine. These include mandatory waiting periods, which could make it hard or impossible for some women to get a medication abortion in the first 10 weeks of pregnancy. Iowa's Supreme Court recently struck down a law mandating a 72-hour waiting period between a counseling session and an abortion procedure. Still, more than two dozen states require women to wait some period of time — usually 24 hours — between the two appointments. An appeals court struck down Indiana’s 18-hour waiting period law, signed by then-Gov. Mike Pence, last week.

Other states are trying to push bans on abortion earlier in pregnancy. For instance, the Iowa Supreme Court also struck down the state’s telemedicine abortion ban in 2015, but the state recently prohibited abortions after about six weeks. The six-week law has been blocked from taking effect until a legal challenge to it is decided.

#### Alptraum 11/15] the pills are highly regulated under schedule ii REMS in the status quo, which kills accessibility

Lux Alptraum Nov 15, 2018 Medium Sex Sells — But Abortion Pills Are Another Story A Peabody-nominated producer and the author of Faking It: The Lies Women Tell About Sex — And the Truths They Reveal. <http://luxalptraum.com> cw//az

Decades of research have shown that abortion pills (specifically, the combination of mifepristone and misoprostol) are a safe and effective method to induce abortions, and one that’s wholly compatible with telemedicine. Yet due to a combination of regulations, only two telemedicine websites will send abortion pills to people in the United States today. One of them, TelAbortion, is an ongoing research study that’s been approved for use in Hawaii, Oregon, Washington, New York, and Maine. The other option, Aid Access, is currently under investigation by the FDA for failing to comply with the strict distribution protocol required for abortion pills.

Despite a demonstrated history of safety and consumer need — particularly in areas where abortion clinics are rare — abortion medications are widely viewed as far too dangerous to freely distribute online. Meanwhile, telemedicine is being used to treat everything from hair loss to aging skin to UTIs. Some telemedicine services even offer access to Addyi, a controversial female libido enhancer that experts have argued is dubiously effective at best and downright dangerous at worst. But even in places like Texas, where recent legislation has created an incredibly friendly environment for telemedicine, abortion providers are still legally required to be in the same room as their patients when dispensing their services.

The discrepancy between the access restrictions around abortion pills and the availability of medications like Addyi tells an uncomfortable story about the regulatory gatekeeping that keeps [people] women from fully taking control of their own reproductive destinies — and how sexual health needs are prioritized across the country.

“When mifepristone, the first drug in the medication abortion sequence, was approved by the FDA back in the year 2000, everybody thought that it was going to really democratize access to medication abortion,” says Abigail Aiken, an assistant professor at the LBJ School of Public Affairs at the University of Texas at Austin.

Mifepristone — also known as Mifreprex and RU-486 — blocks an essential pregnancy hormone, halting fetal development. A second pill, misoprostol, stimulates contractions to empty out the uterus. Used in combination, mifepristone and misoprostol have an effectiveness rate of 95 to 97 percent, with minimal side effects (one study of more than 13,000 women found that just 0.01 percent of users required hospitalization after taking mifepristone and misoprostol). Unlike a surgical abortion, which requires specialized training to perform, abortion pills can theoretically be prescribed by a number of medical professionals, including primary care providers, nurse practitioners, and potentially even pharmacists. “Everyone thought that it was really going to improve access,” Aiken continues.

Unfortunately, the FDA’s approval of mifepristone came with a major qualification. In the United States, the distribution of mifepristone is subject to a Risk Evaluation and Mitigation Strategy (REMS), a policy that dramatically curtails the medication’s availability. Under the REMS, mifepristone prescribed in the United States can only come from one specific distributor — the Midtown Manhattan–based Danco Laboratories, which owns rights to it — and can only be dispensed under very specific circumstances.

Medical professionals who are interested in prescribing mifepristone have to meet a rigorous set of standards. They must be able to accurately diagnose both the duration of a pregnancy and whether there are any abnormalities that might make mifepristone dangerous, as well as either provide or connect patients to surgical intervention in the case of complications. Those requirements alone knock out a number of potential prescribers. Then, prescribers are required to be certified by and registered with the REMS program, which, in an era when abortion providers are frequently faced with death threats, has had something of a chilling effect. On top of all that, mifepristone can only be dispensed in clinics, medical offices, and hospitals. You can’t pick up your abortion pills at your local pharmacy, no matter who wrote your prescription. (Another form of abortion telemedicine, in which patients obtain abortion pills at their local clinic after teleconferencing with an off-site doctor who approves their prescription, is REMS compliant but significantly less convenient for patients.)

Addyi has been known to cause severe low blood pressure and fainting, an effect that is exacerbated when users imbibe other drugs.

“If the doctor is in a clinic and is dispensing [mifepristone] by mail, does that count or not?” asks Elizabeth Raymond, a senior medical associate at Gynuity, the organization behind the TelAbortion study. “Well, nobody really knows the answer to this question. When the FDA made this rule… I don’t even think they were thinking about mailing. Nobody even contemplated this option.” Raymond acknowledges, however, that “most people interpret [the REMS] as meaning that mailing is prohibited” — and that, under this interpretation, no telemedicine abortion site in the United States can truly be considered FDA compliant.

#### Klabusich 17] as other methods of abortion become closed off, millions turn to medication – the aff is key to stop stigma and prosecution that even targets miscarriages

KATIE KLABUSICH Wednesday, June 7, 2017 “Ending the Stigma and Prosecution of Self-Administered Abortions.” National Latina Institute for Reproductive Health Accessed March 12 2019 cw//az

In just the first three months of this year, 431 abortion restrictions were introduced at the state level. Plus, 2017 has seen the confirmation of anti-choice Supreme Court Justice Neil Gorsuch, and the reinstatement of the Global Gag Rule (an international policy that prohibits nongovernmental organizations across the globe that receive US family planning funds from advocating for or even discussing abortion). Add in the 338 state-level restrictions passed between 2010-2016, and it is increasingly clear that abortion access -- at least in the short term -- is slipping away in this country.

Now that the president has proposed a budget to completely defund Planned Parenthood and further shift the burden of abortion care to already overburdened independent clinics, it's no wonder that millions of people are afraid they will lose access to in-clinic procedures. What will abortion care look like in the coming months and how can reproductive justice advocates best reduce the harm our elected officials are set on unleashing?

Because abortion has existed as long as pregnancy, the need for abortion care cannot be regulated away; only legal, clinic-based abortion can be eliminated. It's no wonder that whispers of an increased interest in self-administered abortion have been circulating among activists and advocates. Self-administered abortion has been safely and effectively performed for centuries by Indigenous people, midwives and those in doula-like roles all over the world. What's new is the selective prosecution of those involved by overly aggressive, ideologically driven prosecutors against a backdrop of clinic closures.

The criminalization of pregnant people and their support networks must stop.

While few states explicitly ban individuals from ending their pregnancies at home without direct supervision by state-sanctioned physicians, there are 38 states that are attempting to frame abortions performed without a licensed physician as an unlawful practice of medicine. However, under Roe v. Wade such attempts are actually unconstitutional, according to multiple legal experts with whom I spoke. In the absence of more explicit laws criminalizing individuals for ending their pregnancies, rogue prosecutors backed by anti-choice state legislators and governors have instead twisted existing laws to criminalize the act and imprison people -- most famously Bei Bei Shuai and Purvi Patel in Vice President Mike Pence's home state of Indiana. And most recently, a 1950s law was used to arrest 43-year-old Chesterfield County, Virginia, resident Michelle Frances Roberts in April for "producing abortion or miscarriage" last year in the third trimester of her pregnancy. The misuse of these laws means that even in states where self-administered abortion is not banned outright, obtaining and ingesting medications or herbal remedies with the intention of ending a pregnancy can leave people open to legal consequences.

For centuries, care related to pregnancy was the purview of individuals and their caregivers within the community. Abortion simply existed as a fact of life in the US until the 1800s, when states began passing laws to criminalize the ending of a pregnancy. Over the decades -- despite rulings like Roe v. Wade, which ended the enforcement of unconstitutional state bans on abortion, legislators have found ways to criminalize pregnant people and their choices.

Now that the country is facing an acceleration of this unconstitutional criminalization, some of us in the reproductive justice community are spending much of our time discussing harm reduction. How can we as advocates, along with reproductive health supporters and allies, support the most vulnerable and marginalized people in retaining and regaining control over their bodies and lives?

One answer is to end the stigma and persecution of those engaging in an activity that has existed as long as pregnancy: self-administered abortion.

The Demonization of Self-Administered Abortion

The first step toward ending an injustice is typically education and the reduction of stigma. One reason prosecutors, attorneys general and state legislators have largely gotten away with imprisoning people who "take matters into their own hands" is that the general public doesn't remember the days when people safely terminated pregnancies privately. Prosecutions have targeted marginalized people -- typically people of color, immigrants and poor people -- while relying on the public assumption that there's no safe way to self-administer an abortion.

It's time we set the record straight on what self-administered abortion looks like and why people choose this method, while keeping in mind that it cannot take the place of clinic-based care. No one method or setting is ideal for every person. As with other aspects of reproductive health care, the patient must be trusted to know what's best for them.

Medication abortion is the most common at-home method, whether obtained by prescription or another avenue, and it includes the use of misoprostol -- one of the safest drugs on the market. (Medication-induced abortion obtained through prescription typically also includes the drug mifepristone.) Providers and experts who spoke with Truthout both on and off the record indicated that the biggest risks of taking misoprostol incorrectly are a stomachache or remaining pregnant when the patient doesn't want to be. An incomplete miscarriage happens most often when the patient is past the nine-week gestation cutoff point recognized by abortion providers in the US as well as the World Health Organization.

Daniel Grossman, MD, a professor of obstetrics, gynecology and reproductive sciences at the University of California, San Francisco, and director of the university's Advancing New Standards in Reproductive Health (ANSIRH) research group, explained on a press call following the November election that misoprostol alone -- rather than paired with mifepristone as in the standard physician prescribed protocol -- "is about 85 percent effective to induce a complete abortion. Women in Texas who reported using it overwhelmingly report having an uncomplicated abortion."

Data on who attempts to self-administer abortion is scarce due to the private nature of the act as well as the reasons why patients decide to terminate their pregnancies at home. Grossman explained that women born outside the US are twice as likely to do so irrespective of their heritage, and in Texas, members of border communities that are largely Latinx are familiar with how to access misoprostol without a prescription.

In their 2012 study published in the New England Journal of Medicine titled "Cutting Family Planning in Texas," Grossman and colleagues lay out the reasons that make self-administered abortion the best option for some women. Some participants mentioned obstacles accessing clinic care, while others wanted to avoid abortion clinics or simply had a preference for self-administering. Many mentioned barriers like money and avoiding the stigma and shame of entering a clinic. Approximately 7 percent of the people they interviewed reported trying to end a pregnancy before they went to a clinic.

"We do not have clear data indicating that legal restrictions on abortion result in increasing self-administered abortion in the US," said Grossman. "Though patients in Texas report self-inducing because their nearest clinic closed, it could be the proximity to Mexico where self-induction is common that makes it higher."

Grossman made it clear that his concern is not that self-induction is dangerous, but that the legal and political climate can make those who terminate a pregnancy at home into targets.

"I am concerned as a provider and a physician that potentially women in an environment where they may fear criminalization may be fearful of seeking care in a clinical setting," he said.

The more self-induction is demonized, the more nervous people are about seeking follow-up care. It's important to note that legally, no patient need disclose that they have ingested misoprostol or other self-induction medications (or even herbs). Because medical staff are often unclear about their reporting duties should they suspect self-induction, it can be safer to simply explain that you are pregnant and bleeding. By the time a patient seeks care, misoprostol will have been absorbed, leaving no indication that the patient is presenting with anything other than pregnancy complications, most likely a miscarriage.

Experiences Within the Latinx Community

Jessica González-Rojas, executive director of the National Latina Institute for Reproductive Health, spoke on the press call about the particular challenges that face her community.

"We are powerful, we are resilient. In fact, for generations we have taken charge of our own health care in myriad ways when the health care system failed us," said González-Rojas. "We have taken herbs, sought care from community elders and curanderas … gone online to find answers. Because when access is taken away, we will still find a way to care for ourselves and one another."

At the time -- in the wake of the 2016 election -- advocates and communities were preparing for an assault on all manner of reproductive health care (which has now begun).

"Latinas in the United States face so many barriers to getting the reproductive health care that we need. We are more likely to experience unintended pregnancy, but less likely to be insured or otherwise able to afford reproductive health care," said González-Rojas. "In today's climate of unprecedented restrictions on abortion care, some of this self-help comes from pure necessity."

She went on to detail logistical and legislative barriers, including the Hyde Amendment, which prohibits federal funding from covering abortion care, and which can leave many of those in the Latinx community unable to afford care.

"For all these reasons and more, a Latina may decide -- or feel it is necessary to -- self-administer an abortion," she continued. "Once a Latina -- or anyone -- has decided to end their pregnancy, they should be able to do so safely and effectively. They should have access to accurate, unbiased information about options. They should be able to get care in a clinic if that's what they decide they need, and if they decide to take health care matters into their own hands, they should not be punished, criminalized or forced into the shadows."

Laws Stretched by Overzealous Prosecutors to Criminalize Self-Induced Abortion

But the shadows are where patients who self-administer abortion are relegated despite Roe v. Wade indicating nothing about who had a right to perform procedures, only that all involved in those procedures have a constitutional right to privacy while doing related acts. The murky state of perceived legality or illegality when it comes to self-induction is not as simple as saying all is well in one region, but definitely illegal and punishable by severe prison sentences in others. The only way to track such things is to wade into those murky waters and take on the 40 known types of laws researched by UC Berkeley School of Law's SIA (self-induced abortion care) Legal Team.

Jill E. Adams, JD, the executive director of the Center on Reproductive Rights and Justice at the UC Berkeley School of Law, explained in the press call and a lengthy follow-up call with Truthout that when it comes to legal threats to self-induced abortion, 2017 is progressing just as expected.

"[There] could be a call to arms for abortion opponents to turn up the heat on the criminalization of self-induced abortion," Adams explained. "And in the new political reality of 2017, we could foresee an emboldened anti-choice movement that places women who end their own pregnancies in the bullseye of their target. These women have already been targeted in at least 17 known arrests for self-induced abortion. And we suspect the actual numbers of related arrests could be much higher."

Sometimes these arrests are for unlawful practice of medicine in the 38 states that are attempting to require abortions to be performed by a licensed physician. Beyond this seemingly clear-cut, though actually unconstitutional prohibition on a non-physician-guided abortion, legislators and prosecutors have had to get creative.

"Our research has uncovered 40 different types of laws that overzealous prosecutors have used, or that prosecutors who are politically motivated to punish people may try to stretch and apply to women who end their own pregnancies and to those who help them," said Adams. "To be clear, not every state has every one of these 40 types of laws on the books and not every DA is going to be so brazen as to abuse the criminal justice system by applying them."

Adams explained that most of these 40 types of laws fall into the following six categories:

1.) Unlawful practice of medicine

2.) Physician-only abortion provision restrictions

3.) Homicide, including feticide

4.) Child abuse such as assault, neglect, etc.

5.) Mishandling of a corpse

6.) Drug-related charges such as possession and solicitation

"The relative legality of any particular act in any particular state is determined by a complex cobweb of criminal, civil and regulatory laws that prosecutors may manipulate and misapply to alleged acts of self-induced abortion," said Adams. "Courts reviewing such prosecutions have generally sided with people who end their own pregnancies. But even though abortion itself is legal, and the US Supreme Court has never authorized arrest for abortion, those who end their own pregnancies may risk unjustified arrest and imprisonment under laws that limit abortion provision to licensed health care workers and that criminalize self-induced abortion."

It's not, strictly speaking, legal and constitutional to be arresting people who self-induce, but the existing tools of our criminal punishment system have set up this group of already vulnerable people to be further targeted.

The practice of criminalizing pregnant people is also a threat to public health.

"By threatening women with jail for ending a pregnancy or seeking medical care after doing so, criminalization may frighten them away from getting important, needed care," said Adams. "If a woman has decided to self-administer an abortion, she needs to have access to accurate information and be able to seek backup medical care if she needs it without fear. The chilling effect on the doctor-patient relationship could be severe -- and we never want to discourage a patient from seeking medical care if she's worried about her health, nor do we want to force providers to act as agents of law enforcement."

Purvi Patel of Indiana and Anna Yacca of Tennessee were both sent to jail after seeking medical care following alleged self-induced abortions. Yacca's charges include criminal abortion, procurement of a miscarriage and aggravated assault with a deadly weapon -- the coat hanger she used to attempt induction.

Farah Diaz-Tello, SIA Legal Team Senior Counsel at Center on Reproductive Rights and Justice at UC Berkeley School of Law, explained on the press call how the prosecution of these patients causes serious conflict for the medical community.

"One devastating impact of laws that criminalize pregnant women is confusion about the role of providers in reporting to police, leading to women being needlessly reported. When care providers are forced to act as law enforcement agents, patients are treated as suspects," said Diaz-Tello. "Pregnant women who have lost or ended a pregnancy are treated differently from other people in nearly every medical context. In no other medical context is someone threatened with jail for administering their own medical care. In no medical context would it be acceptable for someone to be subjected to a bedside interrogation with no attorney present as it happened in several of these cases."

And then there's the disparate nature of who is affected: predominantly, marginalized communities.

"For those who've studied the impact of laws intended to restrict abortion and seen the impact on already marginalized communities, it will come as no surprise that laws and **prosecutions** that criminalize self-induced abortion **have been disproportionately used against poor, immigrant, or** young women and women [**people] of** **color**," said Diaz-Tello.

She also noted the enormous amount of discretion afforded to police and prosecutors in charging people with abortion-related crimes.

"No matter what the law says, once someone decides a woman should be punished for a self-administered abortion, prosecutors will find a way to do it," Diaz-Tello said.

Harm Reduction in an Era of Unprecedented Restrictions on Abortion

The fewer avenues the legal system and police forces have to criminalize pregnant people, the better. In addition to challenging the use of prisons and police, the best move for advocates looking to provide harm reduction in an era of unprecedented restrictions, hurdles and stigma, is to begin to normalize the notion of self-induction. The distinction between a "safe and legal" abortion and an "unsafe and illegal" one has never been entirely simple, and these days, the lines are further blurred by the spread of information and access to safe, tested, reliable medications. We must stop implying that all abortions outside of an explicitly legal, clinical setting are "unsafe" because most self-induced abortions are complication-free.

#### Redden 16] The aff empowers people with pregnancies with the choice to self-abort and assists dozens of others from the psychological and physical violence of what alternatives remain – the discourse of the aff is valuable to challenge stigma

Molly Redden [Senior Reporter] Mon 21 Nov 2016 07.30 EST “‘Please, I am out of options’: inside the murky world of DIY abortions.” Guardian US. Cw//az accessed 3/13/2019

But almost as soon as the court legalized abortion, opponents of abortion rights began to whittle them away. Congress began prohibiting poor women from using Medicaid to cover abortions in September 1976. Obamacare, the largest healthcare expansion in decades, allowed insurers to continue to pick and choose the circumstances under which they would cover abortion and allowed states to ban the coverage altogether. The two decisions have ensured that millions of women who have sought an abortion have had to pay for it out of pocket. And a sweeping wave of anti-abortion laws has closed clinics in many states, cresting with an awesome force over the last five years.

In such a hostile climate, it is no wonder that self-induced abortions are still a significant, if largely hidden phenomenon – one that even pro-abortion rights groups are only just beginning to grasp. One study of abortion patients found that 2.2% had tried to, at some point in their lives, induce their own abortions without professional medical assistance. Another estimated that potentially 4.1% of Texas women have tried to self-induce – or at least 100,000 women.

There is no concrete data on how many women in the US have tried to self-induce. But there is some evidence – although it is inconclusive – to suggest that self-abortion attempts are on the rise. From 2008 to 2011, as the economy worsened and a wave of new restrictions [stopped] choked abortion access around the country, online queries about self-induced abortion almost doubled, according to Seth Stephens-Davidowitz, an economist who analyzes Google searches.

Into this crisis of reproductive rights now walks Donald Trump. As president, Trump has promised to restrict abortion even further. He has vowed to nominate justices to the supreme court who might overturn Roe v Wade. Roe, because the court is loath to reverse itself, has survived such threats before. But Trump has explicitly promised to nominate justices who might put Roe in their crosshairs.

