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The Two Wrong Reasoning and the Covid Pandemic

‘If it were not possible to communicate general standards of conduct, which multitudes of individuals could understand, without further direction, as requiring from them certain conduct when the occasion arose, nothing that we now recognize as law could exist’

--H.L.A. Hart, *The Concept of Law*, 121.

Abstract: The crisis brought on by the COVID-19 pandemic led to a number of imposed measures that in other circumstances would be judged wrong or unreasonable. What allegedly warranted them was the urgency of the risks posed by COVID-19 and the belief that there were no alternative measures available. In this paper, we examine this kind of reasoning at different stages of the pandemic. We do so by developing a specific version of the argumentation scheme ‘Two Wrongs Reasoning’ which we apply to COVID-19 arguments. We conclude that the situations that were addressed were not as straightforward as many authorities and critics suggested – and that their reasoning about them often failed to recognize the complexity of two wrongs arguing; the nuanced balancing of wrongs that it requires; and the requirement that one seriously consider possible alternatives to any exceptional measures an argument proposes.

Keywords: Argumentation schemes, COVID-19, Two Wrongs Reasoning

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1. Introduction

It is difficult to know where to begin when one tries to understand the COVID-19 pandemic from the point of view of logic. Everywhere one looks, it is characterized by conclusions fueled by fear and accusations of fear mongering; political gamesmanship; questionable modeling; exaggerations that lead in opposite directions; and controversial legal and political decisions.

In his recent book on rationality, cognitive psychologist Steven Pinker¹ has criticized both “experts” (11) and the media (125) for falling prey to cognitive biases that have interfered with their ability to process and then communicate accurate information about the pandemic. We recognize that we are all susceptible to such biases, experts and journalists included, and that responses to the crisis have been hampered by them. But we will approach the “logic” of COVID from a different perspective which is grounded in argumentation schemes – forms of argument which have emerged as a prominent way to consider arguments from the point of view of informal logic.² In the process, we hope to demonstrate some of the flaws in pervasive COVID reasoning, and point out how they could, in principle, be remedied.

Argumentation schemes are common patterns of plausible reasoning. Usually, the definition of a scheme consists of a series of sentential forms with variables that are replaced in actual arguments in a way that matches the specifics of a case. Scheme theorists like Douglas Walton strive to achieve an objective standard of evaluation by identifying a set of critical questions associated with each scheme. These questions isolate features of a scheme that play an important role in real life reasoning (in this way, they are “bottom-up” descriptions of how reasoning works rather than “top-down” prescriptions of how it ought to work).

The “critical questions” associated with schemes highlight the logical and rhetorical dimension of scheme theory. As Robert Pinto³ has insisted, the normative force of an argument that is an instance of a scheme is not to be found in the scheme itself, but in contextual considerations that bear on rhetorical factors specific to a situation: “considerations that would justify the use of *this* sort of evidence in *this* sort of context to settle *this* sort of question”⁴. We agree on the importance of the contextual features, but we will address them through discussions of the premises of a scheme rather than any specific questions attached to it.

Argumentation schemes establish “defeasible” conclusions. That means that the conclusion reached in a particular case may need to be revisited in the light of new information. Openness to revision is, an especially important logical value to keep in mind when addressing an issue like the recent pandemic. As the crisis began to emerge, knowledge about the virus and the ways to mitigate its effects was developing faster than experts could often process it. This meant that a conclusion made one week might need to be revised shortly afterward in light of new information. This quickly changing situation impacted the thinking of policy makers and commentators, who often failed to make reasonable risk assessments, as our analyses will show.

We think that the scheme approach to argumentation is a useful way to consider the reasoning we address, for schemes are especially helpful when we consider the reasoning patterns associated with specific kinds of social and political situations. Other schemes relevant to the COVID situation include “Argument to Negative Consequences” – as its title suggests, it points out the undesirable effects of a proposed course of action; and

1 Pinker 2021.

2 Groarke and Tindale 2013; Walton, Reed and Macagno 2008.

3 Pinto 2001

4 Pinto 2001: 111.

“Appeal to Fear” – which appeals to the emotions of a particular audience. It is context which determines when such reasoning is reasonable and when not.

