### T-FW

#### The exclusive focus of the debate should be instrumental defense of a topical advocacy. The right to strike is a legal term that requires political action.

Malebye 14

Cynthia Dithato Malebye (Department of Mercantile Law, University of Pretoria). “The Right to Strike in Respect of Employment Relationships and Collective Bargaining.” Dissertation. University of Pretoria, April 2014. JDN. <https://repository.up.ac.za/bitstream/handle/2263/43163/Malebye_Right_2014.pdf?sequence=1>

Before the implementation of the new Constitution in South Africa, employees only enjoyed **the freedom to strike but not the right to strike.** This past situation implied that the employees who embarked on a strike, even if it was a legal strike **were not protected from dismissal** as in effect they were in breach of their employment contracts in terms of common law. A fundamental right contained in the Constitution is that workers will have “the right to strike for purposes of collective bargaining.” In other words, **the right must be functional** to collective bargaining.

#### 1] Fairness – their model has no resolutional bound and creates the possibility for literally an infinite number of 1ACs. It allows someone to specialize in one area 4 years giving an huge edge over people who switch research focus ever 2 months

#### 2] Clash – picking any grounds for debate precludes the only common point of engagement, which obviates preround research and incentivizes retreat from controversy by eliminating any effective clash. Only the process of negation distinguishes debate and discussion by necessitating iterative testing and effective engagement, but an absence of constant refinement dooms movement building and revolutionary potential

#### 3] Real-world ed. Debate is imperfect, but only our interpretation can harness legal education to understand the law’s strategic reversibility paired with intellectual survival skills.

Archer 18, Deborah N. "Political Lawyering for the 21st Century." Denv. L. Rev. 96 (2018): 399. (Associate Professor of Clinical Law at NYU School of Law)//Elmer