In his first major interview after winning office, Trump described – truthfully – what might happen to some women if Roe v Wade were overturned. “They’ll perhaps have to go, they’ll have to go to another state,” he said. “And that’s OK?” he was asked. Trump replied, “Well, we’ll see what happens.”

But we don’t have to wait and see what happens. History has already shown us what happens when [people] women in the US can’t access abortion. So has the present day.

In 2015 alone, Women on Web, the Dutch not-for-profit, received more than 600 emails from US women looking for a way to end their own pregnancies. (The group does not send abortion drugs to the US, because the US does not outright ban abortion.) Women on Web agreed to share scores of these emails with the Guardian, providing an unprecedented window into the lives of women who feel they have no other option but to end their pregnancies themselves.

Among the hundreds who wrote to Women on Web was Martina. She contacted the Guardian shortly after she found out about her unwanted pregnancy and shared every step of her journey, which eventually took her across an international border. (As corroboration, she provided photographs, including of her travel documents. Her name has been changed for her privacy.) She wasn’t sure if she faced a potential legal risk. And in fact, self-induction is in a legal gray area, and many enterprising prosecutors have charged women who carried out their own abortions with crimes. Nevertheless, Martina felt compelled to speak.

“I feel like there’s such a negative stigma to this,” she said. “It’s kind of kept under the radar, hushed, so it needs to be talked about.” People needed to know, she added, that abortion restrictions had real victims. “You’re not really helping anyone. You’re not really protecting anyone. You’re just causing women who are in these situations [people] who feel desperate to take desperate measures.”

The letters to Women on Web form a uniform chorus of desperation. “Please” and “afford” and “help” and “fear” appear in dozens of places, signaling the nature of how these women became stranded.

“now he is threatening me, saying I can never leave.”

“I am afraid of what he is capable of.”

“For a variety of reasons, an abortion must look like a miscarriage.”

“this has to look like a miscarriage.”

“I don’t have $600.”

“Planned Parenthood wants $650. My bf and I live in our car.”

“I can’t afford an abortion.”

“I simply cannot afford an abortion.”

A teenager in a state where minors need parental consent for an abortion said her parents were forcing her to have her baby.

A woman in Missouri wrote to say that she had gone to her state’s only abortion clinic, “but the protestors shamed me into going back. I’m not a citizen and its a little scary coz I feel very lonely.”

“I am beside myself,” read another woman’s email. One month before she wrote her email, she was raped. She received her coverage through Tricare, the insurance plan for military personnel and their families. Tricare’s policy is to cover abortion in cases of rape as long as a doctor has a “good faith belief” that the rape occurred, according to a spokesman. But this woman wrote that Tricare refused to pay for her abortion on the basis that she never reported the rape.

“To end this nightmare,” she wrote, “it would cost me one-third of my family’s monthly income.” She continued, “I have seen a doctor. I have had a sonogram. Tricare covers that. I can give birth to my rapist’s baby for free.”

“Please I am out of options,” the letters read.

“Can u please.”

“please please please.”

“I cry and pray every night that the Lord take this child from me somehow.”

“I will keep searching online for help.”

What is striking about reading these emails one after another after another is the diversity of experiences that lead all these women down the same path. There are homeless women and middle-class women and married women and single women, women living in cities and women separated from the nearest abortion provider by an ocean: two wrote in from the big island of Hawaii, where the last clinic, a Planned Parenthood in Kailua-Kona, closed in 2014.

“When people think about low-income women seeking abortion, they have this stereotypical vision of a single woman on welfare,” said Laurie Bertram Roberts, head of the Mississippi Reproductive Freedom Fund. Her group provides financial assistance for abortions. “But it’s also people who have two jobs. Six hundred dollars is a lot of fucking money. For a lot of the people who call us – not a majority, but many – those barriers are just too high. Even with our help.”

Women on Web wrote back to Martina a few hours after she sent her message. “We’re sorry,” the reply came, “Women on Web cannot provide the service in any country with safe abortion services.” The email listed a few not-for-profit abortion funds Martina could call for financial assistance. Then it recommended another option: “If you live close to Mexico you can also travel to Mexico to buy misoprostol,” a drug that can induce a miscarriage early in a pregnancy.

It sounded like a gamble. Martina felt a jolt of fear. “What if it’s incomplete? What if I do it wrong? What if I fuck up my organs somehow?” She pushed these thoughts aside. At least it was an option.

Martina learned that her insurance would not cover her abortion and left messages with two abortion funds. She also found a world of websites describing ways to induce abortions with herbs or vitamins. Following advice from the sources that looked the most reputable, she began taking cinnamon capsules and several thousand milligrams of vitamin C per day.

It’s not unheard of for [people] women to turn to herbal concoctions, reproductive rights advocates said. “It’s considered an OK thing to do – this is just how they’ve handled it for years,” said Esther Priegue, the director of counseling at Choices Women’s Medical Center, an abortion clinic in Queens. Her patients occasionally use an herbal brew to try to induce a miscarriage.

The internet resounds with such recipes. “What you probably have, in reality, is hundreds of people doing it hundreds of different ways,” said Beverly Winikoff, the president of Gynuity Health Projects, a reproductive rights research group. “The way it’s always been.”

Of course, there weren’t supposed to be hundreds of different ways.

Self-induced abortion was supposed to have all but disappeared after the supreme court established the right to an abortion throughout the country. In the run-up to Roe v Wade, in the late 1960s and early 1970s, abortion was restricted to a handful of major cities and the women with the means to travel there. Roughly 100,000 women crossed state lines for a legal abortion in New York state; in a single year, the number of women going to illegal providers or trying to self-induce was up to 12 times that. Some years, up to 200 women would die of complications from illegal or self-induced abortions. And compared with the number of women who survived horrific complications, that figure appears small. In 1968 alone, a single Los Angeles County hospital treated 701 women suffering from septic abortions.

But just a few years after Roe, the country seemed to vanquish the coat-hanger abortion. In 1976, the Centers for Disease Control announced that only three women had died the previous year from abortion complications – a stunning reduction in deaths. When anti-abortion activists accused the centers of undercounting, the CDC, according to the book Inside the Outbreaks, put up a $100 bounty for proof of any abortion death the centers had failed to report. “We paid out zero money,” one official recalled proudly.

But others realized that, even though women were no longer dying in scandalous numbers, illegal and self-induced abortions were still a serious problem.

The CDC announcement came out the same year Dr Jason Doe began to do his medical residency. In the remote north-west corner of Louisiana, he rotated through an obstetrics ward that received many of the area’s most impoverished residents. The state’s only abortion clinic stood in the opposite corner of the state. “So even though abortion technically was legal” for those women, “it wasn’t available,” Doe said.

One of his first patients had unraveled a wire coat hanger and used it to break her water. Another broke her water with a red rubber catheter her friend had stolen from a hospital.

Doe’s memory of another patient is dominated by her screams. As she seized in pain, doctors removed an intact cotton boll – the husk was still attached – from her vagina. She had soaked the cotton fibers in turpentine and honey.

“In three years, I suppose I saw a dozen cases,” said Doe. (Doe agreed to speak only under a pseudonym. He works as an abortion provider in Shreveport and has kept his identity hidden from the public.) He treated women who had gone to back-alley abortion providers and a woman who had shot herself in the stomach. Turpentine became a kind of harrowing motif. One woman used a syringe to inject it into her abdomen. The tide only ceased in 1980, when two abortion clinics opened a few months apart in nearby Bossier City and Shreveport. Roe v Wade was seven years old.

“Just making it legal is not enough,” Doe said. “If it’s not available, if [someone] a woman really does feel that she [the] needs to terminate her pregnancy, [they] she may be willing to try just about anything.”

His were not isolated experiences. In 1977, Rosie Jimenez became one of the first women to die from an illicit abortion after Roe v Wade. Jimenez had previously had one legal abortion, paid for using Medicaid. But in 1976, Congress passed the Hyde amendment, which banned the use of federal Medicaid funds to pay for abortion and which many advocates still consider the country’s biggest barrier to abortion access today. The next time Jimenez became pregnant, she sought out an unlicensed midwife in McAllen, Texas. She died of a bacterial infection.

In fact, nearly every year after Roe v Wade brought isolated reports of a woman taking drastic steps to terminate her pregnancy. 1978: Three young women in Colorado poisoned their livers by drinking tiny amounts of aromatherapy oil to try to induce an abortion. 1984: A teenager injected herself with a local anesthetic and attempted to cut out her fetus. 1994: A Florida teenager placed a pillow over her abdomen and shot herself in the side.

Earlier this month, a woman in Tennessee was charged with aggravated assault for trying to give herself an abortion with a coat hanger. She was found out after profuse bleeding sent her to the emergency room.

It is against this backdrop of tragedies that some reproductive rights activists have argued for mak[e]ing the same abortion drugs used routinely in clinics available to women in their homes. “It would be phenomenal if people could receive this medication in the mail with all the instructions” and the right safety measures, said Yamani Hernandez, the executive director of the National Network of Abortion Funds. Already, she added, the internet is allowing untold numbers of to find and use the drug without medical supervision. Among the 700,000 searches on self-abortion Stephens-Davidowitz identified in 2015, some 160,000 were searches for a way to obtain the abortion pill through back channels.

Is there a chance those searches could increase under a Trump presidency? “Yes,” said Hernandez. “That is something that one could reasonably predict in an environment where abortion becomes even illegal, or even more inaccessible than it has been. We will do anything in our power to get people the information and the care that they need.” Even now, her group posts instructions for self-administering misoprostol on its website – “For safety’s sake.”

#### WHW 11/25] The aff retakes control over reproductive coercion, which happens in over 40%[[1]](#footnote-1) of cases of intimate partner violence

Women Help Women, Sunday, November 25, 2018, What reproductive coercion has to do with abortion access <https://womenhelp.org/en/page/976/what-reproductive-coercion-has-to-do-with-abortion-access> cw//az \*bracketed, I don’t endorse problematic language

If something feels disgusting to you about this "humor," it should - what happened in these two scenarios is called reproductive coercion. Reproductive coercion is a form of domestic [ip]violence in which one person forces pregnancy, keeping a pregnancy or abortion on another person. This could mean hiding or destroying birth control pills, poking holes in condoms, threatening to end a relationship if they don't have unprotected sex with them, removing a condom during sex, etc. Reproductive coercion can happen outside of the context of other physical violence, and that's why it's often something those experiencing it struggle to name.

Health care providers are now being trained to spot reproductive coercion in patients. Signs include frequent requests for STI and pregnancy tests, as well as a history of multiple abortions. According to the American College of Obstetricians and Gynecologists, in 2007, folks experiencing intimate partner violence, which reproductive coercion is a form of, were three times more likely to seek abortion care.

People in abusive relationships face barriers to accessing abortion care that others may not. They may have to seek abortion in secret, and depending on the state in which they live, that may or may not be possible. Since financial abuse is more often than not a part of intimate partner violence, a person seeking abortion may not be able to access the funds necessary for the procedure, as well as the ancillary expenses - travel, child care, lodging, food, translation services and more. It may be difficult for them to find a safe place to recover from the procedure. Even with the help of abortion funds, it can take a while to amass money both the procedure and additional costs, and abortion bans such as Ohio's heartbeat bill often drive people out of state for care, because by the time the funds are secured, they are unable to access an abortion in the state where they live.

Abortion pills may provide a solution for those in abusive relationships seeking abortion care. They can be taken as soon as one confirms that they are pregnant up until 12 weeks, depending on whether or not they opt for the mifepristone + misoprostol combination, or misoprostol on its own. The pills can also be taken at home, or wherever one deems to be a safe place, and are extremely effective, posing no danger to one's health and fertility, even when used more than once. The process of abortion with pills (medical abortion) closely resembles a miscarriage, and therefore, an abusive partner may not know that they've had an abortion. Telemedicine abortion, in which patients are guided through the process of taking the pills via video, is banned in **19 states**, so those patients must receive the pill from a clinician who is physically present, another barrier to abortion care for folks in dangerous situations. These bans exist in spite of the fact that telemedicine abortion is safe, and there's no reason for these laws to exist outside of the desire to obstruct access to abortion.

#### T: negative state power cedes for citizens rights and reorients shift to sex roles

Hillary Kunins and Allan Rosenfield, ABORTION: A LEGAL AND PUBLIC HEALTH PERSPECTIVE, Columbia School of Public Health, New York, NY 10032 Annu. Rev. Pub!. Health 1991. 12:361-82 Copyright © 1991 by Annual Reviews Inc. All rights reserved cw//az

Interestingly, the anti-abortion regulation for which they fought allowed for therapeutic abortions to save a woman's life. Thus, when a doctor deemed a women's life to be endangered by the pregnancy, abortion was acceptable. The caveat was that the doctor be a qualified one, i.e. a practitioner of alleopathic medicine (50). The abortion regulations conferred upon these physicians the power to decide when abortion was permissible. Thus, it has been suggested, their professional power increased by controlling women's access to abortion.

Historians identify yet another explanation for the physicians anti-abortion stance. They argue that the physicians were interested in having more control over women's fertility (52, 58, 72). Resistant to changing sex roles, the primarily male doctors saw abortion as a means by which women could avoid their traditional familial responsibility to raise children. In addition, falling birthrates among American-born middle and upper class women posed a perceived threat to the continuation of the doctors' own social and economic class. Historians suggest that by limiting, or even preventing, women's recourse to abortion as a means of fertility control, physicians believed they could promote more traditional sex roles.

## Underview

#### The role of the ballot is to evaluate the simulated consequences of the aff policy.

#### I. anything else empirically beaten back- the zaptistas embraced anarchic nomadism but because of how fractured they were no one knew how to follow up their movements, use them to do things, or fight back against organized movements like the state.

#### II. the state has a monopoly on social and military resources which allows it to have the biggest impact on individuals- that means using the state gives us more ways to achieve our goals

#### III: States are just social structures that come together and then either codify rules that protect each other – puts you in a double bind: either the state comes about post alt because black groups come together and create rules which is a state which means the state is not ontologically bad and it’s a tool which we can change or there is no state in which case you have the state of nature which is worse because all your white neighbors come out and kill you because they already have all the resources.

#### Debating political solutions is an iterative process that uses the academy as a site of movement building that creates a bulwark against Trump’s fascism.

**Taylor 17** [Keeanga-Yamahtta Taylor, assistant professor of African American studies at Princeton University. “Home Is the Crucible of Struggle,” *American Quarterly*, Vol. 69, No. 2, June 2017, p. 229-233, Accessed Online through Emory Libraries]

Creating home, or what may also be described as a struggle to belong, has always been political in the United States. In a country founded on the extermination of its indigenous population, whose wealth was derived from the forced labor of the enslaved, and for whom that wealth was multiplied a trillion times over through the violent expropriation of waves upon waves of immigrant labor—to stay or belong has been brutally contested and valiantly fought to achieve. In other words, we share a history of repression and resistance in the elemental, human struggle to belong, to be home. Those various battles over land rights and citizenship; the right to work and housing; the right to vote, speak, and organize have all been in an effort to reshape or reform the injustice and oppression that shapes the daily lives of most people in this country. In this persistent quest**, we now enter into a period of** both certainty and **uncertainty**. We can be certain that the administration of Donald **Trump will pursue policies that will make the lives of** ordinary **people** substantially harder. We can be certain that **his administration will attack immigrants. He has promised** to restore **law and order, which appears to be an invitation for the police to continue their assaults on Black and Brown communities. Trump has bragged about sexually assaulting women while decrying** their rights to **reproductive freedom**. Trump and **his cohort have all but declared war on Muslims** in the United States and beyond. **We have seen a revival of the white supremacist Right** and an unleashing of open racial animus. In the month after the election of Trump, over one thousand hate crimes across the country were reported. Since he has taken office, Jewish cemeteries have been desecrated; mosques have been burned; and swastikas have been brandished in acts of vandalism and intimidation. **What is uncertain is the extent to which Trump will be able to follow through on his threats** against a variety of communities. **This uncertainty is not with Trump's intention** to inflict as much pain and harm on the most vulnerable people in the United States; **rather, it is based on a calculation that** our ability to organize and build movements will **complicate, blunt, and**, in some cases, **thwart the Trump agenda**. [End Page 229] **The challenge is in using the spaces we occupy in the academy to approach this task**. There will be many different kinds of organizing spaces developed in the coming years, but **there is a particular role we can play** in this moment. **This organizing possibility exists** only when we recognize the academy, itself, **as a site of politics and struggle. Those who ignore that reality do so because they have the luxury to** or because they are so constrained by compartmentalization that they ignore the very world they are living in. **In the last two years we have seen the** flowering of campus struggles **against racism, rape, and sexual violence, amid campaigns for union recognition and the right of faculty to control** the atmosphere of their classrooms. Whether or not we on campus see them as political spaces, the right wing certainly does. They have raged against "safe spaces" and what they refer to as "political correctness." While reasonable people may debate the merits and meaning of concepts like safe spaces, we should not confuse those discussions with an attack from the right that is intended to create "unsafe spaces" where racial antagonism, sexual predation, and homophobia are considered rites of passage or, as the new president describes as it, "locker room" behavior. These, unfortunately, are only smaller battles happening within the larger transformation of colleges and universities into the leading edge of various neoliberal practices, from the growing use of "contingent labor" to the proliferation of online education, to certificate and master's programs that are only intended to increase the coffers while adding little to nothing to the intellect or critical thinking capacities of its participants. Robin Kelley reminds us that universities will "never be engines for social transformation," but they are places that often reflect, and in some situations magnify, the tensions that exist in society more generally. There is a relationship between the two. The struggles for academic units in Black and Chicano studies in the 1960s were born of the political insurgencies that captivated those communities while shaking the entire country to its core. Robert Warrior reminds us that in Native studies there is a commitment to crash through the firewall that is often intended to silo scholarship from the communities it is often derived from. He writes that a "clear predominance exists in Native studies of scholarship that obligates itself in clear ways to being connected to the real lives of real peoples living in real time. More than just connected, a hallmark of Native studies scholarship is a preoccupation with how the work of scholars and scholarship translates itself into the process of making the Indigenous world a better, more just, and more equitable place to live, thrive, and provide for future generations." Scholarship alone is not politics, but the study of history, theory, and politics can imbue our political practice with depth and confidence. Today there is a [End Page 230] need to connect the legacy of resistance, struggle, and transformation with a new generation of students and activists who are desperately looking for hope that their world is not coming to an end. To be sure, there is deep malaise and fear about the meaning of a Trump presidency. It is not to be underestimated. Anyone who is so open about his antipathy and disgust with entire populations of people should be believed when he promises to amplify the suffering in this society. And we should not underestimate the obstacles that confront a political Left that is deeply fractured and politically divided. But we should also remember that the future is not already written. It has yet to be cast in stone. The stories of our demise have been predicted over and over again. The marches that erupted in the immediate aftermath of the Trump victory give a sense of the resistance to come. Who could have predicted that the day after Trump's inauguration between three and four million people in the United States would take to the streets to defiantly resist and oppose the new president? In fact, we have already seen in the last decade the eruption of mass struggle embodied in the Occupy movement and most recently the rise of Black Lives Matter. The challenge to Trump, however, will demand more than moral outrage. It requires a strategy, and strategy can be developed only when we have political clarity on the nature of Trumpism. The queer theorist Lisa Duggan made an important observation at the association's annual meeting last November in Denver. In an emergency session assessing the US presidential election, there was a sense of urgency that we have talked enough and now is the time to act. But Duggan made the important observation that **while action is always necessary, we must also create the** political and intellectual spaces **necessary for debate, argument, and discussion. We cannot act in intelligent ways without understanding why we are acting and what we are acting against**. In other words, politics and ideas matter as much as the action **necessary to transform conditions we abhor**. This may seem like a minor or even self-evident point, but there is a constant critique that we are often "preaching to the choir" or a question about the usefulness of sitting in yet "another" meeting. But this most recent electoral season has also shown that the choir has different pitches and cadences. The choir can be off-key. This is not to suggest that we should all agree or mute the areas of disagreement and tension, but we should be clear about those differences. Just as we should be clear on what is agreed on and what are the bases on which we can overcome differences and unite. These various position s cannot be intuited; they are discovered through patient debate. Beyond the culture of respectful internal debate and discussion, academics also have something to contribute. The confidence necessary to effectively [End Page 231] engage in struggle is not easily attained in an atmosphere of defeat and defensiveness. Those are the moments to draw on the history of resistance in the movements of the oppressed. Often the political establishment better understands the power of this history than those who are its rightful inheritors. There is a reason that the federal government invested so heavily in the repression of the Black liberation movement of the 1960s. The point was not only to defeat the struggle; it was intended to snuff out its legacy. In significant ways the repression has carried on until this very day. There is a reason sixty-nine-year-old Assata Shakur remains a political exile in Cuba and our government continues to keep a $2 million bounty on her head while shamefully including her on the misnamed terrorist watch list. It is the same reason that the Angola Three—Robert King, Albert Woodfox, and Herman Wallace, Black Panther members held in the infamous prison in Louisiana—collectively spent 113 years in solitary confinement as political punishment for their ideas. It is the same reason 45 years after the Attica Prison Rebellion in 1971, federal and state officials continue to hide the truth of its brutal repression. The most important, and thus damning, archives that the historian Heather Ann Thompson used to write her book on Attica have, once again, disappeared from public scrutiny. Not only does the political establishment want to punish and demonize the voices for Black liberation, but more important, they want to bury the legacy, the history, and politics of the movement itself. It is clear to understand why. It is not irrational hatred of African Americans; it is quite simply because when Black people go into struggle, it unravels the dominant narrative, or the fabrications at the heart of American mythology—that we are a democratic and just society. Only a cursory knowledge of Black history—and the history of indigenous people in this land—shatters the United States' obsession with its own self-idealization as an "exceptional" society. In doing so, Black struggles are examples of how the "margins" can upend and destabilize the supposed center. And perhaps even more important is how those struggles within the various iterations of the Black Freedom movement become a platform for other liberation struggles to emerge. This was the legacy of the Black insurgency of the 1960s. As a result, the political establishment distorts this history and distorts its radical content, its radical leaders, and their voices. This is not just a lesson of who gets to tell history; this legacy of repression affects the movements of today. The attempt to distort and bury the struggles from a previous period of Black rebellion deprives the current generation of the politics, strategy, and tactics of our movement historically. It diminishes the analyses and the political tools necessary to help forge a way forward in [End Page 232] this political moment. But perhaps, most perniciously, the efforts to disconnect people, especially young people, moving into struggle from their radical roots and history, are to dramatically limit our political imaginations so that we believe that the best we can hope for in this life is a Black president or a more responsive and less inept Democratic Party: the establishment wants us to believe that life as it currently is, is the best we can hope for. This is why, for example, the scholar and activist Angela Davis is so important because she is a connection to our radical history. She is the living legacy of a political movement that put liberation at its center. And you can see her political and intellectual fingerprints all over our movement today—from the politics of Black feminism and the concept of intersectionality to the demand of abolition and the rejection of the very normative idea that humans should be surveilled, caged, or killed by the state. It is no wonder that her politics and activism have deeply influenced many of the Black queer women at the heart of the Black Lives Matter movement. She compels us to think more deeply, to get to the root of the matter, to be radical in our analysis, and to struggle harder—not just in the world as it is but for the world as we want it to be. Davis is but a single example. There are many other examples where those from a previous era of struggle whom we respect and honor connect our searching present with a previous moment of insurgency and struggle. In our lifetimes, we have never been more in need of the inspiration, the lessons, and the strength of those who have bequeathed to us the certainties and uncertainties of home today. The challenge continues to lie in our abilities to transcend, through argument, debate, and struggle, the many paths that crisscross and potentially divide our resistance to hatred, bigotry, and oppression. This is a call for solidarity, but not on the basis of papering over the different experiences that create different levels of consciousness within our society. Solidarity is most palpable when there is recognition that our fates are connected and that an injury to one is an injury to all. Another world is truly possible, but only if we are willing to struggle for it.