Adopting the argumentation scheme approach, we propose to try and understand – and to some extent evaluate – the logic of thinking about the masking policies, lockdowns, and vaccination requirements proposed or implemented as a response to COVID harms and risks. In doing so, we will focus on an argumentation scheme called “Two Wrongs Reasoning.” Instances of the scheme can be applied to difficult moral situations in which competing moral and political imperatives dictate that we should (or should not) perform an action or implement a policy which would in normal circumstances be considered wrong.

2. Two Wrongs Reasoning

Two Wrongs Reasoning is, we suggest, the most plausible way to try to justify the many rules and restrictions on freedoms which governments have imposed in their attempts to combat the COVID 19 pandemic. To clarify such justifications, we will outline what is required for successful two wrongs reasoning and propose a particular version of the two wrongs scheme (the “COVID-19 Two Wrongs Scheme”) which is tailored to this context.

Though our aim is not a definitive assessment of particular arguments that were used by governments or commentators during the COVID-19 pandemic, we will suggest that many of the arguments which were used fall far short of what is required to satisfy the requirements for good two wrongs arguing. Considered from this point of view, the most remarkable feature of COVID reasoning is the simple-minded way in which it addressed the COVID issue, failing to take into proper account the nuances and complexities of convincing two wrongs reasoning.

Understanding $W1$ and $W2$ as variables that refer to wrongs of some sort (some action, policy or event), the standard form of a “two wrongs” argument can be summarized in the following way in Groarke, Tindale, and Carozza⁵.

- Premise 1:** $W1$ is a response to another wrong, $W2$,
which it is designed to prevent.
- Premise 2:** $W1$ is less wrong than $W2$.
- Premise 3:** There is no morally preferable way to respond to $W2$.
- Conclusion:** $W1$ is justified.

The core idea behind two wrongs reasoning is the notion that actions we would normally judge wrong are permissible in special circumstances in which they respond to, cancel, or in some way mitigate another, greater wrong. Approached on a case-by-case basis, the reasonableness of an instance of the two wrongs

5 This refers to the forthcoming 6th edition of *Good Reasoning Matters!*. Earlier editions provide similar accounts of Two Wrongs Reasoning (Groarke and Tindale 2013: 291-99).

scheme usually turns on the acceptability of its **Premise 2** and **Premise 3**. In the case of **2**, we need to be able to weigh the relative wrongness of two actions and see the one proposed as clearly preferable. In the case of **3**, we need to consider and rule out alternative ways of responding to whatever situation is in question.

One finds an illustrative example of the two wrongs scheme in Aquinas' reasoning when he develops his famous doctrines of "double effect" and "proportionality" in the *Summa Theologica*⁶. These doctrines suggest that it may be permissible to do something that is wrong if (i) this is done because one's aim is the prevention of some wrong and (ii) the wrong which is committed is not out of proportion (and unduly wrong) when it is compared to the wrong which is prevented. Aquinas' reasoning influenced the development of just war theory (*jus belli justii*) in which major conflicts are justified on similar terms⁷.

In the case of self-defense, Aquinas illustrates the two wrongs scheme when he argues that it is permissible so long as (i) one's intention is not to kill one's assailant, but to defend oneself, and (ii) one does not use disproportional force. In the latter case, this means that self-defense is not justified "if a man ... uses more than necessary violence... whereas, if he repels force with moderation, his defense will be lawful".

We can see that Aquinas' argument fits the two wrongs reasoning scheme by letting $W1$ = the violent act of self-defense, letting $W2$ = the assailant's attempt to commit murder, and by elaborating this instance of the scheme as follows.

- Premise 1:** The violent act of self-defense ($W1$) is an attempt to prevent the assailant's attempt to commit murder ($W2$).
- Premise 2:** The violent act of self-defense ($W1$) is less wrong than the assailant's attempt to commit murder ($W2$).
- Premise 3:** There is no morally preferable way to respond to the assailant's attempt to commit murder ($W2$).
- Conclusion:** The violent act of self-defense ($W1$) is justified.