Political justice lawyers must be able to break apart a systemic problem into manageable components. The complexity of social problems, can cause law students, and even experienced political lawyers, to become overwhelmed. In describing his work challenging United States military and economic interventions abroad, civil rights advocate and law professor Jules Lobel wrote of this process: “Our foreign-policy litigation became a sort of Sisyphean quest as we maneuvered through a hazy maze cluttered with gates. Each gate we unlocked led to yet another that blocked our path, with the elusive goal of judicial relief always shrouded in the twilight mist of the never-ending maze.”144 Pulling apart a larger, systemic problem into its smaller components can help elucidate options for advocacy. An instructive example is the use of excessive force by police officers against people of color. Every week seems to bring a new video featuring graphic police violence against Black men and women. Law students are frequently outraged by these incidents. But the sheer frequency of these videos and lack of repercussions for perpetrators overwhelm those students just as often. What can be done about a problem so big and so pervasive? To move toward justice, advocates must be able to break apart the forces that came together to lead to that moment: intentional discrimination, implicit bias, ineffective training, racial segregation, lack of economic opportunity, the over-policing of minority communities, and the failure to invest in non-criminal justice interventions that adequately respond to homelessness, mental illness, and drug addiction. None of these component problems are easily addressed, but breaking them apart is more manageable—and more realistic—than acting as though there is a single lever that will solve the problem. After identifying the component problems, advocates can select one and repeat the process of breaking down that problem until they get to a point of entry for their advocacy. 2. Identifying Advocacy Alternatives As discussed earlier, political justice lawyering embraces litigation, community organizing, interdisciplinary collaboration, legislative reform, public education, direct action, and other forms of advocacy to achieve social change. After parsing the underlying issues, lawyers need to identify what a lawyer can and should do on behalf of impacted communities and individuals, and this includes determining the most effective advocacy approach. Advocates must also strategize about what can be achieved in the short term versus the long term. The fight for justice is a marathon, not a sprint. Many law students experience frustration with advocacy because they expect immediate justice now. They have read the opinion in Brown v. Board of Education, but forget that the decision was the result of a decades-long advocacy strategy.145 Indeed, the decision itself was no magic wand, as the country continues to work to give full effect to the decision 70 years hence. Advocates cannot only fight for change they will see in their lifetime, they must also fight for the future.146 Change did not happen over night in Brown and lasting change cannot happen over night today. Small victories can be building blocks for systemic reform, and advocates must learn to see the benefit of short-term responsiveness as a component of long-term advocacy. Many lawyers subscribe to the American culture of success, with its uncompromising focus on immediate accomplishments and victories.147 However, those interested in social justice must adjust their expectations. Many pivotal civil rights victories were made possible by the seemingly hopeless cases that were brought, and lost, before them.148 In the fight for justice, “success inheres in the creation of a tradition, of a commitment to struggle, of a narrative of resistance that can inspire others similarly to resist.”149 Again, Professor Lobel’s words are instructive: “the current commitment of civil rights groups, women’s groups, and gay and lesbian groups to a legal discourse to legal activism to protect their rights stems in part from the willingness of activists in political and social movements in the nineteenth century to fight for rights, even when they realized the courts would be unsympathetic.”150 Professor Lobel also wrote about Helmuth James Von Moltke, who served as legal advisor to the German Armed Services until he was executed in 1945 by Nazis: “In battle after losing legal battle to protect the rights of Poles, to save Jews, and to oppose German troops’ war crimes, he made it clear that he struggled not just to win in the moment but to build a future.”151 3. Creating a Hierarchy of Values Advocates challenging complex social justice problems can find it difficult to identify the correct solution when one of their social justice values is in conflict with another. A simple example: a social justice lawyer’s demands for swift justice for the victim of police brutality may conflict with the lawyer’s belief in the officer’s fundamental right to due process and a fair trial. While social justice lawyers regularly face these dilemmas, law students are not often forced to struggle through them to resolution in real world scenarios—to make difficult decisions and manage the fallout from the choices they make in resolving the conflict. Engaging in complex cases can force students to work through conflicts, helping them to articulate and sharpen their beliefs and goals, forcing them to clearly define what justice means broadly and in the specific context presented. Lawyers advocating in the tradition of political lawyering anticipate the inevitable conflict between rights, and must seek to resolve these conflicts through a “hierarchy of values.”152 Moreover, in creating the hierarchy, the perspectives of those directly impacted and marginalized should be elevated “because it is in listening to and standing with the victims of injustice that the need for critical thinking and action become clear.”153 One articulation of a hierarchy of values asserts “people must be valued more than property. Human rights must be valued more than property rights. Minimum standards of living must be valued more than the privileged liberty of accumulated political, social and economic power. Finally, the goal of increasing the political, social, and economic power of those who are left out of the current arrangements must be valued more than the preservation of the existing order that created and maintains unjust privilege.”154 C. Rethinking the Role of the Clinical Law Professor: Moving From Expert to Colleague Law students can learn a new dimension of lawyering by watching their clinical law professor work through innovative social justice challenges alongside them, as colleagues. This is an opportunity not often presented in work on small cases where the clinical professor is so deeply steeped in the doctrine and process, the case is largely routine to her and she can predict what is to come and adjust supervision strategies accordingly.155 However, when engaged in political lawyering on complex and novel legal issues, both the student and the teacher may be on new ground that transforms the nature of the student-teacher relationship. A colleague often speaks about acknowledging the persona professors take on when they teach and how that persona embodies who they want to be in the classroom—essentially, whenever law professors teach they establish a character. The persona that a clinical professor adopts can have a profound effect on the students, because the character is the means by which the teacher subtly models for the student—without necessarily ever saying so— the professional the teacher holds herself to be and the student may yet become. In working on complex matters where the advocacy strategy is unclear, the clinical professor makes himself vulnerable