Atlanta Urban Debate League

November Evidence Updates

2022 – 2023

MS JUNIOR VARSITY

MS VARSITY

HS NOVICE

HS JUNIOR VARSITY

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URBAN DEBATE

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What's New? (November Evidence Updates)

Overview

The Atlanta Urban Debate League is releasing additional evidence for use in our tournaments. This supplementary packet contains updates for existing arguments. These arguments are eligible for use in the appropriate divisions beginning with the Middle & High School tournament on December 3, 2022.

This evidence is for use in the MS Junior Varsity, MS Varsity, HS Novice, and HS Junior Varsity divisons and contains updates to the Biological Terrorism Advantage and the Public Health Disadvantage. This evidence is not designed for the HS Open division but is allowed to be used.

Biological Terrorism Updates

Students will find a new piece of 2AC Harms evidence (Barras and Greub) establishing that there have been successful bioterror attacks in the past. This evidence is designed to respond to 1NC case arguments that bioterrorists have not historically been able to carry out attacks.

Public Health Updates

Students will find 3 new pieces of 2NC/1NR evidence to respond to 2AC arguments.
The Diaz and Mountz Internal Link evidence uses the example of US rhetoric and response to COVID-19 to demonstrate how framing the pandemic as a militarized issue increased tensions with Canada.

The Joseph and Nangeli Impact evidence as well as the Kashgarian Impact evidence give concrete examples of places where militarized public health has given the government more power to suppress dissent and enact human rights abuses. The Joseph and Nangeli evidence looks at how Bangladesh has particularly used the pandemic to stop criticism of the government and allow violence against citizens. The Kashgarian evidence looks at how the Chinese government has used preventing the spread of COVID-19 to justify ongoing abuses against Uyghurs (pronounced wee-gers), a predominantly Muslim ethnic minority in Xinjiang.

Updates (Biological Terrorism Advantage)

2AC Case (Harms)

There have been successful biological terror attacks in the past; we need "an adequate level of preparedness" to respond to attacks.

Barras and Greub 2014 – professors at the University of Lausanne

(Vincent, professor at the Institute of the History of Medicine and Public Health at the University of Lausanne, Gilbert, professor at the Institute of Microbiology at the University of Lausanne. History of biological warfare and bioterrorism. Clinical Microbiology and Infection, Volume 20, Issue 6, Pages 497-502. June 2014. https://www.sciencedirect.com/science/article/pii/S1198743X14641744#!)

Among the main concerns during the contemporary period is **undoubtedly** the possibility of the use of biological weapons in the context of **bioterrorism** in a strict sense, i.e. the use of biological weapons by non-state-sponsored individuals or groups. From the 1980s on, one striking example is offered by the Rajneesh cult, a religious group who, in 1984, intentionally contaminated salad bars with Salmonella typhimurium in various restaurants in Dalles, Oregon. This attack, which resulted in 751 cases, 45 of whom had to be hospitalized, seems to be one of the very few confirmed instances of biological terrorism after World War II, with a few exceptions such as the 'anthrax letters case' [19]. Another religious cult, known as Aum Shinrikyo, **besides launching its famous attack with sarin gas in the Tokyo metro in March 1995**, **was also developing**, during the same period, **a programme on rudimentary biological weapons containing Clostridium botulinum and B. anthracis**, but with no proof of effectiveness.

The case of the **'anthrax letters'** in the aftermath of the World Trade Center attack of 9 September 2001 in New York represents one of the latest examples of bioterrorism, **with a huge impact at a psychological and political level as compared with the small number of effective infections**. Several letters were sent during the autumn to government officials or journalists. Overall, 22 people were infected with anthrax, and five of them died from anthrax or complications resulting from it. The particular strain used was traced to the US army's laboratory at Fort Detrick, **but the perpetrators of the attacks remain unknown**. This example shows that **BW remains a threat in the public sphere that has to be taken seriously** and responded to without overreaction at the both individual and political levels. It also shows the importance of **an adequate level of preparedness of clinical microbiologists to identify agents of BW** [23].

Updates (Public Health DA)

2NC/1NR Public Health DA (Internal Link)

Militarized rhetoric is enough to cause our impacts.