#### Piecemeal reforms don’t stall the revolution and prioritizing academic theorizing is paternalistic – weigh the case.

**Delgado 9** [Chair of Law at the University of Alabama Law School, J.D. from the University of California, Berkeley, his books have won eight national book prizes, including six Gustavus Myers awards for outstanding book on human rights in North America, the American Library Association’s Outstanding Academic Book, and a Pulitzer Prize nomination.  Professor Delgado’s teaching and writing focus on race, the legal profession, and social change. 2009, “Does Critical Legal Studies Have What Minorities Want, Arguing about Law”, p. 588-590] MT

The CLS critique of piecemeal reform is familiar, imperialistic and wrong. Minorities know from bitter experience that occasional court victories do not mean the Promised Land is at hand. The critique is imperialistic in that it tells minorities and other oppressed peoples how they should interpret events affecting them. A court order directing a housing authority to disburse funds for heating in subsidized housing may postpone the revolution, or it may not. In the meantime, the order keeps a number of poor families warm. This may mean more to them than it does to a comfortable academic working in a warm office. It smacks of paternalism to assert that the possibility of revolution later outweighs the certainty of heat now, unless there is evidence for that possibility. The Crits do not offer such evidence.

Indeed, some incremental changes may bring revolutionary changes closer, not push them further away. Not all small reforms induce complacency; some may whet the appetite for further combat. The welfare family may hold a tenants’ union meeting in their heated living room. CLS scholars’ critique of piecemeal reform often misses these possibilities, and neglects the question of whether total change, when it comes, will be what we want.

#### To clarify – I know fiat is fake and don’t make a claim about whether or not the state is good or bad. The aff makes a value judgement on a certain state action – that operates independently of state legitimacy.

Newman 10 [Newman, Saul. [Reader in Political Theory at Goldsmiths, University of London] Theory & Event, Volume 13, Issue 2, 2010.]

There are two aspects that I would like to address here. Firstly, the notion of demand:makingcertaindemands onthe state– say for higher wages, equal rights for excluded groups, to not go to war, or an end to draconian policing – is one of the basic strategies of social movements and radical groups. Making such demands does not necessarily mean working within the state or reaffirming its legitimacy. On the contrary, demands are made from a position outside the political order, and they often exceed the question of the implementation of this or that specific measure. Theyimplicitlycall into questionthe legitimacy and even the sovereignty of the stateby highlightingfundamentalinconsistenciesbetween, for instance, a formal constitutional order which guarantees certain rights and equalities, and state practices which in reality violate and deny them

#### Presumption and permissibility affirm: I have to accomplish more in less time -7463, plus I have to extend twice, neg does once. Prefer: time controls the int link to presump argument, more time means more args

#### Fairness is a voter: Institutional rules first: Debate is competitive and governed by rules. You can’t evaluate who did better debating if the round is structurally skewed, so fairness is a gateway to substantive debate. Outweighs pedagogy as it proves that you have structurally positioned yourself around engagement.

#### aff theory and metatheory is legit, drop the debater, and the highest layer to check infinite NC abuse which o/ws on magnitude. 1AR is too short for drop the argument - Even if the shell is 4 minutes, the neg can dump on it for 5:30 and go for 30 seconds of substance and win

#### Aff gets RVIs on counterinterps

#### The 2AR is the shortest speech which means I need to be able to collapse to the highest layer otherwise I have to beat back every layer in 3 min

#### Neg gets T so give an RVI to rectify reciprocity of opportunity

#### Evaluate t w reasonability with a brightline of link and impact turn ground, and a qualified solvency advocate. I meet

#### multiple T interps the 1NC can read, like spec good or spec bad, which the aff will always so default to substance

#### There’s only 4 minutes for the 1AR to generate carded offense, answer standards, and weigh while covering substance—reasonable aff interps allow us education

#### No 2NR RVIs - creates a strat skew since people determine reading theory based largely on RVIs and force a 2ar on theory

#### I: centering disad- we cannot create a politics without a focus point because it can always get coopted by the state to justify bad problems

#### V. If you think lynching or assault should not happen to innocent bodies then you need legal protections to ensure that which requires that some institution to do it- which justifies affirming

#### 1- truth testing gives the negative access to infinite outs- they can prove an assumption of the resolution is false or prove the converse - key to fairness because we both need equal shots at the ballot.

#### 2- Burden of proof- truth testing forces the aff to prove perfection and gives the negative the ability to win the round off a taint- means lopsided debates because a single deficit to the aff would be a reason to negate- also makes the 1AC a moot point because you can’t leverage offense if the negative defends nothing – key to fairness because it equalizes burdens

#### 3- Intuition- when we evaluate truth claims we consider the implications in the real world- we ask if our ethic was internalized if it would be net better- that outweighs- every ethical precept is grounded on some intuitive basis

#### The 2N has the option of going for either substance or theory with the layer I undercover, the RVI forces the 2N go for theory

### State

#### Aff is good for pol build bc right uses it as a site for material violence e.g. flipping roe v wade

#### Absolute claims of moral goodness and badness are counterproductive and complicit in evil – only consequentialism solves

Isaac 2 – Professor of Poli Sci @ U Indiana, Bloomington (Jeffrey, Ends, Means and Politics, Dissent, Vol 49, Iss. 2, Spring)

As writers such as Niccolo Machiavelli, Max Weber, Reinhold Niebuhr, and Hannah Arendt have taught, anunyielding concern with moral goodness undercuts political responsibility. The concern may be morally laudable, reflecting a kind of personal integrity, but it suffers from three fatal flaws: (1) It fails to see that **the** purity of **one’s** intention does not ensure **the** achievement of what one intends.Abjuring violence or refusing to make common cause with morally compromised parties may seem like the right thing; but if such tactics entail impotence, then it is hard to view them as serving any moral good beyond the clean conscience of their supporters; (2) it fails to see that in a world of real violence **and injustice,** moral purity is **not simply a form of powerlessness; it is often a form of** complicity in injustice.This is why, from the standpoint of politics--as opposed to religion--pacifism is always a potentially immoral stand. In categorically repudiating violence, it refuses in principle to oppose certain violent injustices with any effect; and (3) it fails to see thatpolitics is as much about unintended consequences as **it is about** intentions; it is the effects of action, rather than the motives of action, that is most significant. Just as **the** alignment with “good” may engender impotence, it is often **the** pursuit of “good” **that** generates evil. This is the lesson of communism **in the twentieth century:** it is not enough that one’s goals be sincereor idealistic; it is equally important, always, to ask about the effects of pursuing these goals and to judge these effects in pragmatic and historically contextualized ways. Moral absolutism inhibits this judgment. It alienates those who are not true believers. **It promotes arrogance.** And it undermines political effectiveness

### Underview (LARP)

#### Low-risk is no-risk – debater’s cognitive biases overestimate big stick impacts.

COHN 13 [Nate, debater for Georgetown. 11/24/2013. “Improving the Norms and Practices of Policy Debate.” <http://www.cedadebate.org/forum/index.php/topic,5416.msg12020.html#msg12020>] SJCP//NM

The fact that policy debate is wildly out of touch—the fact that we are “a bunch of white folks talking about nuclear war”—is a damning indictment of nearly every coach in this activity. It’s a serious indictment of the successful policy debate coaches, who have been content to continue a pedagogically unsound game, so long as they keep winning. It’s a serious indictment of policy debate’s discontents who chose to disengage. That’s not to say there hasn’t been any effort to challenge modern policy debate on its own terms—just that they’ve mainly come from the middle of the bracket and weren’t very successful, focusing on morality arguments and various “predictions bad” claims to outweigh. Judges were receptive to the sentiment that disads were unrealistic, but negative claims to specificity always triumphed over generic epistemological questions or arguments about why “predictions fail.” The affirmative rarely introduced substantive responses to the disadvantage, rarely read impact defense. All considered, the negative generally won a significant risk that the plan resulted in nuclear war. Once that was true, it was basically impossible to win that some moral obligation outweighed the (dare I say?) obligation to avoid a meaningful risk of extinction. There were other problems. Many of the small affirmatives were unstrategic—teams rarely had solvency deficits to generic counterplans. It was already basically impossible to win that some morality argument outweighed extinction; it was totally untenable to win that a moral obligation outweighed a meaningful risk of extinction; it made even less sense if the counterplan solved most of the morality argument. The combined effect was devastating: As these debates are currently argued and judged, I suspect that the negative would win my ballot more than 95 percent of the time in a debate between two teams of equal ability. But even if a “soft left” team did better—especially by making solvency deficits and responding to the specifics of the disadvantage—I still think they would struggle. They could compete at the highest levels, but, in most debates, judges would still assess a small, but meaningful risk of a large scale conflict, including nuclear war and extinction. The risk would be small, but the “magnitude” of the impact would often be enough to outweigh a higher probability, smaller impact. Or put differently: policy debate still wouldn’t be replicating a real-world policy assessment, teams reading small affirmatives would still be at a real disadvantage with respect to reality. Why? Oddly, this is the unreasonable result of a reasonable part of debate: the burden of refutation or rejoinder, the responsibility of debaters to “beat” arguments. If I introduce an argument, it starts out at 100 percent—you then have to disprove it. That sounds like a pretty good idea in principle, right? Well, I think so too. But it’s really tough to refute something down to “zero” percent—a team would need to completely and totally refute an argument. That’s obviously tough to do, especially since the other team is usually going to have some decent arguments and pretty good cards defending each component of their disadvantage—even the ridiculous parts. So one of the most fundamental assumptions about debate all but ensures a meaningful risk of nearly any argument—even extremely low-probability, high magnitude impacts, sufficient to outweigh systemic impacts. There’s another even more subtle element of debate practice at play. Traditionally, the 2AC might introduce 8 or 9 cards against a disadvantage, like “non-unique, no-link, no-impact,” and then go for one and two. Yet in reality, disadvantages are underpinned by dozens or perhaps hundreds of discrete assumptions, each of which could be contested. By the end of the 2AR, only a handful are under scrutiny; the majority of the disadvantage is conceded, and it’s tough to bring the one or two scrutinized components down to “zero.” And then there’s a bad understanding of probability. If the affirmative questions four or five elements of the disadvantage, but the negative was still “clearly ahead” on all five elements, most judges would assess that the negative was “clearly ahead” on the disadvantage. In reality, the risk of the disadvantage has been reduced considerably. If there was, say, an 80 percent chance that immigration reform would pass, an 80 percent chance that political capital was key, an 80 percent chance that the plan drained a sufficient amount of capital, an 80 percent chance that immigration reform was necessary to prevent another recession, and an 80 percent chance that another recession would cause a nuclear war (lol), then there’s a 32 percent chance that the disadvantage caused nuclear war. I think these issues can be overcome. First, I think teams can deal with the “burden of refutation” by focusing on the “burden of proof,” which allows a team to mitigate an argument before directly contradicting its content. Here’s how I’d look at it: modern policy debate has assumed that arguments start out at “100 percent” until directly refuted. But few, if any, arguments are supported by evidence consistent with “100 percent.” Most cards don’t make definitive claims. Even when they do, they’re not supported by definitive evidence—and any reasonable person should assume there’s at least some uncertainty on matters other than few true facts, like 2+2=4. Take Georgetown’s immigration uniqueness evidence from Harvard. It says there “may be a window” for immigration. So, based on the negative’s evidence, what are the odds that immigration reform will pass? Far less than 50 percent, if you ask me. That’s not always true for every card in the 1NC, but sometimes it’s even worse—like the impact card, which is usually a long string of “coulds.” If you apply this very basic level of analysis to each element of a disadvantage, and correctly explain math (.4\*.4\*.4\*.4\*.4=.01024), the risk of the disadvantage starts at a very low level, even before the affirmative offers a direct response. Debaters should also argue that the negative hasn’t introduced any evidence at all to defend a long list of unmentioned elements in the “internal link chain.” The absence of evidence to defend the argument that, say, “recession causes depression,” may not eliminate the disadvantage, but it does raise uncertainty—and it doesn’t take too many additional sources of uncertainty to reduce the probability of the disadvantage to effectively zero—sort of the static, background noise of prediction.

#### Being politically afraid of change is actively harmful.

King ‘63 [Dr. Martin Luther King Jr, American Baptist Minister and spokesperson in the Civil Rights Movement. “Letter from a Birmingham Jail” April 16, 1963.]

We should never forget that everything Adolf Hitler did in Germany was "legal" and everything the Hungarian freedom fighters did in Hungary was "illegal." It was "illegal" to aid and comfort a Jew in Hitler's Germany. Even so, I am sure that, had I lived in Germany at the time, I would have aided and comforted my Jewish brothers. If today I lived in a Communist country where certain principles dear to the Christian faith are suppressed, I would openly advocate disobeying that country's antireligious laws.

I must make two honest confessions to you, my Christian and Jewish brothers. First, I must confess that over the past few years I have been gravely disappointed with the white moderate. I have almost reached the regrettable conclusion that the Negro's great stumbling block in his stride toward freedom is not the White Citizen's Counciler or the Ku Klux Klanner, but the white moderate, who is more devoted to "order" than to justice; who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice; who constantly says: "I agree with you in the goal you seek, but I cannot agree with your methods of direct action"; who paternalistically believes he can set the timetable for another man's freedom; who lives by a mythical concept of time and who constantly advises the Negro to wait for a "more convenient season." Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will. Lukewarm acceptance is much more bewildering than outright rejection.

I had hoped that the white moderate would understand that law and order exist for the purpose of establishing justice and that when they fail in this purpose they become the dangerously structured dams that block the flow of social progress. I had hoped that the white moderate would understand that the present tension in the South is a necessary phase of the transition from an obnoxious negative peace, in which the Negro passively accepted his unjust plight, to a substantive and positive peace, in which all men will respect the dignity and worth of human personality. Actually, we who engage in nonviolent direct action are not the creators of tension. We merely bring to the surface the hidden tension that is already alive. We bring it out in the open, where it can be seen and dealt with. Like a boil that can never be cured so long as it is covered up but must be opened with all its ugliness to the natural medicines of air and light, injustice must be exposed, with all the tension its exposure creates, to the light of human conscience and the air of national opinion before it can be cured.

In your statement you assert that our actions, even though peaceful, must be condemned because they precipitate violence. But is this a logical assertion? Isn't this like condemning a robbed man because his possession of money precipitated the evil act of robbery? Isn't this like condemning Socrates because his unswerving commitment to truth and his philosophical inquiries precipitated the act by the misguided populace in which they made him drink hemlock? Isn't this like condemning Jesus because his unique God consciousness and never ceasing devotion to God's will precipitated the evil act of crucifixion? We must come to see that, as the federal courts have consistently affirmed, it is wrong to urge an individual to cease his efforts to gain his basic constitutional rights because the quest may precipitate violence. Society must protect the robbed and punish the robber. I had also hoped that the white moderate would reject the myth concerning time in relation to the struggle for freedom. I have just received a letter from a white brother in Texas. He writes: "All Christians know that the colored people will receive equal rights eventually, but it is possible that you are in too great a religious hurry. It has taken Christianity almost two thousand years to accomplish what it has. The teachings of Christ take time to come to earth." Such an attitude stems from a tragic misconception of time, from the strangely irrational notion that there is something in the very flow of time that will inevitably cure all ills. Actually, time itself is neutral; it can be used either destructively or constructively. More and more I feel that the people of ill will have used time much more effectively than have the people of good will. We will have to repent in this generation not merely for the hateful words and actions of the bad people but for the appalling silence of the good people. Human progress never rolls in on wheels of inevitability; it comes through the tireless efforts of men willing to be co workers with God, and without this hard work, time itself becomes an ally of the forces of social stagnation. We must use time creatively, in the knowledge that the time is always ripe to do right. Now is the time to make real the promise of democracy and transform our pending national elegy into a creative psalm of brotherhood. Now is the time to lift our national policy from the quicksand of racial injustice to the solid rock of human dignity.

### Rule

#### Prefer reflective equilibrium as a procedure to evaluate the framework debate.

1. Regress-all fully deductive justifications fail since they arrive at unexplainable premises. Finding coherence among these shared assumptions is the only way to ground ethics.
2. Motivation-ethics is a guide to action; if an ethical theory fails to motivate us, we have no reason to act on it. Reflective equilibrium uses common intuitions so we’re more likely to abide by it
3. Moral uncertainty-philosophers have been debating for millennia; no premise has complete plausibility- give credence to multiple views. If the neg contests this, they need a competitive counter methodology to evaluate the framework debate- otherwise I’m the only one with a way to weigh offense.