by inviting students to witness his struggles as they work together to develop the most effective strategy. By making clear that he does not have all of the answers, partnering with his students to discover the answers, and sharing his own missteps along the way, a clinical law professor can reclaim opportunities to model how an experienced attorney acquires new knowledge and takes on new challenges that may be lost in smaller case representation.156 Clinical law faculty who wholeheartedly subscribe to the belief that professors fail to optimize student learning if students do not have primary control of a matter from beginning to end may view a decision to work in true partnership with students on a matter as a failure of clinical legal education. Indeed, this partnership model will inevitably impact student autonomy and ownership of the case.157 But, there is a unique value to a professor working with her student as a colleague and partner to navigate subject matter new to both student and professor.158 In this relationship, the professor can model how to exercise judgment and how to learn from practice: to independently learn new areas of law; to consult with outside colleagues, experts in the field, and community members without divulging confidential information; and to advise a client in the midst of ones own learning process.159 III. A Pedagogical Course Correction “If it offends your sense of justice, there’s a cause of action.” - Florence Roisman, Professor, Indiana University School of Law160 In response to the shifts in my students’ perspectives on racism and systemic discrimination, their reluctance to tackle systemic problems, their conditioned belief that strategic litigation should be a tool of last resort, and my own discomfort with reliance on small cases in my clinical teaching, I took a step back in my own practice. How could I better teach my students to be champions for justice even when they are overwhelmed by society’s injustice; to challenge the complex and systemic discrimination strangling minority communities, and to approach their work in the tradition of political lawyering. I reflected not only on my teaching, but also on my experiences as a civil rights litigator, to focus on what has helped me to continue doing the work despite the frustrations and difficulties. I realized I was spending too much time teaching my students foundational lawyering skills, and too little time focused on the broader array of skills I knew to be critical in the fight for racial justice. We regularly discussed systemic racism during my clinic seminars in order to place the students’ work on behalf of their clients within a larger context. But by relying on carefully curated small cases I was inadvertently desensitizing my students to a lawyer’s responsibility to challenge these systemic problems, and sending the message that the law operates independently from this background and context. I have an obligation to move beyond teaching my students to be “good soldiers for the status quo” to ensuring that the next generation is truly prepared to fight for justice.161 And, if my teaching methods are encouraging the reproduction of the status quo it is my obligation to develop new interventions.162 Jane Aiken’s work on “justice readiness” is instructive on this point. To graduate lawyers who better understand their role in advancing justice, Jane Aiken believes clinics should move beyond providing opportunities for students to have a social justice experience to promoting a desire and ability to do justice.163 She suggests creating disorienting moments by selecting cases where students have no outside authority on which to rely, requiring that they draw from their own knowledge base and values to develop a legal theory.164 Disorienting moments give students: experiences that surprise them because they did not expect to experience what they experienced. This can be as simple as learning that the maximum monthly welfare benefit for a family of four is about $350. Or they can read a [ ] Supreme Court case that upheld Charles Carlisle’s conviction because a wyer missed a deadline by one day even though the district court found there was insufficient evidence to prove his guilt. These facts are often disorienting. They require the student to step back and examine why they thought that the benefit amount would be so much more, or that innocence would always result in release. That is an amazing teaching moment. It is at this moment that we can ask students to examine their own privilege, how it has made them assume that the world operated differently, allowing them to be oblivious to the indignities and injustices that occur every day.165 Giving students an opportunity to “face the fact that they cannot rely on ‘the way things are’ and meet the needs of their clients” is a powerful approach to teaching and engaging students.166 But, complex problems call for larger and more sustained disorienting moments. Working with students on impact advocacy in the model of political lawyering provides a range of opportunities to immerse students in disorienting moments. A. Immersing Students in “Disorienting Moments”: Race, Poverty, and Pregnancy Today, I try to immerse my students in disorienting moments to make them justice ready and move them in the direction of political lawyering. My clinic docket has always included a small number of impact litigation matters. However, in the past these cases were carefully screened to ensure that they involved discrete legal issues and client groups. In addition, our representation always began after our outside co-counsel had already conducted an initial factual investigation, identified the core legal issues, and developed an overall advocacy strategy, freeing my students from these responsibilities. Now, my clinic takes on impact matters at earlier stages where the strategies are less clear and the legal questions are multifaceted and ill- defined. This mirrors the experiences of practicing social justice lawyers, who faced with an injustice, must discover the facts, identify the legal claims, develop strategy, cultivate allies, and ultimately determine what can be done—with the knowledge that “nothing” is not an option. This approach provides students with the space to wrestle with larger, systemic issues in a structured and supportive educational environment, taking on cases that seem difficult to resolve and working to bring some justice to that situation. They are also gaining experience in many of the fundamentals of political lawyering advocacy. Recently, my students began work on a new case. Several public and private hospitals in low-income New York City neighborhoods are drug testing pregnant women or new mothers without their knowledge or informed consent. This practice reflects a disturbing convergence between racial and economic disparities, and can have a profound impact on the lives of the poor women of color being tested at precisely the time when they are most in need of support. We began our work when a community organization reached out to the clinic and spoke to us about complaints that hospitals around New York City were regularly testing pregnant women—almost exclusively women of color—for drug use during prenatal check ups, during the chaos and stress of labor and delivery, or during post-delivery. The hospitals report positive test results to the City’s Administration for Children’s Services (“ACS”), which is responsible for protecting children from abuse and neglect, for further action.167 Most of the positive tests are for marijuana use. After a report is made, ACS commences an investigation to determine whether child abuse or neglect has taken place, and these investigations trigger inquiries into every aspect of a family’s life. They can lead to the institution of child neglect proceedings, and potentially to the temporary