

Collective Action

PHIL 334: Pandemic Ethics

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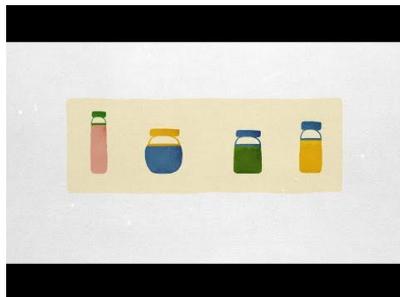
What Is COVAX?

It aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee **fair and equitable access** for every country in the world.

Proportionality Principle:

Every country gets vaccines for 20% of its population.

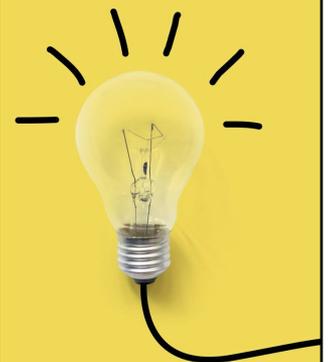
Is this a fair and equitable way of distributing vaccines?



Fair Priority Model - Lisa Herzog et al.

Three values of particular relevance:

1. Benefiting people and limiting harm,
2. Prioritizing the disadvantaged, and
3. Equal moral concern.



Fair Priority Model

DISTRIBUTION PHASE	PRIMARY AIM	METRIC TO DISTRIBUTE VACCINE DOSES	HOW THE METRIC FULFILLS VALUES	PRIORITIZATION
Reducing premature deaths	Reducing foreseeable premature deaths directly or indirectly caused by COVID-19.	Standard expected years of life lost (SEYLL) averted by administering vaccine.	Prevents substantial harms and gives priority to the worst-off by giving weight to premature deaths. Recognizes equal moral concern by valuing a life saved at a given age identically across countries.	Priority to countries that would reduce more SEYLL per dose of vaccine.
Reducing serious economic and social deprivations	Reducing serious economic, social, and fatal and nonfatal health harms caused by COVID-19.	SEYLL averted. Reduction in absolute poverty measured by poverty gap. Declines in gross national income (GNI) averted by administering vaccine.	Prevents harm by recognizing a wide range of economic, social, and health deficits. Gives priority to the worst-off by prioritizing people in poverty.	Priority to countries that would reduce more poverty, avert more loss of GNI, and avert more SEYLL per dose of vaccine.
Returning to full functioning	Ending community spread of COVID-19.	Ranking of different countries' transmission rates.	Prevents harm and gives priority to the worst-off by prioritizing countries with higher transmission rates.	Priority to countries with higher transmission rates.

Requires Global Cooperation

Collective Action and COVID-19

Collective Action and COVID-19

Stephanie Collins asks if you are **complicit** in coronavirus deaths if you don't obey lockdown orders, social distance, wear a mask, etc.

The Boulder Analogy





Collective Action and COVID-19



Stephanie Collins' Boulder Analogy

“Suppose that there’s a crowd at the bottom of a cliff. You, and thousands of others are at the top, next to an unfortunately placed boulder. If enough of you push the boulder the people at the bottom will die. You push the boulder. The people at the bottom die. Have you done wrong?”

You push the boulder.
The people below die.
Have you done
wrong?



Collective Action and COVID-19



Why Is It Wrong to Push the Boulder?

1. Is it because it is wrong to be **part of a group** that does wrong?
2. Is it wrong because **you helped** to cause the deaths?
3. Is it wrong because you **might** have been the **tipping point**?
4. Is it wrong because you were **“complicit”** in the deaths?

How is pushing
the boulder like
flouting
lockdown?

Why is it wrong to sit
and watch?

You're not participating...
You didn't start the boulder
moving...

Collective Action and COVID-19



Stephanie Collins' Boulder Analogy, Part 2.



“Suppose a boulder is already rolling towards the cliff edge, with the same crowd at the bottom. You sit on the sidelines drinking a martini, while others attempt to stop the boulder. You can't be sure if there are enough people there to stop the boulder, yet you just sit and watch.”

Collective Action and COVID-19



One Possible Diagnosis: The Free Rider Problem

“You're a **free-rider**: a scab, a sponge, someone who takes advantage of other people's willingness to help.”



The Problem with Being a Free Rider

The problem with the free rider, is that their actions aren't "universalizable" - i.e. everyone can't behave the same way.

One person can act like a free rider without much changing the path of the boulder.

But if everyone acts like a free rider when the healthcare system is at risk, then serious damage could happen to the healthcare system (and then we all stand to lose!)

What Can Be Done?

Ethical Collectivism

Stephanie Collins argues that we need to adopt a "collective approach" to the threat that the pandemic poses to the healthcare system.

We need to look at the overall outcome caused by the group of actors that we are part of, and we need to be "collectively rational" (doing what is best for the group), not "individually rational" (doing what is best for me!)

What Can Be Done?

		P_2	
		<i>High</i>	<i>Low</i>
P_1	<i>High</i>	2, 2	0, 0
	<i>Low</i>	0, 0	1, 1

Ethical Collectivism



Collective Action Problems

Ethical Collectivism



Four Characteristics that Make Cooperation Hard:

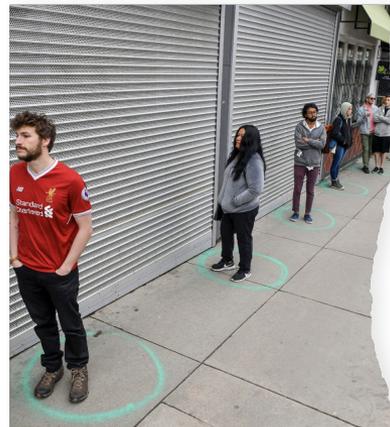
1. The Number of Actors
2. The Spatial Distance
3. The Temporal Distance
4. Complexity

Collective Action Problems

Ethical Collectivism

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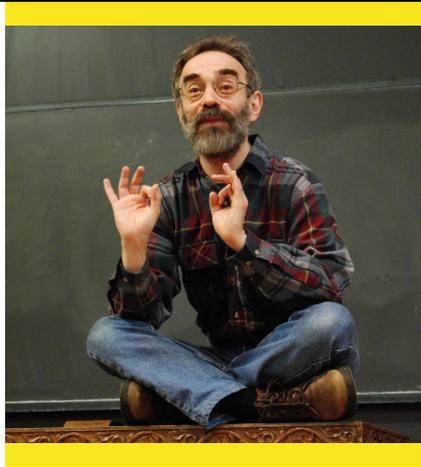
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“Do I Make a Difference?”

Shelly Kagan

American Philosopher



Consequentialism & Collective Action Problems

Do **Collective Action Problems** pose a worry for Consequentialism?

Your action doesn't have bad consequences, but if everyone does it, there are bad consequences.

Kagan argues that, despite appearances, there is no problem for Consequentialism here.

Consequentialism & Collective Action Problems

Do **Collective Action Problems** pose a worry for Consequentialism?

Your action doesn't have bad consequences, but if everyone does it, there are bad consequences.

Other Views:

1. Kantianism (Universalizability Test)
2. Rule Consequentialism
3. Group Duties
4. Creative "bookkeeping"

Consequentialism & Collective Action Problems

Kagan argues that there really are *two* different types of **Collective Action Problems**:

1. Imperceptible Harms
2. Triggering Cases

The **Torture Case** is an example of (1).

The **Chicken Case** is an example of (2).

What does Kagan think about these?

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