Another illustrative case of two wrongs reasoning is found in the first book of the *Republic*, where Socrates argues that it is permissible to tell a lie if that is what one needs to do to stop a friend who is deranged from doing something wrong. If we let $W1$ = the lie, $W2$ = A friend's doing something wrong, then we can insert this argument into the two wrongs scheme as follows.

- Premise 1:** The lie ($W1$) is a response to a friend's plan to do something wrong ($W2$), which it is designed to prevent.
- Premise 2:** The lie ($W1$) is less wrong than the friend doing something wrong ($W2$).
- Premise 3:** There is no morally preferable way to respond to the situation ($W2$).

6 Aquinas 2-2, Qu. 64, Art. 7.

7 See Reichberg 2017.

Conclusion: The lie (*W1*) is justified.

In Plato's account of this argument, Premises 2 and 3 are implicitly assumed. Premise 2 is a version of Aquinas' principle of proportionality which asserts that the lie is less wrong than whatever it is the friend intends to do. Premise 3 asserts that there is no better way to deal with the situation – a plausible claim in this case because the obvious alternative – convincing the friend that they should not do what they intend to do – is unlikely to work when they are deranged.

3. A COVID-19 Two Wrongs Scheme

Like other difficult political situations, the COVID-19 pandemic was characterized by many attempts to justify a response to a difficult situation which would ordinarily be dismissed as wrong (in some cases, exceedingly so). In such circumstances, proponents used variants of two wrongs reasoning, arguing that masking, lockdowns and required vaccination policies which would normally be questionable were justified, for they were a necessary (or the only) way to prevent or alleviate the harms associated with the crisis.

Though this paper is not an attempt to provide a definitive assessment of particular arguments that were used by governments or commentators during the COVID-19 pandemic, we will suggest that many of the arguments which were used fail to satisfy the requirements for a good two wrongs argument implicit in the standard definition of the scheme. Considered from this point of view, the most remarkable feature of the response to COVID and the reasoning it elicited is the simple-minded way in which it often failed to grapple with the nuances and complexities of convincing two wrongs reasoning.

A trivial but telling example is the following dilemma reported by a life guard working on a beach in Germany when Germans were required to maintain 1.5 meter social distancing during the pandemic. "We are in a moral dilemma here," Andonovic-Wagner [a life guard] says. "We have to keep our distance so as not to endanger ourselves and others, but with a distance of 1.50 meters it is difficult to save someone from drowning"⁸.

We call this a "trivial" example because it should be obvious that the situation the life guard mentions is one which permits a two wrongs justification of an attempt to prevent someone from drowning. In the two wrongs scheme, this is a situation in which *W1* = breaking the German social distancing rules during COVID, and *W2* = someone drowning. It should not need to be said that *W1* is a minor wrong when compared with *W2*, the possibility that someone might drown. In view of this, the life guard's quandary raises psychological rather than logical issues, raising the question how or why would anyone think otherwise?

The types of assumptions that fueled a widespread failure to understand the kinds of two wrong reasoning the COVID pandemic called for. It was evident in a remark made by a well-known speaker during a national symposium for Canadian educational institutions at the start of the crisis. At the beginning of closures and lockdowns across the country, he echoed very common sentiments when he suggested that institutions should not resume in person operations until the COVID pandemic was over and “the risk posed by it is zero”.

This is a peculiar remark. In part because the idea that we should pursue “zero” risk of harm in the conduct of our lives is inherently peculiar. Living a normal life comes with a risk of harm, no matter what we do. One cannot drive an automobile, walk down the street, visit a bar, have an operation in a hospital, or buy food in a grocery store without incurring *some* risk of harm. In most circumstances, the risk is small, and not likely to be realized, but it is possible that one may be hurt in a car accident, get injured in a confrontation in a bar, catch an infection in a hospital bed, or buy food that is comminuted in some accidental way.