or permanent removal of children from the household. Even where that extreme result is avoided, an ACS investigation can open the door to the City’s continued, and potentially unwelcome, involvement in the lives of these families. These policies reflect deeply inequitable practices. Investigating a family after a positive drug test is not necessarily a bad thing. After all, ACS offers a number of supportive services that can help stabilize and strengthen vulnerable families. And of course, where children’s safety is at risk, removal may sometimes be the appropriate result. However, hospitals do not conduct regular drug tests of mothers in all New York City communities. Private hospitals in wealthy areas rarely test pregnant women or new mothers for drug misuse. In contrast, at hospitals serving poor women, drug testing is routine. Race and class should not determine whether such testing, and the consequences that result, take place. Investigating the New York City drug-testing program immersed the students in disorienting moments at every stage of their work. During our conversations, the students regularly expressed surprise and discomfort with the hospitals’ practices. They were disturbed that public hospitals— institutions on which poor women and women of color rely for something as essential as health care—would use these women’s pregnancy as a point of entry to control their lives.168 They struggled to explain how the simple act of seeking medical care from a hospital serving predominantly poor communities could deprive patients of the respect, privacy, and legal protections enjoyed by pregnant women in other parts of the City. And, they were shocked by the way institutions conditioned poor women to unquestioningly submit to authority.169 Many of the women did not know that they were drug tested until the hospital told them about the positive result and referred them to ACS. Still, these women were not surprised: that kind of disregard, marginalization, and lack of consent were a regular aspect of their lives as poor women of color. These women were more concerned about not upsetting ACS than they were about the drug testing. That so many of these women could be resigned to such a gross violation of their rights was entirely foreign to most of my students. B. Advocacy in the Face of Systemic Injustice Although the students are still in the early stages of their work, they have already engaged in many aspects of political justice lawyering. They approached their advocacy focused on the essence of political lawyering— enabling poor, pregnant women of color who enjoy little power or respect to claim and enjoy their rights, and altering the allocation of power from government agencies and institutions back into the hands of these women. They questioned whose interests these policies and practices were designed to serve, and have grounded their work in a vision of an alternative societal construct in which their clients and the community are respected and supported. The clinic students were given an opportunity to learn about social, legal, and administrative systems as they simultaneously explored opportunities to change those systems. The students worked to identify the short and long term goals of the impacted women as well the goals of the larger community, and to think strategically about the means best suited to accomplish these goals. And, importantly, while collaborating with partners from the community and legal advocacy organizations, the students always tried to keep these women centered in their advocacy. In breaking down the problem of drug testing poor women of color, the students worked through an issue that lives at the intersection of reproductive freedom, family law, racial justice, economic inequality, access to health care, and the war on drugs. In their factual investigation, which included interviews of impacted women, advocates, and hospital personnel, and the review of records obtained through Freedom of Information Law requests, the students began to break down this complex problem. They explored the disparate treatment of poor women and women of color by health care providers and government entities, implicit and explicit bias in healthcare, the disproportionate referral of women of color to ACS, the challenges of providing medical services to underserved communities, the meaning of informed consent, the diminished rights of people who rely on public services, and the criminalization of poverty. The students found that list almost as overwhelming as the initial problem itself, but identifying the components allowed the students to dig deeper and focus on possible avenues of challenge and advocacy. It was also critically important to make the invisible forces visible, even if the law currently does not provide a remedy. Working on this case also gave the students and me the opportunity to work through more nuanced applications of some of the lawyering concepts that were introduced in their smaller cases, including client-centered lawyering when working on behalf of the community; large-scale fact investigation; transferring their “social justice knowledge” to different contexts; crafting legal and factual narratives that are not only true to the communities’ experience, but can persuade and influence others; and how to develop an integrated advocacy plan. The students frequently asked whether we should even pursue the matter, questioning whether this work was client- centered when it was no longer the most pressing concern for many of the women we met. These doubts opened the door to many rich discussions: can we achieve meaningful social change if we only address immediate crises; can we progress on larger social justice issues without challenging their root causes; how do we recognize and address assumptions advocates may have about what is best for a client; and how can we keep past, present, and future victims centered in our advocacy? The work on the case also forced the clinic students to work through their own understanding of a hierarchy of values. They struggled with their desire to support these community hospitals and the public servants who work there under difficult circumstances on the one hand, and their desire to protect women, potentially through litigation, from discriminatory practices. They also struggled to reconcile their belief that hospitals should take all reasonable steps to protect the health and safety of children, as well as their emotional reaction to pregnant mothers putting their unborn children in harms way by using illegal drugs against the privacy rights of poor and marginalized women. They were forced to pause and think deeply about what justice would look like for those mothers, children, and communities. CONCLUSION America continues to grapple with systemic injustice. Political justice lawyering offers powerful strategies to advance the cause of justice—through integrated advocacy comprising the full array of tools available to social justice advocates, including strategic systemic reform litigation. It is the job of legal education to prepare law students to become effective lawyers. For those aspiring to social justice that should include training students to utilize the tools of political justice lawyers. Clinical legal offers a tremendous opportunity to teach the next generation of racial and social justice advocates how to advance equality in the face of structural inequality, if only it will embrace the full array of available tools to do so. In doing so, clinical legal education will not only prepare lawyers to enact social change, they can inspire lawyers overwhelmed by the challenges of change. In order to provide transformative learning experiences, clinical education must supplement traditional pedagogical tools and should consider political lawyering’s potential to empower law students and communities.