#### Rule consequentialism coheres with our intuitive beliefs – default aff not skep.

Hooker Brad Hooker (Professor of Philosophy at the University of Reading) “Rule Consequentialism” Stanford Encyclopedia of Philosophy 2008 http://plato.stanford.edu/entries/consequentialism-rule/ JW

We have seen that rule-consequentialism evaluates rules on the basis of the expected value of their acceptance by the overwhelming majority. What rules will such an approach endorse? It will endorse rules prohibiting physically attacking innocent[s] people or their property, taking the property of others, breaking one's promises, and lying. It will also endorse rules requiring one to pay[ing] special attention to the needs of one's family and friends, but more generally to be willing to help others with their (morally permissible) projects. Why? The crude answer is that a society where such rules are widely accepted would be likely to have more good in it than one lacking such rules. The fact that these rules are endorsed by rule-consequentialism makes rule-consequentialism attractive. For, intuitively, these rules seem right. However, other moral theories endorse these rules as well. Most obviously, a familiar kind of moral pluralism contends that these intuitively attractive rules constitute the most basic level of morality, i.e., that there is no deeper moral principle underlying and unifying these rules. Call this view Rossian pluralism (in honor of its champion W. D. Ross (1930; 1939)). Rule-consequentialism may agree with Rossian pluralism in endorsing rules against physically attacking the innocent, stealing, promise breaking, and rules requiring various kinds of loyalty and more generally doing good for others. But rule-consequentialism goes beyond Rossian pluralism by specifying an underlying unifying principle that provides impartial justification for such rules. Other moral theories try to do this too. Such theories include some forms of Kantianism (Audi 2001; 2004), some forms of contractualism (Scanlon 1998), and some forms of virtue ethics (Hursthouse 1999; 2002; Foot 2000). In any case, the first way of arguing for rule-consequentialism is to argue that it specifies an underlying principle that provides impartial justification for intuitively plausible moral rules, and that no rival theory does this as well (Urmson 1953; Brandt 1967; Hospers 1972; Hooker 2000).

#### Thus, the standard is consistency with rule consequentialism.

#### Impact calc:

1. Reject DA scenarios based on unstable conceptions of uniqueness and contingent on variable circumstances—that requires new rules based on fluctuations and constantly subject to change which would be impossible to internalize into agents making morality fail.
2. Extinction impacts first tends towards negative utility since every potential action could have a long and contrived link scenario like picking up a pen—that causes policy freeze
3. Prefer high probability impacts
   1. lack of credible specific brink means that we don’t know when the neg impacts will occur but the aff impact aggregates every day, meaning the magnitude will be greater by the time your scenario occurs
   2. Diminished marginal utility proves we should help the most disadvantaged first it’d be more productive giving 100 to a homeless person than bill gates

#### Prefer: Government actions will inevitably lead to trade-offs between citizens since they benefit some and harm others; the only justifiable way to resolve these conflicts is by benefiting the maximum possible number of people since anything else would unequally prioritize one group over another. States lack intentionality since they're composed of multiple individuals—there is no act-omission distinction for them since they create permissions and prohibitions in terms of policies so authorizing action could never be considered an omission since the state assumes culpability in regulating the public domain.

#### Impacts:  a. Side constraint theories are useless for states since they’ll inevitably violate some constraint - means it's a question of minimizing the amount of constraints we violate.

#### b. Answers util indicts- if morality is a system that guides actions we need to know what to do when faced with imperfect circumstances. If a system is incapable of telling us what to do when violations are inevitable it makes morality useless- only util maintains use-functionality.

#### c. Takes out indicts about calculability since governments already use util which proves it is possible to do so. Also means my fw is more probable because it’s being used in the real world.

#### d. Constitutivism- I coopt appeals to agency because the reason the state exists is to protect its population. The only reason why documents like the constitution exist is to ensure that the state allows its citizens to experience the best possible life- this means access to modes of wellbeing come first .

#### e. Intentions are irrelevant- when policymakers justify their actions they have to justify them based on consequences because those are the only reliable modes of knowledge we have access too. We label intentions good or bad based on the consequences that arise so util first.

### sviol

#### 1. Otherization creates arbitrary moral rules where power is imposed onto others. This removes some from moral conversation, making pluralistic accounts for moral truth impossible. Equality is a pre requisite to normativity.

#### 2. Destroys the capacity to fix an understanding of moral subjects. Before the maxim: agents ought to do x, theories must ground what the moral agent consists of. Otherization creates inconsistency in conceptualization of the subject by arbitrarily conditioning what constitutes agency. That destroys the basis of ethical maxims since the subject is unfixed.

#### 3. Skews the epistemic starting point of ethical theories. Only flawed knowledge production relies on epistemologies that exclude and objectify. Ethics motivate agents to act correctly in a way that respects others. Pointing out an assumption in their logic that justifies exactly what ethics tries to stop means the implications drawn from the ethic aren’t real since their foundation is flawed.

# 1ar

## Cx

Alt actor

Status

pik

What is weighing

Why does ur ! come first

## Extensions

### Fw

the standard is mitigating material violence.

Prescription – the role of the ballot doesn’t prescribe anything inherently, but rather condemn oppression prefer

### Substance

Ov perfcon – logic of permissibility is harmful that’s an independent voter – justifies overkill not being good

Util doesn’t trigger permissibility: even if its not perfect its inherently comparative between options and creates artificial

Infinite consequences cancel out.

No act omission distinction proves

Framework – test whether the post fiat consequences are a good idea. “Fiat illusory” is irrelevant – we just say debating plans is the best model. Weigh the case – anything else moots 6 minutes of 1AC offense and doesn’t make sense – our epistemology is intrinsically tied to the consequences of the plan, so if we win it’s a good idea, that’s a DA to their method since it fails to account for the possibility of pragmatic engagement which answers their framing.

Extend whw and at the botton

having the pills 1. Deregulates the state’s control and helps queer bodies escape IPV which is uniquely key since we acknowledge queer bodies aren’t able to go to the police who have brutalized and brushed off their concerns in the aff. That’s the whw evidence

o/ws on sol. prefer 1ar weighing it was the first opportunity I could make comparative analysis whereas u knew all the offense n the nc and chose not to, incentivizing sandbagging in the 2n.

on the k

1. No link saying tom the murderer should save the cat is not exclusive w condemning tom being a murderer, answres ur state link
2. Turn: ppl want it – indigenous ppl w fluid identities give back
3. Turn: u prioritize certain violence too e.g. \_\_ which links into ur weheliye args net worse u knew it was bad. Alt doesn’t solve – weighing key in debate space
4. voted for puar in the past – no solvency and irresolvability o/ws and constrains ur offense
5. double bind – either they need to show that the aff specifically pushes some other group to the outside in which case this functionally becomes a solvency and impact weighing debate which we will win, or their argument is that we don’t solve the underlying structure even if the aff is a good idea, which is obviously resolved by the permutation.
6. Perm do the aff and then the alt in all other instances: A] Material violence of the 1AC is a net benefit – prefer specific case impacts over a broad overarching theory since they’re most verifiable – no way to make absolute claims about a subject. B] Shields the link – if the alt can resolve every other instance of legal inclusion in the status quo then it should be able to overcome a single link.

### A2 politics

#### Uniqueness overwhelms the link – my solvency advocate notes that the FDA approved Gynuity Health Projects movement right after trump installed the gag rule, yet there wasn’t backlash

#### Rovner 1/22] T: Stalemate due to abortion in congress rn – the aff removes republican leverage for more backing of other bills in the long term and has bipartisan support

House Democrats' Focus On Abortion Could Stymie Work With Senate January 22, 20191:01 PM ET JULIE ROVNER Kaiser Health News cw//az

For the first time since the Supreme Court legalized abortion nationwide in its 1973 Roe v. Wade decision, the House of Representatives has a majority supporting abortion rights. And that majority is already making its position felt, setting up what could be a series of long and drawn-out fights with a Senate opposed to abortion and stalling what could otherwise be bipartisan bills.

Democrats have held majorities in the House for more than half of the years since abortion became a national political issue in the 1970s, but those majorities included a significant number of Democrats who opposed abortion or had mixed voting records on the issue. A fight among Democrats over abortion very nearly derailed the Affordable Care Act as it was becoming law in 2010.

This new Democratic majority is more liberal — at least on reproductive rights for women — than its predecessors. "I am so excited about this new class," Rep. Diana DeGette, a Colorado Democrat and co-chair of the Congressional Pro-Choice Caucus, told reporters at a Jan. 15 news conference. "We are systematically going to reverse these restrictions on women's health care."

Indeed, the House has taken its first steps to do just that. On its first day of work Jan. 3, House Democrats passed a spending bill to reopen the government that would also have reversed President Trump's restrictions on funding for international aid organizations that perform abortions or support abortion rights. As one of his first acts as president, Trump re-imposed the so-called Mexico City Policy originally implemented in the 1980s by President Ronald Reagan.

But the Senate, where Republicans still hold a slim majority, is not budging. If anything, Republican Senate leaders are trying to push further on abortion. On Thursday, Senate Majority Leader Mitch McConnell called a floor vote on a bill that would ban any federal funding of abortion or help fund insurance that covers abortion costs. Congress routinely adds the "Hyde Amendment" — a rider to the spending bill for the Department of Health and Human Services to bar federal abortion funding in most cases for Medicaid and other health programs — but McConnell's legislation would have made the provision permanent and government-wide.

When the House was under GOP control, it passed similar measures repeatedly, but those bills haven't been able to emerge from the Senate, where 60 votes are required. In the end, McConnell's bill Thursday got 48 votes, 12 short of the number needed to move to a full Senate debate.

Organizations that oppose abortion were thrilled, even though the bill failed to advance.

"By voting on the No Taxpayer Funding for Abortion Act, the pro-life majority in the Senate is showing they'll be a brick wall when it comes to trying to force taxpayers to pay for abortion on demand," says a statement from the Susan B. Anthony List.

The Senate action Thursday was clearly aimed not just at House Democrats' boast that they would vote to overturn existing abortion restrictions, but also at the annual anti-abortion "March for Life" held in Washington on Friday.

"I welcome all of the marchers with gratitude," said McConnell in his brief remarks on the bill, noting that they "will speak with one voice on behalf of those who cannot speak for themselves."

But these first two votes are just a taste of what is likely to come.

At a breakfast meeting with reporters Jan. 16, DeGette, newly installed as chair of the oversight subcommittee of the House Energy and Commerce Committee, said that reproductive issues would be a highlight of her agenda.

Meanwhile, Rep. Barbara Lee, D-Calif., the other co-chair of the Pro-Choice Caucus, and Nita Lowey, D-N.Y., the first female chair of the House Appropriations Committee, announced they will introduce legislation to permanently eliminate both the Hyde Amendment and the Mexico City Policy.

In an odd twist, the abortion language in the Mexico City Policy bill passed by the House this month was taken directly from a version approved last June by the Senate Appropriations Committee. Republican Sens. Susan Collins of Maine and Lisa Murkowski of Alaska, who generally support abortion rights, joined with the committee's Democrats to approve an amendment overturning the policy in the spending bill for the State Department and other agencies. The full Senate never voted on that bill.

Still, neither side is likely to advance their cause in Congress over the next two years. The Republican leadership in the Senate can block any House-passed bills lifting abortion restrictions. But the Senate, while nominally opposed to abortion rights, doesn't include 60 members who would vote to advance further restrictions.

Where things get interesting is if either chamber tries to strong-arm the other by adding abortion-related language it knows will be unacceptable to the other side.

That is exactly what happened in 2018, when the Senate was poised to pass a bipartisan bill to help stabilize the Affordable Care Act's insurance exchanges. House and Senate Republicans proposed a version of the bill — but with the inclusion of a permanent ban on abortion funding. Democrats objected and the bill died.

Sen. Patty Murray,D-Wash., who was one of the senators engineering the original bipartisan effort, said at the time, "This partisan bill ... pulled the most worn page out of the Republican ideological playbook: making extreme, political attacks on women's health care."

It is not hard to imagine how such an abortion rider could be used by either side to squeeze the other, as Republicans and Democrats tentatively start to work together on health issues such as prescription drug prices and surprise out-of-pocket bills.

Abortion-related impasses could also stall progress on annual spending bills if House Democrats keep their vow to eliminate current restrictions like those limiting self-paid abortions for servicewomen or imposing further limits on international aid.

Abortion fights on unrelated bills are almost a certainty in the coming Congress, said Ross Baker, a professor of political science at Rutgers University. He noted that abortion not only complicates health bills, but also sank a major bankruptcy bill in the early 2000s.

#### revocation o/ws, wen 2/7]

Dr. Leana Wen: It’s Time to End the Global Gag Rule Feb 7, 2019, 11:03am Rewire.News cw//az

Also known as the “Mexico City Policy,” the global gag rule was first introduced by President Ronald Reagan. It barred international organizations from receiving U.S. family planning funding if they provided, referred, or advocated for abortion services. After years of the policy going in and out of effect, President Donald Trump issued an executive order in January 2017, on his first full day in office, reinstating the gag rule—and going much further. He announced that these funding restrictions would be radically expanded to apply to all U.S. global health programs, including the President’s Emergency Plan for AIDS Relief. Now, if an organization wants to partner with the U.S. to fight HIV or improve maternal health, they have to give up their right to provide legal abortion services, counseling or referrals, or engage in advocacy on abortion—even with their own, non-U.S. funds. This policy is unethical, dangerous, and unacceptable.

For proof, look no further than the Family Life Association of Swaziland, which lost nearly $1 million in U.S. funding under this expanded global gag rule, forcing them to lay off a total of 56 staff members. That meant shutting down programs that provided cancer screenings, HIV services, pregnancy care, and diagnosis and treatment for sexually transmitted infections to young people and other groups who already face disproportionately difficult barriers to care. Fewer patients in need are getting critical, life-saving health care because of this policy.

In Kenya, Family Health Options was forced to close a clinic outside of Nairobi that once provided free HIV testing, antiretroviral medication, family planning, and cancer screening. The entire facility closed, all staff were terminated, and the people in the community who relied on it were left without alternatives.

Two years into the sweeping expansion of the global gag rule, there are countless examples around the world of patients losing access to health care, especially in places where maternal deaths, HIV rates, and unmet need for contraception are unacceptably high. Planned Parenthood’s recent report builds on a growing body of evidence from global health advocates around the world, and confirms that communities are losing access to vital health services and information—from antiretrovirals for people with HIV, to nutritional support for children, to contraceptive information for women.

Also doesn’t apply to ppl within the us

### A2 Medical boards consult cp

Making abortions safe: a matter of good public health policy and practice Bulletin of the World Health Organization, 2000, M. Berer [Editor, Reproductive Health Matters ; and Chairwoman, Gender Advisory Panel, Department of Reproductive Health and Research] World Health Organization cw//az

In Sweden, abortion is available at the woman's request up to 18 weeks of pregnancy and with the agreement of a medical board after that (74). This **allow**s almost all **abortions to be the [pregnant person’s]** woman's **decision alone**, a facilitating policy, **which** has **developed on** the basis of **experience and** an evolving **awareness of** women's **needs on the part of medical professionals and policy-makers.**

A medical board and individual medical practitioners can be either supportive or restrictive. However, by **putting** the **decision into** the **hands of anyone except the [person]** woman who is **seeking** an **abortion**, **countries** risk **perpetuat[e]**ing the need to seek **unregistered providers and unsafe procedures**, thus **maintaining the public health problem** they hoped to reduce. The examples of **Sweden and Canada show** that criminal law and **complicated restrictions** on abortion **are not necessary.** They offer unambiguous models, worth emulating.

### Impact turns to abortion

#### Papers over the inidividual experience, williams 3/26

“Abortion Pill Reversal” Myths & Emotional Injustice Mar 26 2018 Reproaction Cinnamon Williams

**Pro-life advocates** have a **single narrative about abortion**: To them, it **is** inseparable from **regret**, **shame**, and uncertainty**. The only [people]** women **that** could possibly **walk away from the procedure with none of those feelings are** seen as abnormal and **incapable of being maternal**. **This ignores the** multiple and **varied feelings people have about the procedure**, but most importantly, **it defines abortion as a negative experience** for everyone who has one. In fact, studies have shown that almost **90 percent of women are sure** about their decision, and **another** **90 percent expressed relief** after their abortions. [6, 7]

### Econ

#### T: longterm economic benefits

Socioeconomic impact of being denied abortion ISSUE BRIEF, AUGUST 2018 ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH ISSUE BRIEF, AUGUST 2018 <https://www.ansirh.org/sites/default/files/publications/files/turnaway_socioeconomic_outcomes_issue_brief_8-20-2018.pdf> cw//az

The data in this brief come from the Turnaway Study, the first study in the US to examine women’s outcomes for years after receiving or being denied abortion. The study was designed to assess the consequences for women of having an abortion versus being denied a wanted abortion. Women were recruited from 30 abortion facilities across the country. Some of the women in the study received a wanted abortion and some were denied because they were past the gestational age limit. For more information about the Turnaway Study, visit www.ANSIRH.org.

**Six months after being denied** an **abortion**, women **[people] had** more than **three times greater odds of being unemployed** than women who were able to access an abortion.

Women who **[they] were** denied a wanted abortion were **more likely** to be enrolled **in** public safety net programs like Temporary Assistance for Needy Families (**TANF**), food assistance (**SNAP**), and Women, Infants, **and** Children (**WIC**) compared to women who received abortions.

After being denied a wanted abortion, women had 3x greater odds of being unemployed than women who obtained abortions

Over time, women denied abortions were **more likely to be raising children** **alone** – without family members or male partners – compared to women who received an abortion.

Giving birth, instead of being able to access a wanted abortion, resulted in an almost **four- fold increase** in odds that a woman’s **household income was below the Federal Poverty Level,** and a **greater likelihood of** reporting **not being able to cover basic** living **needs**.

### legalization

#### Legalizing abortion pills doesn’t solve – the entirety of the aff proves that states will install asinine restructions

Berer, Marge. “Abortion Law and Policy Around the World: In Search of Decriminalization” Health and human rights vol. 19,1 (2017): 13-27. Cw//az

Both the content of the law and the policy that defines how the law will be implemented matter. It is often in the ``details'' that service delivery is facilitated or blocked. Zambia (63) and India (64) are often erroneously cited as examples of why changing the law does not matter, as both are classified as countries where abortion is ``legal'' but where abortion mortality remains high. However, the term ``legal'' does not necessarily mean that the law is appropriate for the circumstances in which it must be imple- mented. Abortion mortality remains high in Zambia and India because of obstacles to putting the law into practice, including provider unwillingness, lack of training for providers, failure to authorize providers and facilities, and a lack of resources for and commitment to delivering good services at the primary care level. In Zambia, the law requires several doctors' signatures for an abortion when in most places there are few or no doctors and lack of resources is an important issue. One study found that legal abortion services were inaccessible or unaccep- table to schoolgirls, among whom more than half of abortion deaths were occurring, because providers did not respect confidentiality. The young women were apparently required to reveal who made them pregnant, which they were unwilling to do, and feared being expelled from school (63). Abortion was legalized in India for broad social and medical reasons in 1972, when experience in providing safe abortions was more limited. Today, many of the annual 6.7 million abortions performed in the country are still carried out by untrained providers in unapproved sites. Approved abortion clinics are concentrated in the cities (64), and are unevenly distributed. A total of 16±32% of approved primary health centres in four states have never offered abortions since they lack trained providers and functioning equipment. In one state, acceptance of sterilization following abortion has been required (65), although this is not stipulated in law. Further- more, women are often expected to attend without an appointment, and if the clinic is too busy they are told to come back another day, again without an appointment. Women may also be charged for an abortion according to the numbers of weeks of pregnancy, although the procedure is supposed to be free (T.K. Sundari Ravindran, personal communica- tion, 1997). Thus, women may be discouraged or prevented from seeking bona fide services in ways never intended by the law.

#### Christian backlash

Published: 23 December 2017 Issue 2, 23 January 2018 Karen Marie Moland, Haldis Haukanes, Getnet Tadele, Astrid Blystad The paradox of access - abortion law, policy and misoprostol tidsskriftet GLOBAL HELSE cw//az

The ontology of human life and personhood lies at the core of this, as well as of other major abortion controversies. Within the Christian discourse, politicisation and diverse interpretations of the point at which human life begins is particularly pertinent (18). In Zambia, this discourse has opened up for a renewed political dispute over abortion that may curb recent public health efforts to simplify access to safe abortion services in the country. In Tanzania, where Islam and Christianity are practised by approximately equal proportions of the population, the discourse on abortion as a sin and as a moral transgression predominates at official level. Although the media regularly raises the problem of unsafe abortion-related complications and deaths among young girls, the public health argument is not officially endorsed. Despite the public condemnation there seems to be room for considerable pragmatism, particularly when it comes to the increasing availability and accessibility of misoprostol (19).