Pandemics are epidemics of contagious infectious disease that spread quickly and easily from country to country and, in cases like COVID, around the world. In such a situation, it is impossible to achieve zero risk of harm. This does not, by itself, imply a moral, social or political crisis. The same can be said of the annual flu, winter driving conditions, the rising cost of housing and so on. Everything comes with inherent risks. That means that a reasonable person does not aim for zero risk but for risks that are small enough to be reasonably acceptable.

A problem with the zero risk suggestion is its exclusive focus on the risk of harm that COVID poses. This is an important risk that governments have a duty to mitigate, but not in a way that ignores other risks associated with the standard restrictions – closures, lockdowns, masking policies, etc. – used to combat COVID. In such a situation, it is not enough to try and minimize the harm caused by COVID. In deciding what should be done, reasonable leaders must carefully compare the seriousness of COVID-19 harms to the seriousness of any harms associated with the consequences of restrictions which aim to limit these harms.

We can sum this up by saying that a reasonable assessment of responses to COVID requires judicious two wrongs reasoning. A two wrong scheme tailored to apply to COVID-19 can be defined as follows.

- Premise 1:** A proposed COVID restriction (*W1*) is a response to the harms posed by COVID-19 (*W2*), which aims to prevent or alleviate them.
- Premise 2:** The proposed measure (*W1*) is less harmful than these harms (*W2*).
- Premise 3:** There is no morally preferable way to respond to COVID-19 harms (*W2*).
- Conclusion:** The restriction (*W1*) is justified.

Above all else, this shows that restrictions adopted in an attempt to limit COVID cannot be justified (as they often were) by merely pointing out that COVID

poses risks. And the rejection of such measures cannot be justified (as it often was) by pointing out that the restriction in question are associated with other harms. What was needed – and very frequently missing from public debate – was a nuanced assessment and comparison of the opposing risks.

We will end our general overview of COVID reasoning with one example that illustrates the muddled nature of public discourse during the pandemic in Canada. In Ontario, the leader of the provincial opposition noted the human rights issues raised by the restrictions associated with mandatory vaccine policies – restrictions which required that employees vaccinate or lose their jobs if they refused to do so. In her response to such restrictions, she declared that vaccine requirements must take a back seat to the constitutional rights (in particular, the right of workers to employment regardless of their vaccine status).

On the next day, the leader of the opposition reversed her stance, declaring that “I made a mistake suggesting a mandatory vaccine policy during a global pandemic should take a back seat to charter rights. I regret the comment. I was wrong”⁹. This would have been an impressive change of view if it was founded on a careful, nuanced analysis of the harms associated with COVID – one that led to the conclusion that this was a special case in which the harms of COVID were so serious that they justified a violation of constitutional rights.

One searches in vain for a careful weighing of the risks of COVID and the harms associated with restrictions that appear to violate human rights. In a context characterized by widespread fear and the political pressures it gave rise to, it was, like so many other judgments during COVID, a bowing to political pressure rather than careful two wrongs reasoning.

4. The Harms of COVID

The harms that accompany COVID are in some ways straightforward, in some ways not. At the beginning of the pandemic it was quickly clear that the COVID virus spread easily (with many variants), and had dire consequences for many of the infected. In the circumstances, preventing or slowing or diminishing the spread of COVID was an important public health goal.

At the same time, the harms of COVID, as serious as they were, were often exaggerated. Popular discussion often compared the COVID-19 pandemic to the “Spanish” (more accurately described as an “American”) flu and the bubonic plague.

These are problematic comparisons¹⁰. The Spanish flu caused 50 million deaths in comparison to 5 million in the case of COVID (as of November 2021). The “Black Death” was caused by bacteria, not a virus, and is thought to have killed 30-50% of the European population. As of November 2021, the highest COVID

9 McKenzie-Sutter 2021.

10 In terms of schemes theory, they amount to a failure to meet the conditions of a good ‘Argument from Analogy’.

in which the obligation to help is strong. From the point of view of logic, this is another way in which we might attempt to mitigate the apparent “wrongness” that occurs when we compel people to act contrary to their inclinations. With this in mind, the application of this scheme to the COVID situation merits further study.