Diaz and Mountz 2020 - PhD Candidate in the Department of Geography and Environmental Management at the University of Waterloo and Canada Research Chair at the Balsillie School of International Affairs

(Ileana I., PhD Candidate in the Department of Geography and Environmental Management at the University of Waterloo, Alison, Canada Research Chair at the Balsillie School of International Affairs. Intensifying Fissures: Geopolitics, Nationalism, Militarism, and the US Response to the Novel Coronavirus. Geopolitics, 25:5, 1037-1044. 2020. https://www.tandfonline.com/doi/pdf/10.1080/14650045.2020.1789804?needAccess=true)

Following this, President Trump referred to the virus as an "invisible enemy." This rhetoric fuelled and was supported by individual Americans and militia groups adopting defensive tactics to respond to the pandemic en masse (Balingit 2020; Linker 2020). In other words, as individuals and national collectives and institutions continued to act defensively and with suspicion of others, **the novel coronavirus response demonstrated particular ways that everyday life was mili- tarized in the United States**. While most countries around the world closed their borders, **not all countries narrated these decisions with militarized language**.

News coverage also militarized the response to the coronavirus pandemic, **often framing it as a "battle" or "war."** It is not uncommon for those diagnosed with various illnesses to be described as "at war" with it. Yet, approaches to the coronavirus in the United States have moved beyond rhetorical devices, reflecting a political system seeking to weaponize the response to the crisis. In late March, weeks after most Canadian provinces were already under some form of government-mandated isolation, President Trump began publicly discussing the possibility of placing troops along the border with Canada, **historically considered one of the longest unmilitarized borders in the world** (Stephenson, Armstrong, and Connolly 2020). Presented as simply one other public health measure, it was not made clear why a military presence at borders would do more to stop the spread of the virus than social distancing measures, which were not coordinated or evenly enforced across the country. In reality, the irony of this announcement was that the virus was empirically proven to be spreading north across that border, **from its epicentre in US cities to Canada**, largely with Canadian citizens returning from the US.

Militarism as a public health strategy increases state-sanctioned violence and control of citizens at the cost of rights; governmental responses to COVID in South Asia prove.

Joseph and Nangeli 2020 – PhD candidate in Public Health at the City University of New York and a resident physician in New York City

(Sonia, PhD candidate in Public Health at the City University of New York, Nangeli, political organizer with Take Back the Bronx and a resident physician in New York City. Militarism is a Destructive Public Health Response to the Pandemic. Jamhoor. May 12, 2020. https://www.jamhoor.org/read/2020/5/14/militarism-is-a-destructive-public-health-response-to-the-pandemic)

Militarism prompts communities to **hide their symptoms**, **discourages them from seeking health care**, **weaponizes illness status**, and **emboldens stigma and hate campaigns**. Violence and bigotry profoundly hinder strategies of contact tracing and health screenings. Many regions further endanger health by de-prioritizing testing and punishing those health experts, and the public at large, who are critical of government action. In Bangladesh, since mid-March, dozens of people — including doctors, activists and students — **have been arrested for criticizing the Bangladesh government's coronavirus response**. Such draconian government actions hinder pandemic efforts.

In regions across South Asia, **governments are under-testing and under-reporting confirmed cases**, and neglecting procurement and administration of tests overall. Instead, the focus has been on controlling population movements **without adequate support, communication, or planning**. A pandemic urgently demands a **public health approach** that **supports community health workers, utilizes a multi-pronged prevention strategy, and expands health care capacity**. Instead, **the militarized response has used the police for enforcement**. But the police cannot be and are never community health workers.

Multiple reports have documented increased police violence, including state murders committed with impunity, in the name of "public health". In multiple instances, **the police have beaten people to death for breaking quarantine**. **They have harassed community health workers and health care providers**, and their menace has targeted vulnerable communities.

Increasing state power in the name of public health allows governments to justify human rights abuses, such as the Chinese government's increasing repression of Uyghurs.