### More

#### Us citizens have no other options khazan 7/18]

OLGA KHAZAN JUL 18, 2018 Illegal Abortion Will Mean Abortion By Mail Atlantic Accessed Mar. 11 2019 cw//az

If Roe is overturned, Raymond says, the abortion landscape will roughly look like this: “In some states, abortion will still be legal, so people will travel to those states. Some people won’t get abortions. Some people will get abortions, but later. And more people will probably use these alternative methods for getting the service.”

Women on Web, a Canada-based service, ships the abortion pills to patients who live in countries where abortion is illegal. Rebecca Gomperts, the organization’s founder, says the organization gets 10,000 emails each month asking for help and staffs a help desk that speaks 17 languages. The service asks women to fill out an online form about their health status, which doctors in various countries review, then fill prescriptions for the abortion pills. In 12 years, she estimates they’ve helped 70,000 women perform their own abortions.

Women on Web doesn’t ship pills to the United States, however, because as Gomperts told me, in America “there’s such an aggressive anti-abortion movement that will do anything they can to close down services. It could potentially jeopardize all the other work of Women on Web.”

The United States, she said, “should be able to solve its own problems” regarding abortion access. “It’s a very rich country,” she added. “The problem there is caused by the huge inequality in the society. There’s no reason the situation in the U.S. should be the way it is.”

If women do start turning to web-based services in greater numbers, it raises the question of whether they’ll face legal risks. Gomperts says it’s legal, in most countries, to receive medicine through the mail for personal use. But other experts I spoke with were not so sure.

#### Specific terms

July 17, 2018 - 2:08 PM Marie McCullough Abortion pills are safe and effective. Why can’t U.S. women buy them online? The Inquirer Daily News philly.com cw//az

Aiken's study notes that self-management is "not without legal risks." Seven states have bans on self-induced abortion, 10 states have fetal harm laws, 15 states have vaguer statutes that could be used in prosecutions, and at least 18 women have been arrested for allegedly ending their pregnancies, according to the [Self-Induced Abortion Legal Team](https://www.sialegalteam.org/).

#### Specific states

https://www.guttmacher.org/state-policy/explore/medication-abortion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Abortion** | | | | |
| **STATE** | **MUST BE PROVIDED BY A LICENSED PHYSICIAN** | **BANS ALL MEDICATION ABORTION** | **MUST BE PROVIDED USING FDA PROTOCOL** | **PRESCRIBING CLINICIAN MUST BE IN THE PHYSICAL PRESENCE OF PATIENT** |
|  |
| Alabama | X |  |  | X |
| Alaska | X |  |  |  |
| Arizona | X |  |  | X |
| Arkansas | X |  | § | X |
| Delaware | X |  |  |  |
| Florida | X |  |  |  |
| Georgia | X |  |  |  |
| Idaho | X |  |  |  |
| Indiana | X |  |  | X |
| Iowa | X |  |  | ▼ |
| Kansas | X |  |  |  |
| Kentucky | X |  |  |  |
| Louisiana | X |  |  | X |
| Maine | X |  |  |  |
| Maryland | X |  |  |  |
| Michigan | X |  |  |  |
| Minnesota | X |  |  |  |
| Mississippi | X |  |  | X |
| Missouri | X |  |  | X |
| Nebraska | X |  |  | X |
| Nevada | X |  |  |  |
| North Carolina | X |  |  | X |
| North Dakota | X |  | X | X |
| Ohio | X |  | X |  |
| Oklahoma | X | ▼ | ▼ | X |
| Pennsylvania | X |  |  |  |
| South Carolina | X |  |  | X |
| South Dakota | X |  |  | X |
| Tennessee | X |  |  | X |
| Texas† | X |  | X | X |
| Utah | X |  |  |  |
| Virginia | X |  |  |  |
| West Virginia |  |  |  | X |
| Wisconsin | X |  |  | X |
| Wyoming | X |  |  |  |
| **TOTAL** | **34** | **0** | **4** | **17** |
| ▼  Enforcement permanently enjoined by court order; policy not in effect. §    Enforcement temporarily enjoined by court order; policy not in effect. †    Texas law allows a provider to use medication levels recommended by  the American Congress of Obstetricians and Gynecologists, as of  January 1, 2013. | | | | |

### Didn’t make the cut

#### Shakouri 7/28] independently, this opening gives opponents of abortion the opportunity to spread myths about reversal, justifying the eugenics of people of color

ENVIRONMENT & HEALTH The Myth of “Abortion Pill Reversal” Perpetuates Mistreatment of Women of Color in Health Care Shireen Rose Shakouri, Truthout July 28, 2018 cw//az

Far from a household name, George Delgado, a doctor in Southern California, has gained some visibility in recent years for claiming that he can stop a medication abortion. The process of abortion with pills involves two drugs, mifepristone and misoprostol, and has been found to be an effective and safe way to end a pregnancy, as documented in the 2018 report, “The Safety and Quality of Abortion Care in the United States.” What Delgado is pushing, on the other hand, is an untested experimental protocol that is part of a larger campaign by abortion opponents to shame women for their decisions, stigmatize abortion care and intimidate providers. The American Congress of Obstetricians and Gynecologists has said that, “claims regarding abortion ‘reversal’ treatment are not based on science and do not meet clinical standards,” adding that, “politicians should never mandate treatments or require that physicians tell patients inaccurate information.”

Unfortunately, anti-abortion politicians have seized on Delgado’s methods, with five states now requiring abortion providers by law to inform patients about the possibility of reversal as part of state-mandated “counseling” – often a tool of abortion opponents to inject stigma into medical settings. Now, the anti-abortion hotline Delgado runs is being handed over to Heartbeat International – a network of crisis pregnancy centers, or anti-abortion fake clinics, which have their own history of deceiving and shaming women about reproductive choices.

“Reversal” made news recently when it was reported that an undocumented minor known as “Jane Doe” seeking abortion while in detention in Texas was not only barred from receiving the procedure she wanted, but that Trump administration officials in charge of her care had sent her to a fake clinic instead. Scott Lloyd, the Trump-appointed director of the Department of Health and Human Services’ Office of Refugee Resettlement, had even discussed using the unproven regimen on another young migrant woman who had begun a medication abortion. In his position, Lloyd is meant to serve as the government’s “guardian” for these undocumented minors, yet he is a longtime anti-abortion activist who has served on the board of a fake clinic in northern Virginia, which advertises the regimen on their website. Notably, Trump’s Supreme Court appointee Brett Kavanaugh was one of the judges presiding over the case of Jane Doe, attempting to block her access to the abortion care she needed.

As Delgado’s throng of acolytes has grown, so has the number of people subjected to his experimental “treatments.” His first study on the practice, published in 2012, involved just six test subjects, and his latest study documents results from hundreds of women. While Daniel Grossman, an OB-GYN and director of Advancing New Standards in Reproductive Health, told The Washington Post, “The study is just not designed in a way that would be useful to determine if this is effective or not,” proponents of the method are crying success. Delgado said, “The science is good enough that, since we have no alternative therapy and we know it’s safe, we should go with it.”

The problem is, “good enough” is not a standard of medical practice, and too many have fallen victim to doctors just going with it in service of medical experimentation. These casualties have been exceedingly people of color, low-income, and often women.

In fact, the practice of gynecology in this country virtually began with the reproductive coercion of Black women. James Marion Sims, who some know as “The Father of Modern Gynecology,” had a vicious record of experimenting on enslaved people without anesthesia. He performed as many as 40 gynecological surgeries on one woman in a five-year period, and though there were other victims, we only know the names of three: Anarcha, Betsey and Lucy. Sims’s name, though, has been carried through history in high regard: Until this April, he had a statue in New York’s Central Park, with the inscription lauding him as a “surgeon and philanthropist” and ignoring his cruel abuses.

Sims’s abuses are just one terrible chapter in the history of racist medical experimentation in the US. There is also the Tuskegee syphilis trials, in which Black men underwent painful experiments for decades, including being told – falsely – that they were receiving treatment, while their health was allowed to deteriorate to serve the research goals of white scientists.

Meanwhile, early versions of the birth control pill were unethically tested on Puerto Rican women before the pill was improved and marketed on the mainland, with informed consent notices provided (if at all) in English as opposed to the island’s predominant Spanish. The doctor leading the trial marveled that if poor, uneducated women could use the birth control pill, anyone could. Doses were more than 10 times what is used in contraceptive pills today, and at least three women died during the trials, while his research gained him fame and esteem in his time.

Today, Delgado’s ongoing experiment with women’s health and bodies is likely being pushed disproportionately on women of color. According to The Guttmacher Institute, Black and Latina women are more likely to seek abortion care, and Delgado’s protocol has been championed by anti-abortion fake clinics like Heartbeat International, which have a track record of lying about abortion and targeting women of color with advertisements and billboards, setting up shop in communities of color and using coercive shaming tactics.

Furthermore, Delgado’s most recent paper on the regimen was withdrawn from the journal where it was published, likely for the authors’ failure to receive ethics board approval to experiment on human subjects.

“It is unclear if patients underwent informed consent and if they knew the treatment they received was experimental,” Grossman told BuzzFeed. The journal, Issues in Law & Medicine, has not publicly commented on the decision to temporarily withdraw the study, but the publication’s past support of staunchly anti-abortion research and claims that have thin scientific backing at best suggests that the issues with this study were more than the “technical error” Delgado has claimed in multiple interviews on the matter.

#### Lussenhop 10/28] Medication abortion is effective but lacking information due to fear of criminalization puts lives at stake

By Jessica Lussenhop [I'm currently based at the BBC's Washington DC bureau. I'm an alum of the St. Louis Riverfront Times, Minneapolis City Pages and Santa Cruz Weekly. Business Insider once called me one of the "Best Young Writers on the Internet." ] 28 October 2018 “The women looking outside the law for abortions.” BBC News cw//az

Aid Access is just the newest way American women can get their hands directly on medication without going through a doctor. Online pharmacies - many located in India - will sell the drugswithout a prescription (one research group bought 22 such products online and received 20, and although some of the blister packs were damaged, 72% contained enough of the drug to be effective).

Misoprostol - which is less effective than mifepristone but can be used on its own to induce a miscarriage - is sold over the counter in Mexico and has been found for sale at US flea markets near the border.

Some activists believe that with accurate information **about** how to take the **medication** **and when to seek help,** abortions can easily be done at home.

"We can trust women to make decisions and to manage their own abortions," says Dr Gomperts. "Women have a human right to health."

Obtaining abortion drugs in the US without a prescription is against the law. The US Food and D**rug** A**dministration** has placed mifepristone under a R**isk** E**valuation and** M**itigation** S**trategy,** which is a special restriction on distribution for medications that may have serious risks associated with their use. The opioid fentanyl is also **under** a REMS**, for example.** Mifepristone can only be distributed in a doctor's office or hospital.

In a statement to the BBC, the FDA said it is looking into Aid Access: "The agency takes the allegations related to the sale of mifepristone in the US through online distribution channels very seriously and is evaluating the allegations to assess potential violations of US law."

However, **many** **doctors** **believe** that the **REMS on mifepristone is unnecessary**, and **both the American Medical Association, and** the **American College of Obstetricians and Gynecologists** have **recommend**ed that the **restriction be lifted.**

"To date, 19 deaths **have been** reported to the FDA among the more than three million women in the United States who have used [mifepristone]," one working group of doctors wr**ote** in 2017 **in the New England Journal of Medicine. "**Pregnancy-related death... is 14 times higher."

They continue

Still, the activists have to be careful. Reproaction's panellists never explain how to obtain the pills. Instead, they refer the audience to links online with more information.

"It's actually not that complex, how to use these pills to end a pregnancy. What's complex is how to talk about it in a way that doesn't expose people to legal liability," says Matson. "We are not providing advice. We are not coaching people who are self-managing their abortions through the process. We are sharing the World Health Organization's protocol."

#### Rowan 15] People who seek follow-ups after self-abortion can be reported and even people who naturally miscarried can be prosecuted, particularly minorities

Andrea Rowan [Andrea Rowan is a public policy associate in the Guttmacher Institute's Washington, DC office. She joined the Institute in 2011 as a public policy assistant. She currently serves as assistant editor of the Guttmacher Policy Review and provides policy analysis on a range of sexual and reproductive health issues in the United States, including self-induced abortion and publicly supported family planning services. She received her A.B. from the University of Chicago and her Master of Health Science from the Johns Hopkins Bloomberg School of Public Health.] September 22, 2015 Volume 18, Issue 3 Prosecuting Women for Self-Inducing Abortion: Counterproductive and Lacking Compassion Guttmacher Institute cw//az

Although abortion is legal in the United States, cases of women who experience miscarriages getting caught up in the legal system are occurring here. Seemingly, this is the result of the convergence of widespread fetal homicide laws and overly aggressive and ideological prosecutors. In large part, enforcement of fetal homicide laws relies on medical professionals’ reporting to authorities women [those] whom they suspect may have self-induced an abortion. Thus, these laws can pit [those] women seeking care against the health care providers they need to help them, and can create situations in which women are forced to weigh the costs of forgoing critical postmiscarriage care against the possibility of being reported to the authorities.

For example, in 2010, a pregnant woman in Iowa sought medical attention after falling down the stairs. A hospital worker reported her to law enforcement, and claimed the patient told her she was trying to induce an abortion—something the patient strongly disputes.30 The patient was arrested and only released after it became clear that the hospital had misdated her pregnancy and that she was not far enough along to be charged under Iowa’s fetal homicide law.31 In 2010, an Indiana woman in her third trimester attempted suicide and subsequently lost her pregnancy after undergoing an emergency cesarean section. She was charged with feticide and held in jail without bail for over a year. She ultimately agreed to plead guilty to criminal recklessness and was sentenced to time served.32

In another highly publicized case in Indiana, a woman was reported to authorities by a physician in the emergency department after she told hospital staff that she had miscarried. She was eventually charged with feticide and neglect of a dependent, and the prosecution argued that she had delivered a live baby after attempting to induce an abortion using drugs purchased on the Internet. Although the prosecution failed to present conclusive evidence that the woman had actually obtained or ingested mifepristone or misoprostol,33 she was convicted in 2015 of both crimes and sentenced to 20 years in prison. She is currently appealing the sentence.34

The criminalization of pregnant and miscarrying women and women who self-induce abortion does not advance women’s health or address the underlying societal and public health issues.

The growing climate of suspicion surrounding pregnant women’s choices and actions has also had an impact on those struggling with substance abuse. For instance, the Tennessee legislature enacted a law in 2014 that explicitly criminalizes pregnant women’s substance use, and National Advocates for Pregnant Women has documented dozens of cases in which pregnant women who have tested positive for drugs or alcohol have been imprisoned or denied parental rights throughout the United States.35 Such laws and prosecutions run counter to what medical professionals recommend for pregnant women with addictions; indeed, the American College of Obstetricians and Gynecologists has warned that these laws prevent women from seeking addiction treatment and prenatal care,36 thereby negatively affecting women’s health and that of their fetus.

CARE, NOT INCARCERATION

Because an unintended pregnancy precedes almost all abortions, criminalizing and cutting off access to abortion alone cannot end the need for it. Notably, the abortion rates where the procedure is illegal in all or most circumstances are not necessarily lower than in places without restrictions. For instance, the estimated abortion rate in Latin America—a region that contains countries with some of the world’s most restrictive abortion laws—was 32 per 1,000 women aged 15–44 in 2008; that same year, Western Europe—where abortion is generally unrestricted and subsidized by national health systems—had the world’s lowest abortion rate, 12 per 1,000.37

As with many other health disparities, unintended pregnancy and abortion are more concentrated among disadvantaged women. The unintended pregnancy rate among poor U.S. women (those with incomes below the federal poverty level) in 2008 was more than five times that among higher income women (those at or above 200% of poverty).38 Therefore, the impact of restrictions on abortion services falls hardest upon low-income women. The declining availability of affordable and accessible abortion services is leaving some women who want to terminate their pregnancies—but who live in hostile geographic areas, and have limited resources and little support—with no practical options other than to self-induce, which in turn may put them at risk of prosecution.

#### Other solvency adv

This report was written by Jordan Goldberg, Senior Policy Advisor, Rose MacKenzie, Policy Counsel, Winnie Ye, Policy and Program Associate, and Emily Kadar, Government Affairs and Advocacy Manager; with research assistance from Laura Narefsky, Legal Intern, and Shirin Dhanani, Legal Intern When Self-Abortion is a Crime: Laws That Put Women at Risk. A Report By: The National Institute for Reproductive Health June 2017 cw//az \*bracketed for clarity

But as we approach the 45th anniversary of Roe, our country sits at a new crossroads on abortion. Over the past four decades, and with a marked accelerati[ng]on since 2010, state legislators in many parts of the country have created a patchwork of multiple, often-onerous restrictions on the provision of abortion care, such that while abortion remains technically legal, it not always accessible or affordable for women who need it. At the same time, there are now methods of self-induction that may be safe and effective.8

Now, even as women may be able to self- induce an abortion without attendant hazards to their health, they may face another serious complication: prosecution and incarceration. In a few states, including New York, inducing an abortion on oneself remains a crime. And, unfortunately, in states where self-abortion is not an explicit crime, overzealous prosecutors have been over-reaching with other criminal statutes to punish [those] women who act to end their own pregnancies.

Arguably, more than at any other time in the complicated legal history of abortion in the United States – from legal to illegal and back to legal again – the prosecution and imprisonment of women for inducing their own abortions and for other behavior during pregnancy has become a full-fledged phenomenon, posing a great risk to their health and rights.9

They continue

Increase access to abortion: Because most women who self-induce abortions appear to do so as a result of barriers to accessing abortion in a medical setting, proposals to increase access to abortion, including medication abortion, should be pursued. Specific proposals could include **review**ing the state’s **abortion laws and** **ensur**ing that they fully enable **broad access to care, including** ensuring public and private insurance **coverage** for abortion care and **repeal**ing laws that prohibit that coverage, like **the federal Hyde Amendment.** In New York, that could include repealing the law that allows only a physician, rather than any qualified health care provider, to provide abortion care, and supporting policies that advance telemedicine for medication abortion, a technological advance that holds great promise in expanding access to abortion care for rural women.

## 1ar

## T

### Nebel drugs

Counterinterp: Their interp plus my aff

Solves limits – it’s just one more aff and its uniquely key to change stigma

Counterinterp: The aff may defend a subset of illegal drugs if there’s a solvency advocate, its disclosed. Solves limits there are only a few cases where people advocate for specific instances.

I meet I specified 2 drugs which is plural

Ss: – Whole res means you get infinite PICs since you can PIC out of country or aid. Scoops my advocacy, forcing a 1AR restart and mooting 6 minutes. Non-uniques limits – every aff can be a PIC

On ur shell -

T: illegal USE is the subject and is singular. prefer on topic context

#### The rez is interpreted existentially.

Cohen et al 2, Ariel, and Nomi Erteschik-Shir. Semantics Group at the Institute for Advanced Studies at the Hebrew University, the Paris Syntax and Semantics Conference, the Amsterdam Colloquium, and the Linguistics Department at Tübingen University. "Topic, focus, and the interpretation of bare plurals." Natural Language Semantics 10.2 (2002): 125-165., <http://amor.cms.hu-berlin.de/~h2816i3x/Lehre/2006_HS_Quantifikation/Quantifikation_HS_Texte/CohenShirBarePlurals.pdf> SLHS-RR

(90) a. Firemen are nearby. b. Firemen are far away. c. Firemen are on top of the Empire State Building. We saw above that while the subject of (90a) receives an existential interpretation, (90b) is neither existential nor generic, but universal: for it to be true, all firemen, without exception, need to be far away. We can now account for these readings. The topic of (90a) is a (contextually) well-defined stage, in the proximity of the speaker. The sentence predicates of that stage that there are firemen in it. Hence the existential interpretation of firemen. However, the topic of (90b) cannot be taken to be a stage that is far away from the speaker, since being far from the speaker does not define a specific topic. Sentence (90c), in contrast, has a specific topic, the top of the Empire State Building, and its subject can be interpreted existentially. Sentence (90b), therefore, must be interpreted as predicating of a stage, defined by the proximity of the speaker, that there are no firemen in it. That is to say, far away is interpreted as the negation of nearby; and since negation must take scope over the BP, we get the reading where no firemen exist on the stage near the speaker.