Here it will suffice to say that an understanding of quality of reasoning in the face of this crisis has only begun. But the importance of conducting such argumentative post-mortems should be clear. We have the tools to conduct them, and with that comes an obligation to do so.

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death rate in Europe is in Bulgaria, in which one half of one percent of the population has died of the disease (see Stewart 2021). In the case of the Spanish flu and the Black Death, COVID comparisons are insidious, promoting panic and exaggerations that encouraged extreme responses to COVID.

In the case of COVID, it is important to distinguish the very different risks it poses for different segments of the population. Early in the pandemic it became clear that two populations were much more at risk than others: the elderly and individuals with co-morbidities (other major health issues). Later in the pandemic, it was clear that unvaccinated individuals were at much greater risk of COVID harms than others (the unvaccinated being 11 times more likely to die from COVID).

In debates about COVID measures, these differences imply that the measures warranted by a two wrongs justification vary for different populations. In the case of the elderly, the risks were very prominent early in the pandemic, making Long Term Care (LTC) homes especially vulnerable to serious outbreaks. In Canada, over 80% of first wave deaths occurred in LTCs. In a situation in which vaccines were not yet available and there were no other ways to prevent the crisis in such homes, lockdowns were justified by the following argument.

- Premise 1:** Lockdowns in LTC homes (*W1*) were a response to the very serious risks and harms that COVID-19 posed for them (*W2*), which aimed to prevent or alleviate the latter.
- Premise 2:** Lockdowns (*W1*) were less harmful than these serious harms (*W2*).
- Premise 3:** There was (at this time) no morally preferable way to respond to COVID-19 harms (*W2*).
- Conclusion:** The lockdowns (*W1*) were justified.

This is a strong COVID two wrongs argument, but it is important to recognize that it justified lockdowns in a specific situation. In other situations, similar measures were much more difficult to justify because serious COVID consequences were much less likely. In the case of young school children, for example, the risks of COVID (and especially the risk of serious effects due to it) were very small, making it here difficult to justify school lockdowns, raising questions about the extent to which **Premise 2** of the COVID two wrongs scheme could be justified in this case.

5. The Rights and Wrongs of COVID Measures

Good two wrongs reasoning requires a comparison of the harms that COVID threatens and the potential wrongs associated with measures taken to minimize the effects of COVID. Three notable harms stand out in this regard: health concerns, economic concerns, and the harms posed by violating well enshrined human rights.

A great deal of the debate and controversy that has surrounded COVID policies has focused on the last of these three harms. They are significant given that many of the measures taken to limit COVID have interrupted and closed down businesses,

limited the operation of educational institutions, prohibited travel and activity, and enforced masking and vaccination policies. There is a relatively straightforward way in which such policies restrict, inhibit, or violate many widely accepted human rights – freedom of movement, the right to privacy, the right to assemble, the right to work, a right to education, freedom of conscience, the right to refuse or consent to medical procedures, and the right to control one’s own body.

This does not mean that COVID measures that impinge on these rights can never be justified. But it does mean that they must be justified by arguments that demonstrate that the issues raised by COVID are so serious that they warrant strong measures that would in ordinary circumstances not be permissible. This is implicit in our very understanding of human rights, which are classed as *rights* because they are obligations and entitlements that override other concerns. It will not do to simply say, as it often was said, that rights don’t matter given the public health risks posed by COVID.

It is not difficult to think of COVID two wrongs arguments that are and are not cogent in these circumstances. One of the public health measures implemented during COVID was masking policies that required the wearing of masks in stores, schools, buses, and other public spaces. Experts initially disagreed on the value of masks, but empirical studies soon underlined the public-health benefits they provided. In this case, one might justify a masking policy as follows.

- Premise 1:** Policies forcing people to wear masks in public spaces (*W1*) are a response to the spread of COVID-19 (*W2*), which aims to limit its spread.
- Premise 2:** Policies forcing people to wear masks (*W1*) are a less significant wrong than the spread of COVID (*W2*).
- Premise 3:** There was no morally preferable way to respond to the spread of COVID (*W2*).
- Conclusion:** Public masking policies (*W1*) are justified.