Kashgarian 22—VOA Reporter on Uyghur News

(Asim, reporter on Uyghur news for Voice of America, a non-partisan international news broadcast funded by the US Congress. Experts: COVID Lockdowns Likely to Exacerbate Chinese Repression in Xinjiang, Tibet. Voice of America. August 19, 2022. https://www.voanews.com/a/experts-covid-lockdowns-likely-to-exacerbate-chinese-repression-in-xinjiang-tibet-/6709495.html)

WASHINGTON — Fresh outbreaks of COVID-19 in Xinjiang and Tibet this month have turned China's two western frontier regions into lockdown zones. According to Chinese media, authorities divided the COVID-affected areas of the autonomous regions into high-, medium- and low-risk zones. Xinjiang reported its first COVID-19 outbreak July 31. One week later, on Aug. 6, Tibet announced some people had been infected. As of Thursday in Xinjiang, there were 329 high-risk, 138 medium-risk and 24 low-risk areas. On the same day, Chinese authorities in Tibet announced that there were 346 high-risk and 223 medium-risk areas. According to the Chinese government-affiliated newspaper Global Times, local authorities in Xinjiang and Tibet implemented "static management" in high- and medium-risk areas. Static management refers to implementing lockdowns in designated risk areas, therefore restricting people's travel outside their homes. According to a Global Times' report last week, subvariants of the omicron strain from outside China caused COVID-19 infections in both Xinjiang and Tibet. However, Radio Free Asia reported last week that new infections in both Xinjiang and Tibet were brought by domestic Chinese tourists visiting the regions. According to Bhuchung Tsering, interim president of the International Campaign for Tibet, even before this recent outbreak of COVID-19, foreign tourists have not been allowed to visit the region. "Tibet has been largely closed to foreign tourists for several years," he told VOA. "Even though it appears that the COVID outbreak in Lhasa, Shigatse and other towns came about through the presence of travelers to the region, the Tibetan residents have had to bear with the inadequacies of the health care system." A Uyghur resident in Xinjiang who requested anonymity out of fear of reprisal from the Chinese government told VOA that under the terms of static management, all the people in their apartment building were transferred to an unknown location. "We were told to go to a quarantine location because they said that a Chinese person who was traced to an infected person earlier came into our building," the Uyghur said. "The next morning, we found out **that the quarantine location we were brought to is actually an internment facility** for reeducation." China has been accused of subjecting more than 1 million Uyghurs and other Turkic Muslim ethnic groups in Xinjiang to mass internment, torture, forced labor and forced sterilization. Amnesty International and other rights groups called on China to "release all of [the] people arbitrarily detained in camps and prisons, and for the closure of the internment camps" in Xinjiang. Beijing first denied the existence of internment camps. Later, it said that those facilities are "vocational education and training centers" to help people affected by "religious extremism, terrorism and separatism" and that all the "students" graduated in late 2019. China also expanded similar "vocational" programs in Tibet in 2020. Half a million Tibetans were trained and "several thousand" were sent to other parts of China from their traditional livelihoods to work in manufacturing. According to Peter Irwin, a senior program officer at the Washington-based Uyghur Human Rights Project, Uyghurs have been facing some of the **"most intrusive state-imposed surveillance"** in the world today. "**COVID lockdown measures give Chinese authorities even more of an excuse to either lock Uyghurs up and heighten surveillance** that they are already well-accustomed to," Irwin told VOA. According to the Chinese government newspaper Xinjiang Daily, on Thursday, Chinese Communist Party Secretary of Xinjiang Ma Xingrui told officials throughout the region that they must thoroughly implement the "spirit of General Secretary Xi Jinping's important speech on epidemic prevention and control." "Adhere to the goal of zero-COVID policy. Do not relax; do not waver. Strengthen and improve response measures, concentrate superior forces to overcome difficulties, and resolutely win the battle of epidemic prevention and control," Ma said. According to another Xinjiang resident who requested not to be named because of fear of retaliation by the Chinese government, the government officials sealed his home's door to prevent him from going out. "They open the seal to conduct daily COVID tests or when they bring daily necessities," he told VOA. For the Uyghurs, Tibetans and other ethnic groups, this new measure of control adds to the stress that they already face, said Adrian Zenz, director and senior fellow of China studies at the Victims of Communism Memorial Foundation in Washington. "Given that the Han [Chinese] tend to view these groups as 'dirty' and 'uncivilized,' they will likely face harsher treatment and stricter containment measures during a COVID outbreak," Zenz told VOA.