#### -

### Ospec

your interp doesn’t solve

1] Different countries have different drugs legalized – if I spec one, I inevitably spec the other, so you functionally force whole rez

2] doesn’t solve prep skew – your interp still means I have to prep both since you can spec either one

### 50 states

#### I meet I defend a nation-wide policy

#### Counterinterpretation: their interpretation plus my aff– solves limits

#### counterinterpretation: debaters may specify a country if the country is the United States

### country

#### I meet I spec 50 states, not a country

#### Counterinterpretation: their interpretation plus my aff– solves limits

#### counterinterpretation: debaters may specify a country if 1) the country is the United States, 2) the affirmative has a solvency advocate specifying the same, 3) the aff doesn’t specify the type of criminal justice to be avoided, and 4) the aff is disclosed.

Key to more specific links

pics

Forced to else plan flaw lol

Independently, REM policies don’t apply in other countries so I would inherently speccing the US and u don’t solve cuz I can still spec the REMS drugs in ur interp and arguing ab REMS in context of other countries would make no sense – logic o/ws

Stable advocacy else I can shift in 1AR to delink neg offense since there is no concrete definition of those terms. Outweighs – neg need stable ground since they only have 1 speech. Also incentivizes more specific research neg needs to be prepared for multiple countries and different policies which outweighs – most of the education we get from debate is from researching topics.

U can read modeling args and get links to other countries das – solves ur offense

### Advocacy text

#### Counterinterp: The affirmative does not need to have a solvency advocate for their funding level if it applies to all people.

#### Net Benefits –

#### 1] Advocacy skills – If I don’t have to find an advocate describing the counterplan for me, then I have to come up with the mechanism itself. Strongest internal link into education because it teaches me to formulate and defend a position, which is needed for job interviews, policy discussions, law cases, etc.

#### 2] Accessibility – solvency advocates encourage a terrible norm for plan-writing where only those with resources to access paywalls and time and look for tiny solvency advocates can get creative plans, which drives out innovation for poor and small school debaters, forcing them to read generic prep.

#### Ov 1] No solvency – literally anyone can be a solvency advocate for anything by writing about it on the internet; if I wrote an article about why we should provide a UBI of 52 cents, it’d count, which proves how absurd this arg is.

#### 2] Turn – solvency advocate creates a race to the bottom where people cut cards that just name-drop their plan despite it being impossible to engage, meaning it’s a bad cut-off point and encourages margin research.

#### 3] No abuse and turn – if I just made up this counterplan it should be easier for you to beat which compensates any prep DA, your analytics you make up in prep should be enough to beat the CP.

#### 4] They lose literally no ground – any disad can be read vs this aff – politics, spending, immigration, etc – their only complaint in terms of actual abuse boils down to “you have a good internal link into dedev” – which is a good thing since it ensures I can access good ground and framing – key on this topic since UBI policies are garbage for solvency.

#### 5] Use reasonability on T and theory against the aff advocacy with a brighline of neg disad ground – they can read everything against this aff which solves abuse. Subsumes competing interps good since you still use offense-defense but better accounts for the nature of abuse – competing interps fails to account for the inherent abuse to reading T, in that it moots 6 minutes of AC offense and forces a 1AR restart.

### aspec bad

#### Counterinterpretation: their interpretation plus my aff – solves limits

#### counterinterpretation: debaters may specify an actor, 1) if the actor is the United States or a subset of the us, 2) if the affirmative has a solvency advocate specifying the same, 3) the aff doesn’t specify the type of criminal justice to be avoided, and 4) the aff is disclosed.

I meet

solvency advocate and disclosure means u should have time to prep the aff and speccing the us means u have access to a wider knowledge of legal structures and politics disads. Knowledge gained is more applicable in the rw since we all live in tx. 3rd plank link turns all ur offense I could spec inquistioral systems, adversarial systems, drug courts, etc. all of which take away core neg ground and

U can read modeling args and get links to other countries das – solves ur offense

Moland, et al 18] Papering over specific narratives bad – every country has complex codifications. Prefer my evidence, its comparative and takes account a multitude of factors

Published: 23 December 2017 Issue 2, 23 January 2018 Karen Marie Moland, Haldis Haukanes, Getnet Tadele, Astrid Blystad The paradox of access - abortion law, policy and misoprostol tidsskriftet GLOBAL HELSE cw//az

It has previously been established that highly restrictive abortion laws are not associated with lower abortion rates (5). Conversely, a liberal abortion law is not a sufficient condition for access to safe abortion services (4). Law and policy on abortion vary greatly between Ethiopia, Zambia and Tanzania, making them interesting comparative cases.

In Zambia, abortion is judicially legal and the law classified as liberal; in Ethiopia, abortion is categorised as illegal, but the stated exceptions make the law appear as semi-liberal; in Tanzania, abortion is illegal and highly restrictive. Considering the status of the abortion law, one would expect that women in Zambia would have easiest access to safe abortion services, followed by women in Ethiopia and finally Tanzania, but a complex web of factors mitigate this association.

Of the three countries, Ethiopia has the most progressive policy on safe abortion services. While still classified as illegal in the county’s revised criminal code (9), the law permits abortion not only to save the mother’s life, but also in the case of rape, incest or minority (<18 years). The abortion-seeker is not required to provide evidence on the circumstances, other than giving a testimony. Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia were issued in 2006 (10). Notably, health workers down to the primary care level have been trained in safe abortion procedures, safe abortion rooms are available in urban and semi-urban areas down to the health centre level, and rates of unsafe abortions have decreased from 73 % in 2010 (11) to 47 % in 2014 (12).

In contrast, in Zambia abortion may legally be carried out on broad health and socioeconomic grounds – under the 1972 Termination of Pregnancy Act (13). However, the law does not translate into safe abortion practices. Access has been made very difficult, particularly for young, poor, rural [people] girls. A written consent from three medical doctors, including a specialist only found in referral hospitals in urban centres is required. New guidelines for safe abortion services were developed in 2009. However, they have not been effectively disseminated and remain largely unfamiliar to doctors. Currently, the prevalence of unsafe abortion in Zambia is reported at 85 % (14). This indicates that an apparent liberal abortion law is far from a sufficient condition to secure access to legal abortion.

Lastly, in Tanzania, the penal code allows abortion only when the life of the mother is in danger (15). In contrast to the complicated consent procedures in Zambia, one health worker’s consent is sufficient to obtain an abortion in Tanzania. This leaves room for considerable health worker discretion. No guidelines for safe abortion services exist, and. no incidence data on unsafe abortion are available. However, in response to the highly restrictive law, particularly adolescent women have been shown to resort to illegal abortions provided under unsafe conditions (16).

Depth comes first – we only have one tournament to debate ab this so we need to get the most out of it.

### Independently, REM policies don’t apply in other countries so I would inherently speccing the US and u don’t solve cuz I can still spec the REMS drugs in ur interp and arguing ab REMS in context of other countries would make no sense – logic o/wsTrigger warnings

#### Instead of avoiding tricky conversations, we should open up spaces for meaningful discourse—this requires a concerted effort to reject trigger warnings, which are absent in the real world.

Haidt 15 Jonathan Haidt (social psychologist and professor of ethical leadership at the NYU-Stern School of Business) and Greg Lukianoff (president and CEO of the Foundatino of Individual Rights in Education) “The Coddling of the American Mind” The Atlantic September 2015 <http://www.theatlantic.com/magazine/archive/2015/09/the-coddling-of-the-american-mind/399356/>

Attempts to shield students from words, ideas, and people that might cause them emotional discomfort are bad for the students. They are bad for the workplace, which will be mired in unending litigation if student expectations of safety are carried forward. And they are bad for American democracy, which is already paralyzed by worsening partisanship. When the ideas, values, and speech of the other side are seen not just as wrong but as willfully aggressive toward innocent victims, it is hard to imagine the kind of mutual respect, negotiation, and compromise that are needed to make politics a positive-sum game. Rather than trying to protect students from words and ideas that they will inevitably encounter, colleges should do all they can to equip students to thrive in a world full of words and ideas that they cannot control. One of the great truths taught by Buddhism (and Stoicism, Hinduism, and many other traditions) is that you can never achieve happiness by making the world conform to your desires. But you can master your desires and habits of thought. This, of course, is the goal of cognitive behavioral therapy. With this in mind, here are some steps that might help reverse the tide of bad thinking on campus. The biggest single step in the right direction does not involve faculty or university administrators, but rather the federal government, which should release universities from their fear of unreasonable investigation and sanctions by the Department of Education. Congress should define peer-on-peer harassment according to the Supreme Court’s definition in the 1999 case *Davis v. Monroe County Board of Education*. The *Davis* standard holds that a single comment or thoughtless remark by a student does not equal harassment; harassment requires a pattern of objectively offensive behavior by one student that interferes with another student’s access to education. Establishing the *Davis* standard would help eliminate universities’ impulse to police their students’ speech so carefully. Universities themselves should try to raise consciousness about the need to balance freedom of speech with the need to make all students feel welcome. Talking openly about such conflicting but important values is just the sort of challenging exercise that any diverse but tolerant community must learn to do. Restrictive speech codes should be abandoned. Universities should also officially and strongly discourage trigger warnings. They should endorse the American Association of University Professors’ report on these warnings, which notes, “The presumption that students need to be protected rather than challenged in a classroom is at once infantilizing and anti-intellectual.” Professors should be free to use trigger warnings if they choose to do so, but by explicitly discouraging the practice, universities would help fortify the faculty against student requests for such warnings.

#### The overemphasis on creating a safe space pits those with unified causes against each other while ignoring the power structures that cause the traumatic events that they want to avoid talking about.

Halberstam 14 Jack Halberstam “You Are Triggering me! The Neo-Liberal Rhetoric of Harm, Danger and Trauma” July 5th 2014 http://bullybloggers.wordpress.com/2014/07/05/you-are-triggering-me-the-neo-liberal-rhetoric-of-harm-danger-and-trauma/

Claims about being triggered work off literalist notions of emotional pain and cast traumatic events as barely buried hurt that can easily resurface in relation to any kind of representation or association that resembles or even merely represents the theme of the original painful experience. And so, while in the past, we turned to Freud’s mystic writing pad to think of memory as a palimpsest, burying material under layers of inscription, now we see a memory as a live wire sitting in the psyche waiting for a spark. Where once we saw traumatic recall as a set of enigmatic symptoms moving through the body, now people reduce the resurfacing of a painful memory to the catch all term of “trigger,” imagining that emotional pain is somehow similar to a pulled muscle –as something that hurts whenever it is deployed, and as an injury that requires protection. Fifteen to twenty years ago, books like Wendy Brown’s States of Injury (1995) and Anna Cheng’s The Melancholy of Race: Psychoanalysis, Assimilation and Hidden Grief (2001) asked readers to think about how grievances become grief, how politics comes to demand injury and how a neoliberal rhetoric of individual pain obscures the violent sources of social inequity. But, newer generations of queers seem only to have heard part of this story and instead of recognizing that neoliberalism precisely goes to work by psychologizing political difference, individualizing structural exclusions and mystifying political change, some recent activists seem to have equated social activism with descriptive statements about individual harm and psychic pain. Let me be clear – saying that you feel harmed by another queer person’s use of a reclaimed word like tranny and organizing against the use of that word is NOT social activism. It is censorship. In a post-affirmative action society, where even recent histories of political violence like slavery and lynching are cast as a distant and irrelevant past, all claims to hardship have been cast as equal; and some students, accustomed to trotting out stories of painful events in their childhoods (dead pets/parrots, a bad injury in sports) in college applications and other such venues, have come to think of themselves as communities of naked, shivering, quaking little selves – too vulnerable to take a joke, too damaged to make one. In queer communities, some people are now committed to an “It Gets Better” version of consciousness-raising within which suicidal, depressed and bullied young gays and lesbians struggle like emperor penguins in a blighted arctic landscape to make it through the winter of childhood. With the help of friendly adults, therapy, queer youth groups and national campaigns, these same youth internalize narratives of damage that they themselves may or may not have actually experienced. Queer youth groups in particular install a narrative of trauma and encourage LGBT youth to see themselves as “endangered” and “precarious” whether or not they actually feel that way, whether or not coming out as LGB or T actually resulted in abuse! And then, once they “age out” of their youth groups, those same LGBT youth become hypersensitive to all signs and evidence of the abuse about which they have learned. What does it mean when younger people who are benefitting from several generations now of queer social activism by people in their 40s and 50s (who in their childhoods had no recourse to anti-bullying campaigns or social services or multiple representations of other queer people building lives) feel abused, traumatized, abandoned, misrecognized, beaten, bashed and damaged? These younger folks, with their gay-straight alliances, their supportive parents and their new right to marry regularly issue calls for “safe space.” However, as Christina978-0-8223-5470-3\_pr Hanhardt’s Lambda Literary award winning book, Safe Space: Neighborhood History and the Politics of Violence, shows, the safe space agenda has worked in tandem with urban initiatives to increase the policing of poor neighborhoods and the gentrification of others. Safe Space: Gay Neighborhood History and the Politics of Violence traces the development of LGBT politics in the US from 1965-2005 and explains how LGBT activism was transformed from a multi-racial coalitional grassroots movement with strong ties to anti-poverty groups and anti-racism organizations to a mainstream, anti-violence movement with aspirations for state recognition. And, as LGBT communities make “safety” into a top priority (and that during an era of militaristic investment in security regimes) and ground their quest for safety in competitive narratives about trauma, the fight against aggressive new forms of exploitation, global capitalism and corrupt political systems falls by the way side. Is this the way the world ends? When groups that share common cause, utopian dreams and a joined mission find fault with each other instead of tearing down the banks and the bankers, the politicians and the parliaments, the university presidents and the CEOs? Instead of realizing, as Moten and Hearny put it in The Undercommons, that “we owe each other everything,” we enact punishments on one another and stalk away from projects that should unite us, and huddle in small groups feeling erotically bonded through our self-righteousness. I want to call for a time of accountability and specificity: not all LGBT youth are suicidal, not all LGBT people are subject to violence and bullying, and indeed class and race remain much more vital factors in accounting for vulnerability to violence, police brutality, social baiting and reduced access to education and career opportunities. Let’s call an end to the finger snapping moralism, let’s question contemporary desires for immediately consumable messages of progress, development and access; let’s all take a hard long look at the privileges that often prop up public performances of grief and outrage; let’s acknowledge that being queer no longer automatically means being brutalized and let’s argue for much more situated claims to marginalization, trauma and violence. Let’s not fiddle while Rome (or Paris) burns, trigger while the water rises, weep while trash piles up; let’s recognize these internal wars for the distraction they have become. Once upon a time, the appellation “queer” named an opposition to identity politics, a commitment to coalition, a vision of alternative worlds. Now it has become a weak umbrella term for a confederation of identitarian concerns. It is time to move on, to confuse the enemy, to become illegible, invisible, anonymous (see Preciado’s Bully Bloggers post on anonymity in relation to the Zapatistas). In the words of José Muñoz, “we have never been queer.” In the words of a great knight from Monty Python and the Holy Grail, “we are now no longer the Knights who say Ni, we are now the Knights who say “Ekki-ekki-ekki-ekki-PTANG. Zoom-Boing, z’nourrwringmm.”

#### A consensus of psychologists agree exposure is good and trigger warnings are bad. Trigger warnings cause more trauma than they’re meant to prevent.

Waters 14 Florence Waters “Trigger warnings: more harm than good?” The Telegraph October 4th 2014 http://www.telegraph.co.uk/culture/books/11106670/Trigger-warnings-more-harm-than-good.html

Prof Metin Basoglu, a psychologist internationally recognised for his trauma research, agreed to talk to me over the telephone about the issue. He told me it was now generally acknowledged that anxiety-inducing trauma reminders were frequent in trauma survivors. “We come across the phenomenon a lot,” he said. “Our patients come across these cues, these reminders of trauma, and they can provoke distress in varying intensities. They respond with anxiety and distress; all of the memories come up; occasionally they have flashback episodes, which can be quite dramatic and intense.” Basoglu is the founder of trauma studies at the Institute of Psychiatry, King’s College London, but he returned in September to Turkey, where he advises at the Istanbul Centre for Behaviour Therapy and Research (which he also founded). Over the years he has worked with patients with PTSD as well as survivors of mass trauma events, and has been publishing his findings since the early Nineties. Basoglu gave me an example of how wide-ranging and idiosyncratic such triggers could be: “I worked with a torture survivor who had been forced into signing a blank sheet of paper. The authorities used it to say she had signed a confession. She was conditioned to the colour white. She was not able to come close to white socks, for example.” According to Basoglu, “an infinite number of situations can act as triggers”, from characteristic smells, conversations, objects and social situations to watching television, reading a newspaper and listening to the news. In a world increasingly mediated by images and content that we have no control over, does he think it’s advisable for the media to issue trigger warnings? “There would be no point,” he said. “You cannot get a person to avoid triggers in their day-to-day lives. It would be impossible.” But, given a chance to think it over, Basoglu went much further than that. “The media should actually – quite the contrary… Instead of encouraging a culture of avoidance, they should be encouraging exposure. “Most trauma survivors avoid situations that remind them of the experience. Avoidance means helplessness and helplessness means depression. That’s not good. “Exposure to trauma reminders provides an opportunity to gain control over them. This is the essence of the treatment that we are using to help trauma survivors. It involves encouraging the patient not to avoid reminders of trauma, but in fact to make a point of exposing themselves to reminders of trauma so that they can develop a tolerance. “I liken it to a vaccination. You get a small dose of the virus so that the body can develop immunity towards it. Psychologically it’s the same phenomenon.” When asked why he thinks the subject is rousing such strong emotions, Basoglu laughed down the telephone from his office in Istanbul. “Any form of anxiety and distress is impermissible in Western culture,” he said. Then, very soberly, he added: “Anxiety is not an undesirable emotion. It’s a human emotion.” Based on his research, Basoglu believes trauma should not be treated with methods that seek to prevent anxiety, but rather the regaining and reconstruction of a sense of control. He referred to a study carried out after a 1999 earthquake in Turkey, for which thousands of survivors were interviewed, their recovery monitored over a period of time. It showed unexpected results at the time. “To our amazement, those that came across greater opportunities for exposure to trauma reminders recovered faster.” The study showed that the single most important factor that contributed to decline in PTSD and depression among survivors was the return to living at home or in concrete buildings (as opposed to camps where survivors were living in tents). The report stated that living in concrete housing after an earthquake “leads to self-instigated exposure to feared situations, such as staying alone in the house… Exposure helps survivors overcome their earthquake-related fears and to recover from PTSD and depression.” This stands for many victims of rape and abuse too. One of his patients, a woman from Congo who had been gang-raped, was unable to go to the hairdresser because the men who raped her had dragged her on the floor by her hair. “Of course she was in total avoidance of male hairdressers,” Basoglu told me. “Her treatment – her homework – was to go to a male hairdresser and have her hair done. She recovered. Completely.” Basoglu’s team uses various memory triggers for their rehabilitation model. They make a list of avoidance behaviours, based on activities that patients are not able to engage in. The treatment involves going through the list one by one and giving exercises that involve exposure. “Reminders are really the essence of the basic conditions for recovery from trauma,” he said. He claims to have seen a 90 per cent success rate in recovery after six weekly sessions. “We advocate a media campaign whereby the public are encouraged not to avoid trauma-related thoughts or reminders,” he said, talking specifically of mass trauma events. What happens, though, when you take a trauma survivor who is confronted with anxiety and flashbacks out of a mediated or safe environment? Is the outcome the same as it is when it is in therapy? “Many people discover the benefits of exposure for themselves. I’ve seen people who have said, ‘If I hadn’t started driving soon after the accident I’d have never driven again.’ ” There is still the problem of the not insignificant 10 per cent who don’t recover. Also, is it not unreasonable, in a country that is lucky enough to offer myriad paths to trauma recovery, that people might opt for a gentler way to come to terms with their own memories? Still, if there’s a lesson to be learnt from the fury expressed on both sides of the argument, it’s that a culture that panders to the delicate of this world will only feed the more bullying side of the less-than-delicate.

### 2AR – AT: Self-Serving [modify for this instance]

#### Their self-serving argument is true in most circumstances, but not in that of my aff

#### 1] we’ve conceded competing interps – there’s no impact to it being self-serving under your paradigm selection, it’s a question of whether the world of the interp is better than that of the counterinterp – we can’t assume other factors out of round, just like under comparative worlds, I can read PICs to the interp and they aren’t regarded as self serving because it’s still an opportunity cost to the aff and a voting issue.