Public masking requirements do violate one’s freedom of movement and are not, some have argued, in keeping with freedom of expression, because they hinder communication. But the limits public masking places on individuals are minor – allowing one to still move, communicate, teach, learn, work, etc. This makes whatever infringement this is on human rights a minor one which seems outweighed by the need to curtail the health risks posed by COVID, and the recognized effectiveness of masking measures in attempts to prevent its spread.

In other circumstances COVID measures were difficult to justify. Vaccine mandates which required people to be vaccinated violated privacy rights and the right to control over one’s body. In some circumstances – in the case of front line medical providers – one might argue that the possibility that they would carry the virus to the people in their care was such a significant risk that it merited such a response.

But in other cases vaccinations were required of individuals who had no significant contact with others (for example, students studying online at home), who posed no significant risk to others. It is difficult to see how the small public health

benefits this might provide can justify a decision to infringe on someone's right to education or to work and earn a living in these circumstances. Certainly these kinds of policies cannot be justified as punitive measures taken to punish those who did not accept the received view of vaccinations.

From the point of view of logic, the infringements on human rights COVID measures often required raise some significant issues. One is the need to weigh the seriousness of such infringements and the extent to which they are comparable to – and more or less serious than – the public health benefits that may result from this infringement. In many situations, this is an awkward comparison, for there is no simple cost benefit analysis that can be used to 'add up' the value of a right in the way we can add up the human costs and benefits of a particular course of action (because rights are, from the point of view of ethics, a deontological notion, but human costs and benefits are inherently teleological).

One way to manage this challenge is by establishing a threshold of acceptable risk and not allowing infringements of rights that aim to reduce risk below this threshold. Consider, to take an example, the argument that vaccine mandates were justified as a way to protect members of the public who were already vaccinated. It is true that unvaccinated individuals do pose a small risk to the vaccinated. That risk is not zero, but it is small, for vaccinations have proven to be an effective way to protect oneself against COVID. In the attempt to decide whether this risk is significant enough to warrant vaccine mandates, we can compare it with other everyday risks we judge acceptable – using them to establish what level of risk is acceptable.

In Canada, Hopper has discussed these issues, comparing other risks to the risks that those who refuse to be vaccinated pose for the vaccinated. He concludes that the public is more at risk of dying of the flu or pneumonia than COVID at the post-vaccination stage of the pandemic. In the case of automobile accidents, he notes that:

In 2018 — one of the last normal years before the onset of pandemic lockdowns — 1,922 Canadians were killed in automobile collisions. Every day, this means that the average Canadian has a roughly 1 in 7 million chance of ending up as a traffic fatality before the day's end. By contrast, every day the average fully vaccinated Canadian adult has a one in 16.6 million chance of becoming a COVID-19 fatality¹¹.

As the risks posed by COVID decrease in this way, it becomes increasingly difficult to justify the infringements on individual rights incurred with strong public health measures like vaccine mandates and lockdowns. In such cases, **Premise 2** in the COVID two wrongs scheme is more difficult to justify and **Premise 3** is much more problematic because there are other ways to achieve many of the sought-after health benefits and avoid unacceptable risk without infringing on human rights (in the case of vaccines, for example, by instituting testing regimes that prevent the spread of COVID).

11 Hopper 2021.

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A detailed analysis of this and other cost benefit studies lies beyond the scope of the present paper. Our point is a modest – but often ignored – one: that such calculations need to be taken seriously in the process of assessing COVID measures (and **Premise 2** and **Premise 3** in our COVID scheme). Without a careful appraisal of all the relevant costs and benefits of any measure considered, two wrongs reasoning that tries to support it is at best incomplete and at worse unreasonable.

7. Conclusion

We write after the full force of the pandemic has passed but a new variant (“omicon”) emerges. At this point in the pandemic we have benefited from hindsight. We know what has happened and many of the debates that influenced it. We have a better understanding of the science of COVID than we did at the beginning of the pandemic – both of the virus itself, and of the vaccines and policies that addressed it.