#### 2] No link – we’ve proven our aff is more reasonable since campaign finance affs are super common

#### 3] Our definition proves that my aff specifically is alright to read – just like under competing interps, the neg gets PICs when they are backed in the lit with a solvency advocate, I should get counterinterp: my aff when I have a card that proves my aff is T

#### 4] We articulated a net benefit to our aff – insofar as only our aff has a basis in topic lit, we have proven an offensive reason to have it preferred, and it’s not self-serving because the justification for my aff is that it is uniquely more grounded in the literature than other affs. Even if you think that every aff will say that their aff is uniquely good this is just not true: A] Empirically denied – this is probably the first round that you’ve seen a carded topic lit card specific to the aff in question this tournament B] even if everyone says it, that’s probably a reason why you over limit the topic and is just a reason why your interp is bad.

### Means based

#### Counterinterpretation: their interpretation plus my aff– solves limits and allows for more discussion

#### Counterinterpretation: debaters must defend the desirability of the resolution as a state of affairs, and adopt a consequentialist ethical framework. To clarify, this is an oci.

I meet: I read rule util and comparative worlds

Ought in the resolution is evaluative, not deliberative- means the aff must prove that a world in which compulsory national service is better than the alternative. Finlay and Sendenger 12[[2]](#footnote-2)

The **nonagential sentences** (1) and (2) **say that certain states of affairs ought to be the case** (the “ought-to-be”). Here ‘ought’ is commonly glossed as meaning it is best that… , so we can call these readings evaluative. 4,5 **From some state of affairs being best nothing directly follows about how any agent has most reason to act, and so these sentences seem to have at most an indirect bearing on agents’ deliberations.** Sentence (2) entails neither that somebody has most reason to rig the lottery so Larry wins, for example, nor even that Larry has most reason to buy a lottery ticket (the odds of his winning would after all be extremely long). By contrast, the **agential sentences** (3) and (4) on a natural reading do **seem to entail claims about the agents’ reasons to act, and so to bear directly on their deliberations** (the “ought-to-do”). They do not, however, entail that any particular state of affairs would be best. **We** can **call these readings deliberative**. Mark Schroeder identiﬁes ﬁ ve hallmarks that distin-guish deliberative readings from evaluative readings. Unlike the evaluative ‘ought’, the deliberative ‘ought ’ (i) matters directly for advice; (ii) func- tions to close deliberation; (iii) is characteristically tied to assessments of agents’ accountability; (iv) implies ‘can’; 6 and (v) is closely related to obli-gation. We agree that these differences between readings exist, but reject the claim that the Uniformity Thesis cannot accommodate and explain them.

1. Ground: Util includes all impacts and compares them based on objective weighing standards meaning 0 ground loss while other frameworks excludes certain impacts on a normative level and skew ground towards one side even if these positions are structurally turnable. Key to fairness because we both need arguments to win.
2. Predictability: Ought to be is used primarily in non-agential sentences- they are commonly used to avoid ambiguity in regards an agents ability to deliberate. Finlay and Sedenger 2:

An obvious reason for **[when] using the nonagential sentence** would be that **the speaker intends to prevent a reading that would be salient if she used the most efﬁcient, agential sentence instead.** **This is to invoke a pragmatic maxim to avoid potentially misleading ambiguity.** 34 Since **nonagential sentences clearly resist** deliberative readi ngs while **(active voice)** agential sentences at least often encourage deliberative readings (as evidenced by our ability to set up the contrast between evaluative and deliberative read- ings in secti on 1 by presenting examples of these two kinds of sentence), this suggests that use of **an inefﬁcient nonagential sentence must indicate that the speaker intends a nondeliberative set reading**. **Since the agential sentence is more efﬁcient, speakers can be expected to use it for merely evaluative ‘ought’ claims so long as there are enough other cues to make the intended evaluative contrast set overridingly salient**; for example if the proposition expressed by the prejacent isn’t a deliberat ive option for the agent. This is what we ﬁnd with (1a), ‘Every election ought to be free and fair’, and (2a), ‘Larry ought to wi n the lottery’, which strongly encourage an evaluative readi ng due to the nature of their content. Use of a non- agential sentence would therefore be warranted just in case an unwanted deliberative reading would otherwise be salient.

Also controls the internal link to grammar arguments- because my evidence indicates that the evaluative ought follows certain grammatical rules in order to allow statements to make sense- also err neg on this issue because my evidence comes from philosophers analyzing how different oughts are used in different contexts which means it's more likely to be apt because it's comparative. Also my interpretation takes into account that there is no prescribed agent in the resolution meaning it's more apt.

## Fw

### A2 indicts

**A2 Induction fails:**

1. **We’re based on deduction – Intuitions tell us if I drop a pen it’ll fall.**
2. **Nonsensical – We can still make reasonable predictions.**

**A2 Aggregation bad:**

1. **Even if true in abstract, we can still count up lives and estimate which resolves**

**A2 regress:**

1. **Consequences when we stop calculating outweigh consequences if we continue to calculate due to effects becoming more small.**

**A2 Freedom hijacks:**

1. **No – It’s a question of maximizing net-pleasure – Even if we can’t explore pleasure we can at least access it in the aff world.**

**A2 Universe infinite (Bostrom):**

1. **It’s a question of foreseeable consequences.**
2. **Our actions only affect Earth meaning that’s all we have to look to.**
3. **Just means universe expanding not infinite.**

**A2 Not unconditional:**

1. **Pleasure is intrinsically good – That’s why we pull away from a stove.**

**A2 Masochists: Pleasure/pain are just flipped for them.**

**A2 biological: Doesn’t disprove the arg.**

**A2 Can’t quantify: Reasonable calculations resolve.**

**A2 Action theory (infinitely divisible): WE can look at overall consequences which resolves since we don’t focus on each tiny action in between.**

### Hobbes

U say ideal collapses to non ideal but everything’s grounded into the empirical – that’s the only reason the state can know what people want or can conceptualize what the state even is

u say the state can only do what the citizens want it to but contradict urself w the amendment argument

1. Independently proves the state can choose who counts as an agent if they can choose what morality is – only white property/slave owners were citizens and they obviously didn’t want to release their free labor. This is exactly what i criticize –the state generates what is moral ie the white gaze and creates ontological violence of double consciousness in the first place. Means you don’t get to leverage your framing
2. Means the state can do whatever the heck it wants
   1. Thus the state = state of nature and doesn’t have any regulatory pwr
   2. so the theory that works under your syllogism is locke – that hijacks and turns since whistleblowers and the general public support the aff

if a government has a mutual contract to follow ilaw, and to protect its citizens, contractarianism would say to follow both, freezing action

infinite regress which is also irresolvable under epistemic modesty claims – ilaw proves that multiple sovereigns create another state of nature where you need a bigger sovereign

### subject/particularism

#### “a matter of” it means a small instance – particularism affirms. Perfer my definition on 1) common usage: it’s the first one in the most popular established dictionary and 2) analyzes it as a term of art

merriam webster <https://www.merriam-webster.com/dictionary/a%20matter%20of> cw//az Accessed 3/13/2019

**a matter of idiom**

Definition of a matter of

1 —**used to refer to a small amount**

It cooks in a matter of (a few) minutes.

The crisis was resolved in a matter of a few hours.

The ball was foul by a matter of inches.

#### Subjectivism affirms

https://www.publichealth.pitt.edu/careers/what-is-public-health cw//az

The definition of **public health is different for every** **person**. Whether you like to **crunch numbers,** conduct **lab**oratory or field **research**, formulate **policy, or work directly with people** to help improve their health, there is a place for you in the field of public health. Being a public health professional enables you to work around the world, address health problems of communities as a whole, and influence policies that affect the health of societies.

### kant

Permissibility and presumption flow aff

Extend from the aff that rule util is the most intutive, default that, not skep, on contingent triggers

Util includes all impacts and compares them based on objective weighing standards meaning 0 ground loss while other frameworks excludes certain impacts on a normative level and skew ground towards one side even if these positions are structurally turnable. Key to fairness because we both need arguments to win.

On the fw

1. U conflate practical reason e.g. setting and universalizing ends with mathematical reason to solve infinite regress, which is nuq
2. Fallacy of origin - reason may be a prereq but the reason we act is to maximize happiness.
3. Independently, everything is based on the empirical; we only know 2+2=4 bc of conceptions of what “2” represents
4. Even if bindingness key to obligation, this conflates the linguistic term w the moral, which j says that its applicable which util is too; people violate kant all the time and get away w it by classifying themselves as a schmagent e.g. ipv assaulters hit their partners so turn, the aff is a hindrance of a hindrance
5. Intention unverifiable – agents wouldn’t be held acc bc they could lie ab the violation
6. choice architecture like pulling on a push door proves instinct comes before rationality and maintaining it is an impossible burden

On the offense

1. Fetus in first trimester isn’t life yet – not considered killing
2. Pills don’t always work and drugs don’t always influence actions – ur offense is grounded in the empirical
3. Conception of correct omni will would legalize ur offense since taking drugs are universalizable. T: aff reorients miscalculations of the squo will, mooting this position and proving that we must be grounded in the empirical

T: Criminalization restricts people’s ability to pursue ends according to their ideas which denies them agency. Smith 2 (Paul Smith. “Drugs, Morality and the Law.” Journal of Applied Philosophy, Vol. 19, No. 3 (2002), pp. 233-244. <https://www.jstor.org/stable/24354944>) CVHS AB

In liberal societies, there is a general presumption that adults have a right to "live as seems good to themselves" [6], provided that they do not violate the rights of others, and, in particular, that they have a right to do what they choose to their own bodies and minds, including unhealthy and dangerous things, provided they endanger themselves. Adults are assumed to have a right to do risky things such as smoke cigarettes or engage in dangerous sports (e.g., mountaineering, boxing, motor sports, air sports, horse riding, skiing). If the law prohibited such dangerous activities, it would be widely seen as a violation of individual rights, an intolerable infringement of liberty. So it is claimed that the right to take dangerous drugs is just another application of this right to do unhealthy or dangerous things to oneself. Appeal may be made to Mill's view that the only justification for coercion is to prevent harm to others, not harm to self, and that "over himself, over his own body and mind, the individual is sovereign" [7]. The idea of a right to the freedom to use dangerous drugs is liable to misunderstanding. It does not mean a right to harm others (e.g., by driving under the influence) or to offend others (e.g., by being intoxicated in public). Advocacy of such a right does not mean advocacy of drug use: advocates may think that use of dangerous drugs is unwise or immature but think that adults have a right to make unwise or immature choices. And the idea of a moral right to use drugs does not mean the idea that drug use is morally right. One can have the moral right to do something that is morally wrong (e.g., waste one's time or money, never give to charity). It is coherent to say that adults have a moral right to use dangerous drugs, but it is morally wrong for them to do so. The argument for a right to the freedom to use drugs might be summarized thus: Adults have a right to the freedom to live as seems good to themselves (within the limits of others' rights). So, adults have a right to do dangerous things (provided they endanger only themselves). Drug use endangers only the user. Therefore, adults have a right to the freedom to use drugs. One response to this argument would be to question its first premise. Although there may be, in liberal societies, a widespread belief in the moral right to the liberty to live as seems good to oneself, of which drug use is a controversial application, what arguments are there for this belief? One argument is Mill's utilitarian claim that liberty maximizes happiness: individual freedom is a principal ingredient of individual happiness, and we all benefit from others' freedom such that allowing each adult "to live as seems good to themselves" serves the interests of humankind [8]. Mill's two reasons for this liberty apply to drug use: freedom allows individuals to satisfy their own wants (provided they are informed about the dangers) and it allows experimentation in ways of living from which everyone can learn. However, this utilitarian argument justifies liberty only if and insofar as it maximizes happiness. Another argument for the liberty to live as seems good to oneself (within the limits of others' rights) is contractualist. People disagree over what is a good way to live, because of their different beliefs and values. This disagreement is reasonable and inevitable. Given disagreement over what is a good way to live, people can nevertheless agree on the principle of liberty to live according to one's own self-regarding judgements of what is good, and toleration of others' different judgements and consequent different ways of life. People could not agree to compulsion to live according to others' beliefs and values, nor to prohibition against living according to one's own. The primary example of this general contractualist argument is conflicting religious beliefs. No-one could agree to being compelled to live according to religious beliefs that are not their own, nor to their own religion being prohibited, but people with different religious beliefs can agree on principles of religious liberty and toleration. The argument has been extended to different sexual preferences [9]. No-one could accept being compelled to live according to sexual preferences that are not their own, nor prohibition of their consensual sexual preferences, but people with different sexual preferences can agree on a principle of sexual freedom and toleration among consenting adults. Similarly, people disagree over whether use of any particular drug is good or bad. Being forced (by prohibition or compulsion) to live according to another's drug preferences is unacceptable but people with different drug preferences could agree to a right to the freedom to use drugs. As with sexual preferences, it can be agreed that what consenting adults do in private is no business of the law.

#### That outweighs –

#### A] Actor specificity – individual wills have different obligations from the omnilateral will – for example, the police can arrest people but I can’t – states can only regulate actions that interfere with equal outer freedom.

#### B] Universalizability – regulating drugs uses people as a means to a moral end which denies their humanity.

Ostroswski 90 (Ostrowski, James (1990) "The Moral and Practical Case for Drug Legalization," Hofstra Law Review: Vol. 18: Iss. 3, Article 5. Available at: <http://scholarlycommons.law.hofstra.edu/hlr/vol18/iss3/5>) CVHS AB

The individual rights theories outlined above preclude any notion of paternalism, the philosophical bulwark of prohibition. Paternalism is the use of force against persons for their own alleged good. In natural rights terms, it is precisely force which prevents persons from achieving their own good. As Henry Veatch wrote: [N]o human being ever attains his natural end or perfection save by his own personal effort and exertion. No one other than the human individual-no agency of society, of family, of friends, or of whatever can make or determine or program an individual to be a good man, or program him to live the life that a human being ought to live. Instead, attaining one's natural end as a human person is nothing if not a 'do-it-yourself job.11 Murray Rothbard continues the argument: By forcing [people] to [do good], we are taking them out of the realm of action and into mere motion, and we are depriving all these coerced persons of the very possibility of acting morally. By attempting to compel virtue, we eliminate its possibility.,," So paternalism must fail in its mission to make people better. It merely restricts "the opportunity for vice which simultaneously restricts the opportunity for virtue. In the end such efforts promote not moral excellence, but a drab form of moral mediocrity and conformity."' 119 Of particular importance in this context is Veatch's argument that the state cannot compel an individual to be a good man because human rights "are no less the necessary means to his reforming himself than they are the necessary means to his making something of himself in the first place." 20 No price is too high to pay for freedom properly understood as the right to dispose of one's own life as one pleases, which implies the duty not to interfere with the equal right of others to do the same. Since a proper human life must involve choice and the exercise of reason, life is empty and meaningless without freedom. It may be a bad thing for people to smoke tobacco and a good thing for people to choose not to smoke tobacco, but being forced not to smoke tobacco has no moral significance for the individual since moral choice and value require freedom. A person forced not to smoke is simply an object being acted upon by outside forces, not a moral agent. Finally, another effect of paternalism is to make some people-the morality enforcers-more powerful, and therefore, as Lord Acton argued, more corrupt.'21 In the context of drug enforcement, the resulting corruption is not only financial, but moral as well. 22

#### drug usage doesn’t violate other people’s ability to set and pursue ends, which means the state can’t restrict it.

Steffen 16 (Jason R Steffen [PhD candidate in philosophy at the University of Minnesota]. “A Kantian Theory of Criminal Law.” August 2016. <https://conservancy.umn.edu/bitstream/handle/11299/182751/Steffen_umn_0130E_17503.pdf?sequence=1>) CVHS AB

The second category of purported crimes precluded by C\* is comprised of offenses which can formally be characterized as merely self-harming. The obvious target here is the myriad of drug- and other substance-related acts that pervade our current system. If I choose to ingest a noxious substance, I may well harm my body or mind— and, if Kant is right, I thereby violate a duty to myself.177 But my ingestion of a toxic substance does not, by itself, violate the formal, external conditions that enable citizens to pursue their ends within society. Of course, if you happen to be a family member or close friend, my intemperance may constitute a setback to your interests—even a substantial emotional harm. There has, however, been no violation of the formal conditions that underwrite your civic freedom. Or, to put it another way, there is nothing about the act in itself that interferes with others’ freedom. Contrast this example with one where my ingestion of a particular substance is a proximate cause of physical harm to you. If I cause a car accident because I am drunk, or assault someone because I am in the midst of a drug-induced psychosis, I have interfered with the condition of bodily integrity that is an obvious sine qua non of exercising freedom. I would justly be held criminally liable in these cases. But here the crime in question is not ingestion of alcohol or drugs per se—though such an act might be a moral wrong, it does not by itself interfere with the formal conditions of civic freedom. In the face of such an analysis, one might be tempted to point to the various social ills that accompany the use of illegal drugs—the most troubling problem being the violence that seems to pervade the black market. Setting aside for a moment the question of whether or not drug sales ought to be criminalized, even people who purchase illegal drugs for merely personal use contribute to the market. And if it turns out that the existence of such a market contributes negatively to other citizens’ civic freedom, then do we not have good reason for labeling as criminals those who choose to participate in such a market? Upon reflection, however, we will see that the first condition of C\* cannot be met by criminalizing drug purchasing. If Daniel purchases a gram of methamphetamine for himself, there is nothing about this act in and of itself that interferes in any way with other citizens’ freedom. It is true that Daniel’s purchase may contribute in a small way to the methamphetamine market, and the existence of that market may be causally related to an increase in social problems such as violence. But this is the case only because methamphetamine is illegal in the first place. The violence accompanying the drug market exists because the market is itself illegal.178 It operates outside the normal regulatory apparatuses that govern legal transactions between citizens. One need not worry about being murdered by the corner grocer, even if one chooses to buy cigarettes, doughnuts, or other unhealthy products from him. The lack of security in the drug trade has nothing to do with the substances in question, and everything to do with the way those substances are treated within society. It would be perverse to use the negative effects of criminalizing drug sales as a justification for criminalizing drug purchases—yet that is precisely what the “social ills” objection to drug decriminalization does. The next logical question, then, is whether the manufacture, creation, marketing, or sales of illegal drugs should be criminalized. It is common to assert that people who supply drugs are more to blame for attendant social ills than those who merely use them. This seems correct. Still, the question at hand is not how evil people are, but whether their actions ought to be proscribed by the criminal law. The answer, I think, is that while we rightly judge certain substances to be injurious to individuals who use them, we are expecting the criminal law to do too much work when we demand that it penalize and punish people who supply unhealthy, even dangerous, products. For one thing, it is unnecessary. In the United States, for example, we have done a remarkable job of decreasing the prevalence of cigarette smoking through non-criminal means.179 More importantly, supplying noxious substances fails the test in C\*: selling drugs does not, by its nature, violate others’ freedom. If people choose to purchase drugs and ingest them, they may, by doing so, make it more difficult for themselves to pursue their life’s goals. But that choice is not one imposed on them by others and, therefore, others should not be held criminally liable simply because they encouraged or enabled such an unwise decision.180

#### Kantian moral philosophy is anti-gay – he believes homosexuality is non universizable

**Soble:** Alan Soble, The Monist 86:1 (Jan. 2003), pp. 55-89. Kant and Sexual Perversion

**Kant immediately continues by completing his sparse inventory of three objectionable, sexually unnatural, practices** [quote begins here] “**A second crimen carnis contra naturam is intercourse between sexus homogenii, in which the object of sexual impulse is a human being but there is homogeneity** instead of heterogeneity of sex. . . . **This practice too is contrary to the ends of humanity; for the end of humanity in respect of sexuality is to preserve the species without debasing the person**; but in this instance the species is not being preserved (as it can be by a crimen carnis secundum naturam), but the person is set aside, the self is degraded below the level of the animals, and humanity is dishonoured. **The third crimen carnis contra naturam occurs when the object of the desire is in fact of the opposite sex but is not human**. Such is sodomy, or intercourse with animals. **This, too, is contrary to the ends of humanity** and against our natural instinct. It degrades mankind below the level of animals, for no animal turns in this way from its own species.75

#### Discourse in round matters – educators must take a stance against oppression in the activity – we can’t divorce the flow from our performance.