During the pandemic, many “expert” communicators did not have the benefits of this knowledge. They spoke under a veil of ignorance and yet the pressures of their positions required them to speak. In view of this some instances of two wrongs reasoning that now seem weak may have been reasonable in light of what was known and the fears that prevailed. At that time, their versions of **Premise 2** and **Premise 3** might have been plausible.

Considered from this point of view, our account highlights the defeasible nature of two wrongs arguments, and the need to reconsider them as we consider subsequent evidence and gain a further understanding of the issues they address. We can navigate these changes and revise our conclusions in accordance with a way that maintains a focus on the two wrongs scheme, by adjusting its various premises as appropriate. This is another aspect of the COVID-19 situation that demonstrates the value of argument schemes, for their malleability easily accommodates relevant developments in reasoning about important social issues.

We will end this essay by noting that there are other argument schemes that are relevant to an assessment of the issues raised by COVID. One key issue is the extent to which we all have an obligation to help others when they would benefit from that help, require it even, and there is minimal cost to ourselves. Walton and his co-authors identify this scheme as “Emotional Plea: Argument from Need for Help”¹⁶.

Wearing a mask, particularly when in contact with vulnerable populations like the elderly would seem a relevant instance of this scheme, for there are situations

16 Walton Reed and Macagno 2008: 109.

For all x and y , y ought to help x , if x is in a situation where x needs help, and y can give help, and y 's giving help would not be too costly for y .

x is in a situation where some action A by y would help x .

y can carry out A .

y 's carrying out A would not be too costly for y – that is, the negative side effects would not be too great, as y sees it.

Therefore, y ought to carry out A .

6. Other Harms and Risks

Above and beyond the human rights issues raised by COVID policies, two wrongs justifications must consider other risks and harms when evaluating the negative consequences associated with policies like lockdowns and strong vaccine mandates. One of them is the health risks associated with strong measures of this sort.

In Canada, in the middle of the COVID pandemic, hospitals were closed to prevent infections. To at least some extent the measure achieved this goal, but one of the consequences was a major disruption in the health services (including urgent health services) that hospitals provided to patients and the general public. Major operations were postponed, often in ways that complicated the treatment of illness and worsened outcomes. The curtailment of health services had other negative consequences in the case of mental health.¹²

In a consideration of lockdowns and vaccination requirements, other harms and risks are attached to their economic consequences. Prolonged lockdowns made it impossible for many business enterprises to operate and precipitated bankruptcy for many. Individuals lost their jobs and livelihoods because of vaccine mandates.

During the pandemic, due consideration of economic consequences was at times dismissed out of hand, as an attempt to treat money as more important than lives. This is a superficial retort which ignores the ways in which good lives depend on a healthy economy. The economic consequences of COVID measures on the poor were particularly difficult. One politician's call for everyone to "just stay home"¹³ seemed callous when considered from the perspective of those people experiencing homelessness – at a time when most homeless shelters had been shut or were operating under restricted circumstances.

In a review of 81 studies of the costs and benefits of lockdowns, Douglas Allen¹⁴ concludes that the benefits of COVID were outweighed by the costs. Ari Joffe¹⁵ goes further, arguing that:

The lockdowns implemented in the name of public health entailed trade-offs that were not adequately considered (275). Lockdowns may prevent some COVID-19 deaths by flattening the curve of cases and preventing stress on hospitals. ... The collateral damage included severe losses to current and future wellbeing from unemployment, poverty, food insecurity, interrupted preventive, diagnostic, and therapeutic healthcare, interrupted education, loneliness and deterioration of mental health, and intimate partner violence. ... The economic recession, through austerity in government spending on the social determinants of health, can be expected to cause far more loss of life and wellbeing over the long-run than COVID-19 can.

12 In the United States, a September 2020 report from the Centers for Disease Control and Prevention noted the negative impact on health that delayed or avoided medical care brought about. Centers for Disease Control and Prevention. 2020.

13 Micallef 2021.

14 Allen 2021.

15 Joffe 2021.