**Vincent:**– (Christopher [Debate Coach, former college NDT debater] “Re-Conceptualizing Our Performances: Accountability In Lincoln Douglas Debate”

Charles Mills argues that “the moral concerns of African Americans have centered on the assertion of their personhood, a personhood that could generally be taken for granted by whites, so that blacks have had to see these theories from a location outside their purview.” For example, I witnessed a round at a tournament this season where a debater ran a utilitarianism disadvantage. His opponent argued that this discourse was racist because it ignores the way in which a utilitarian calculus has distorted communities of color by ignoring the wars and violence already occurring in those communities. In the next speech, the debater stood up, conceded it was racist, and argued that it was the reason he was not going for it and moved on, and still won the debate. This is problematic because it demonstrates exactly what Mill’s argument is. For the black debater this argument is a question of his or her personhood within the debate space and the white debater was not held accountable for the words that are said. Again for debaters of color, their performance is always attached to their body which is why it is important that the performance be viewed in relation to the speech act. **Whites are allowed to take for granted the impact their words have on the bodies in the space. They take for granted this notion of personhood and ignore the concerns of those who do not matter divorced from the flow.** It is never a question of “should we make arguments divorced from our ideologies,” it is a question of is it even possible. It is my argument that our performances, regardless of what justification we provide, are always a reflection of the ideologies we hold. Why should a black debater have to use a utilitarian calculus just to win a round, when that same discourse justifies violence in the community they go back home to? **Our performances and our decisions in the round, reflect the beliefs that we hold when we go back to our communities. As a community we must re-conceptualize this distinction the performance by the body and of the body by re-evaluating the role of the speech and the speech act**. It is no longer enough for judges to vote off of the flow anymore. **Students of color are being held to a higher threshold to better articulate why racism is bad**, which is the problem in a space that we deem to be educational. It is here where I shift my focus to a solution. **Debaters must be held accountable for the words they say in the round. We should no longer evaluate the speech. Instead we must begin to evaluate the speech act itself. Debaters must be held accountable for more than winning the debate. They must be held accountable for the implications of that speech**. As educators and adjudicators in the debate space we also have an ethical obligation to foster an atmosphere of education. **It is not enough for judges to offer predispositions suggesting that they do not endorse racist, sexist, homophobic discourse, or justify why they do not hold that belief, and still offer a rational reason why they voted for it. Judges have become complacent in voting on the discourse,** if the other debater does not provide a clear enough role of the ballot framing, or does not articulate well enough why the racist discourse should be rejected. Judges must be willing to foster a learning atmosphere by holding debaters accountable for what they say in the round. **They must be willing to vote against a debater if they endorse racist discourse.** They must be willing to disrupt the process of the flow for the purpose of embracing that teachable moment. The speech must be connected to the speech act. **We must view the entire debate as a performance of the body, instead of the argument solely on the flow**. Likewise, judges must be held accountable for what they vote for in the debate space. If a judge is comfortable enough to vote for discourse that is racist, sexist, or homophobic, they must also be prepared to defend their actions. We as a community do not live in a vacuum and do not live isolated from the larger society. That means that judges must defend their actions to the debaters, their coaches, and to the other judges in the room if it is a panel. Students of color should not have the burden of articulating why racist discourse must be rejected, but should have the assurance that the educator with the ballot will protect them in those moments. **Until we re-conceptualize the speech and the speech act, and until judges are comfortable enough to vote down debaters for a performance that perpetuates violence in the debate space, debaters and coaches alike will remain complacent in their privilege**. As educators we must begin to shift the paradigm and be comfortable doing this. As a community we should stop looking at ourselves as isolated in a vacuum and recognize that the discourse and knowledge we produce in debate has real implications for how we think when we leave this space. Our performances must be viewed as of the body instead of just by it. As long as we continue to operate in a world where our performances are merely by bodies, we will continue to foster a climate of hostility and violence towards students of color, and in turn destroy the transformative potential this community could have.

### Other

#### 1. Otherization creates arbitrary moral rules where power is imposed onto others. This removes some from moral conversation, making pluralistic accounts for moral truth impossible. Equality is a pre requisite to normativity.

#### 2. Destroys the capacity to fix an understanding of moral subjects. Before the maxim: agents ought to do x, theories must ground what the moral agent consists of. Otherization creates inconsistency in conceptualization of the subject by arbitrarily conditioning what constitutes agency. That destroys the basis of ethical maxims since the subject is unfixed. 3. Skews the epistemic starting point of ethical theories. Only flawed knowledge production relies on epistemologies that exclude and objectify. Ethics motivate agents to act correctly in a way that respects others. Pointing out an assumption in their logic that justifies exactly what ethics tries to stop means the implications drawn from the ethic aren’t real since their foundation is flawed.

#### distribution of goods among people is irrelevant, maximize benefits among states of affairs. Diminished marginal utility proves we should help the most disadvantaged first it’d be more productive giving 100 to a homeless person than bill gates

### rule

#### 1. Morality must be universalizable.

Pettit Phillip “Non-Consequentialism and Universalizability” The Philosophical Quarterly Vol. 50 No. 199 pp. 175-190 April 2000 JW

Every prescription as to what an agent ought to do should be capable of being universalized, so that it applies not just to that particular agent, and not just to that particular place or time or context, or whatever.7 So at any rate we generally assume in our moral reasoning. If we think that it is right for one agent in one circumstance to act in a certain way, but wrong for another, then we commit ourselves to there being some further descriptive difference between the two cases, in particular a difference of a non- particular or universal kind. Thus if we say that an agent A ought to choose option O in circumstances C – these may include the character of the agent, the behaviour of others, the sorts of consequences on offer, and the like – then we assume that something similar would hold for any similarly placed agent. We do not think that the particular identity of agent A is relevant to what A ought to do, any more than we think that the particular location or date is relevant to that issue. In making an assumption about what holds for any agent in C- type circumstances, of course, we may not be committing ourselves to anything of very general import. It may be, for all the universalizability constraint requires, that C-type circumstances are highly specific, so specific, indeed, that no other agent is ever likely to confront them.

#### Only consequentialism can be universalized.

Pettit 2 Phillip “Non-Consequentialism and Universalizability” The Philosophical Quarterly Vol. 50 No. 199 pp. 175-190 April 2000 JW

There is no difficulty in seeing how the universalizability challenge is supposed to be met under consequentialist doctrine. Suppose that I accept consequentialist doctrine and believe of an agent A that in A’s particular circumstances C, A ought to choose an option O. For simplicity, suppose that I am myself that agent and that as a believer in consequentialism I think of myself that I ought to do O in C. If that option really is right by my consequentialist lights, then that will be because of the neutral values that it promotes. But if those neutral values make O the right option for me in those circumstances, so they will make it the right option for any other agent in such circumstances. Thus I can readily square the prescription to which my belief in consequentialism leads with my belief in universalizability. I can happily universalize my self-prescription to a prescription for any arbitrary agent in similar circumstances. In passing, a comment on the form of the prescription that the universalizability challenge will force me to endorse. I need not think that it is right that in the relevant circumstances every agent do O; that suggests a commitment to a collective pattern of behaviour. I shall only be forced to think, in a person-by-person or distributive way, that for every agent it is right that in those circumstances he do O. Let doing O in C amount to swimming to the help of a child in trouble in the water. Universalizability would not force me to think that it is right that everyone swim to the help of a child in such a situation; there might be many people around, and, were they all to swim, then they would frustrate one another’s efforts. It only requires me to think, as we colloquially put it, that it is right that anyone swim to the help of the child: no one is exempt from this person-by-person non-collective prescription (even if all do face a collective requirement to decide who in particular is going to do the swimming).8 So much for the straightforward way in which consequentialism can make room for universalizability. But how is the universalizability challenge supposed to be met under non-consequentialist theories? According to non- consequentialist theory, the right choice for any agent is to instantiate a certain pattern P: this may be the pattern of conforming to the categorical imperative, manifesting virtue, respecting rights, honouring special obligations, or whatever. Suppose that I accept such a theory and that it leads me to say of an agent – again, let us suppose, myself – that I ought to choose O in these circumstances C, or that O is the right choice for me in these circumstances. Can I straightforwardly say, as I could under consequentialist doctrine, that just for the reasons that O is the right choice for me – in this case, that it involves instantiating pattern P – so it will be the right choice for any agent in C-type circumstances? I shall argue that there are difficulties in the path of such a straightforward response and that these raise a problem for non-consequentialism. III. A PROBLEM FOR NON-CONSEQUENTIALIST UNIVERSALIZATION Suppose I do say, in the straightforward way, that pattern P requires not just that I do O in C, but also, for any agent whatsoever, that that agent should do O in C as well. Suppose I say, in effect, that it is right for me to do O in C only if it would be right for any agent X to do O in C. Whatever makes it right that I do O in C makes it right, so the response goes, that any agent do O in C. This response, so I now want to argue, is going to lead me, as a non- consequentialist thinker, into trouble. Judging that an action is right involves approving of the deed and gives one a normative reason to prefer it. Imagine someone who said that he thought his doing something or other, or indeed another person’s doing something or other, was the right choice and who thereby communicated that he approved of it. Would it not raise a question as to whether he knew what he was saying if he went on to add that he did not think that there was any good reason for him to prefer that the action should take place rather than not? If the judgement of rightness is to play its distinctive role in ad- judicating or ranking actions – if it is to connect with approval in the stan- dard way – then, whether or not it actually motivates the person judging, it must be taken to provide him with a normative reason to prefer that the action should take place. When I think that it is right that I do O in C, therefore, I commit myself to there being a normative reason for me to prefer that I do O. And when I assert that it is right that anyone should do O in C-type circumstances, I commit myself – again because of the reason-giving force of the notion of rightness – to there being a normative reason for holding a broader preference. I commit myself to there being a normative reason for me to prefer, with any agent whatsoever, that in C-type circumstances that agent do O. The problem with these reasons and these commitments, however, is that they may come apart. For it is often going to be possible that, perversely, the best way for me to satisfy the preference that, for any arbitrary agent X, that agent do O in C-type circumstances, is to choose non-O myself in those circumstances.9 Choosing non-O myself means that there is one person – me – in respect of whom the general preference is not satisfied, but in the perverse circumstances it will mean that there are more agents or actions in respect of whom it is satisfied than there would be did I choose O. Perverse circumstances of this kind are not just abstract possibilities, for what an agent does can easily affect the incentives or opportunities of others in a way that generates perversity. The best way to get people to renounce violence may be to take it up oneself and threaten resistance to their violence; the best way to get people to help their children may be to proselytize and not pay due attention to one’s own. More generally, the best way to promote the instantiation of pattern P, where this is the basic pattern to which one swears non-consequentialist allegiance, may be to flout that pattern oneself.

#### 2. Actor specificity- Policymaking must be consequentialist since collective action results in conflicts that only rule util can resolve. Side constraints freeze action since policy makers have to consider tradeoffs between multiple people. States lack intentionality since they're composed of multiple individuals—there is no act-omission distinction for them since they create permissions and prohibitions in terms of policies so authorizing action could never be considered an omission since the state assumes culpability in regulating the public domain.

#### Even if act util is true—use rule util as a decision procedure.

Chappell 05 on Mackie “Indirect Utilitarianism” June 11 2005 Philosophy, et cetera <http://www.philosophyetc.net/2005/06/indirect-utilitarianism.html>

J.L. Mackie (p.91) offers six utilitarian reasons for opposing "the direct use of utilitarian calculation as a practical working morality": 1. **Shortage of time and energy** will in general **preclude** such **calc**ulations. 2. **Even if** time and energy are **available**, the relevant **info**rmation commonly **is n**o**t.** 3. An **agent's** **judgment** on particular issues **is** likely to be **distorted by** his own **interests** and special affections. 4. **Even if** he were intellectually able to **determine** the **right choice**, **weakness of will** would be likely to **impair** his **putting** of it into **effect**. 5. Even **decisions that are right** in themselves and actions based on them **are liable to be misused as precedents**, so that they will encourage and seem to legitimate wrong actions that are superficially similar to them. 6. And, human nature being what it is, a practical working morality must not be too demanding: it is worse than useless to set standards so high that there is no real chance that actions will even approximate to them.

#### 3. Ought in the resolution is evaluative, not deliberative- this means the resolution is a question of states of affairs. Finlay and Sendenger 12[[3]](#footnote-3)

The **nonagential sentences** (1) and (2) **say that certain states of affairs ought to be the case** (the “ought-to-be”). Here ‘ought’ is commonly glossed as meaning it is best that… , so we can call these readings evaluative. 4,5 **From some state of affairs being best nothing directly follows about how any agent has most reason to act, and so these sentences seem to have at most an indirect bearing on agents’ deliberations.** Sentence (2) entails neither that somebody has most reason to rig the lottery so Larry wins, for example, nor even that Larry has most reason to buy a lottery ticket (the odds of his winning would after all be extremely long). By contrast, the **agential sentences** (3) and (4) on a natural reading do **seem to entail claims about the agents’ reasons to act, and so to bear directly on their deliberations** (the “ought-to-do”). They do not, however, entail that any particular state of affairs would be best. **We** can **call these readings deliberative**. Mark Schroeder identiﬁes ﬁ ve hallmarks that distin-guish deliberative readings from evaluative readings. Unlike the evaluative ‘ought’, the deliberative ‘ought ’ (i) matters directly for advice; (ii) func- tions to close deliberation; (iii) is characteristically tied to assessments of agents’ accountability; (iv) implies ‘can’; 6 and (v) is closely related to obli-gation. We agree that these differences between readings exist, but reject the claim that the

#### Outweighs on predictability- Ought to be is used primarily in non-agential sentences- they are commonly used to avoid ambiguity in regards an agents ability to deliberate. Finlay and Sedenger 2 ibid.

**An obvious reason for using the nonagential sentence would be that the speaker intends to prevent a reading that would be salient if she used the most efﬁcient, agential sentence instead.** **This is to invoke a pragmatic maxim to avoid potentially misleading ambiguity.** 34 Since **nonagential sentences clearly resist** deliberative readi ngs while **(active voice)** agential sentences at least often encourage deliberative readings (as evidenced by our ability to set up the contrast between evaluative and deliberative read- ings in secti on 1 by presenting examples of these two kinds of sentence), **this suggests that use of an inefﬁcient nonagential sentence must indicate that the speaker intends a nondeliberative set reading**. **Since the agential sentence is more efﬁcient, speakers can be expected to use it for merely evaluative ‘ought’ claims so long as there are enough other cues to make the intended evaluative contrast set overridingly salient**; for example if the proposition expressed by the prejacent isn’t a deliberat ive option for the agent. This is what we ﬁnd with (1a), ‘Every election ought to be free and fair’, and (2a), ‘Larry ought to wi n the lottery’, which strongly encourage an evaluative readi ng due to the nature of their content. Use of a non- agential sentence would therefore be warranted just in case an unwanted deliberative reading would otherwise be salient.

## K

### cap

#### t: ruptures the socioeconomic divide

#### t: prefer my historical analysis

Hillary Kunins and Allan Rosenfield, ABORTION: A LEGAL AND PUBLIC HEALTH PERSPECTIVE, Columbia School of Public Health, New York, NY 10032 Annu. Rev. Pub!. Health 1991. 12:361-82 Copyright © 1991 by Annual Reviews Inc. All rights reserved cw//az

One characteristic of the professional doctors was their adherence to the Hippocratic Oath, which they interpreted as forbidding the practice of abor­ tion. Because, historians suggest, they could not perform abortions and still uphold their standards of medical practice,they stood to lose patients to other practitioners who would be willing to perform abortions, as well as other health care services. Apparently, their economic concerns were borne out by the number of nonprofessional practitioners who were able to support their practices by performing abortions (52).

### Biopwr

#### T: negative state power cedes for citizens rights and reorients shift to sex roles

Hillary Kunins and Allan Rosenfield, ABORTION: A LEGAL AND PUBLIC HEALTH PERSPECTIVE, Columbia School of Public Health, New York, NY 10032 Annu. Rev. Pub!. Health 1991. 12:361-82 Copyright © 1991 by Annual Reviews Inc. All rights reserved cw//az

Interestingly, the anti-abortion regulation for which they fought allowed for therapeutic abortions to save a woman's life. Thus, when a doctor deemed a women's life to be endangered by the pregnancy, abortion was acceptable. The caveat was that the doctor be a qualified one, i.e. a practitioner of alleopathic medicine (50). The abortion regulations conferred upon these physicians the power to decide when abortion was permissible. Thus, it has been suggested, their professional power increased by controlling women's access to abortion.

Historians identify yet another explanation for the physicians anti-abortion stance. They argue that the physicians were interested in having more control over women's fertility (52, 58, 72). Resistant to changing sex roles, the primarily male doctors saw abortion as a means by which women could avoid their traditional familial responsibility to raise children. In addition, falling birthrates among American-born middle and upper class women posed a perceived threat to the continuation of the doctors' own social and economic class. Historians suggest that by limiting, or even preventing, women's recourse to abortion as a means of fertility control, physicians believed they could promote more traditional sex roles.

## In a pinch

#### Representations specifcally on the issue of abortion come at the highest layer and shape policymaking.

Berer, Marge. “Abortion Law and Policy Around the World: In Search of Decriminalization” Health and human rights vol. 19,1 (2017): 13-27. Cw//az

Allies are crucial. Most important are parliamentarians, health professionals, legal experts, women’s groups and organizations, human rights groups, family planning supporters—and above all, women themselves. Achieving a critical mass of support among all these groups is key to successful law reform, as is defeating the opposition, which can have an influence beyond its numbers.

Those unable to contemplate no law at all must confront the fact that each legal ground for abortion may be interpreted liberally or narrowly, and thereby implemented differently in different settings, or may not be implemented at all. The challenge is to define which abortions should remain criminal and what the punishment should be. Even if only some grounds would be considered acceptable, the question of who decides and on what basis remains when reforming existing law.

Wording becomes critical to supporting good practice. For example, grounds which are based on risk are particularly tricky. The definition of “risk” is itself complex, and the extent of risk may be hedged with uncertainty. Risk to the woman’s life, health, or mental health and risk of serious fetal anomaly have been subjected to challenge and disagreement among professionals. As Christian Fiala, head of the Gynmed Ambulatorium in Austria, has noted, “There is only one way to be sure a woman’s life is at risk, that is—after she dies.”54

Reed Boland explores the importance of wording in depth with regard to the health ground for abortion:

The wording of [the health] indication varies greatly from country to country, particularly given the range of languages and legal traditions involved. Sometimes … there must be a risk to health. Great Britain’s law, for example … allows abortion where “continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman …” Sometimes … there must be a danger to health. Burkina Faso’s Penal Code permits abortions when “continuation of the pregnancy … endangers the health of the woman …” And in some countries there must only be medical or health reasons. In Vanuatu, there must be “good medical reasons”, in Djibouti “therapeutic reasons”, and in Pakistan a requirement of “necessary treatment”. These concepts are not necessarily the same.55

1. #### Hess & Rosario 18] The squo traps survivors of intimate partner violence and sexual assault, who may otherwise have been able to escape their situation

   Loss of Control over the Choice and Timing of Childbearing

   Access to contraception and the ability to plan the timing of childbearing increase women’s ability to earn an income and complete an education (Bailey, Hershbein, and Miller 2012; Goldin and Katz 2002; Hock 2005). Intimate partner violence, however, can involve behaviors that lead to negative reproductive health outcomes for women, from forced sex and sexual assault to more covert behaviors that undermine women’s ability to make choices about their sexual activities, use of contraception, and pregnancy (Chamberlin and Levenson 2013). Abusive partners may also coerce women into terminating a pregnancy when they do not want to do so (Chamberlin and Levenson 2013).

   Forty percent of respondents indicated that one or more of their partners has tried to get them pregnant when they did not want to be or tried to stop them from using birth control. [↑](#footnote-ref-1)
2. Finlay, S. Associate Professor of Philosophy at USC and Snedegar, J. PhD candidate in philosophy at the University of Southern California, (2012). One Ought Too Many. Philosophy and Phenomenological Research. JMN [↑](#footnote-ref-2)
3. Finlay, S. Associate Professor of Philosophy at USC and Snedegar, J. PhD candidate in philosophy at the University of Southern California, (2012). One Ought Too Many. Philosophy and Phenomenological Research. JMN [↑](#footnote-ref-3)