### NC

#### I negate “Resolved: A just government ought to recognize an unconditional right of workers to strike.”

#### As defined by Merriam Webster, unconditional means “Not conditional, or limited, absolute.”

#### I value morality because the word ought in the resolution implies a moral question.

#### The standard is maximizing expected utility. Prefer this for two reasons:

#### First, utilitarianism is the only theory relevant to morality since consequences are the only form of value we can experience. Harris 10:

**Harris, Sam [CEO of Project Reason]. “The Moral Landscape: How Science Can Determine Human Values,” 2010.**

Here is my (consequentialist) starting point: **all questions of value** (right and wrong, good and evil, etc.) **depend upon the possibility of experiencing such value. Without** potential **consequences at the level of experience**—happiness, suffering, joy, despair, etc.—**all** talk of **value is empty. Therefore, to say that an act is morally necessary,** or evil, or blameless, **is to make (tacit) claims about its consequences** in the lives of conscious creatures (whether actual or potential). I am unaware of any interesting exception to this rule. Needless to say, **if one is worried about pleasing God** or His angels, **this assumes that** such invisible entities are conscious (in some sense) and cognizant of human behavior. It also generally assumes [and] that **it is possible to suffer their wrath** or enjoy their approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

#### Second, the uncertainty inherent to governing necessitates utilitarianism. Goodin 90:

**Robert Goodin [Fellow in philosophy, Australian National Defense University]. THE UTILITARIAN RESPONSE, 1990, p. 141-2.**

My larger argument turns on the proposition that there is something special about the situation of public officials that makes utilitarianism more probable for them than private individuals. Before proceeding with the large argument, I must therefore say what **it is** that makes it so special about public officials and their situations that make it **both** more **necessary and** more **desirable for** them **to adopt a more credible form of utilitarianism.** Consider, first, the argument from necessity. Public officials are obliged to make their choices under uncertainty[.], and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, [P]rivate individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. **Public officials**, in contrast, **are** relatively **poorly informed as to the effects that their choices** will **have on individuals**, one by one. What they typically do know are generalities: averages and aggregates. **They know what will happen most often to most people as a result of their various possible choices**, but that is all. **That is enough to allow public policy-makers to use the utilitarian calculus.**

#### Contention: Restrictions on the Right to Strike

#### There are many reasonable conditions on the right to strike, like a prohibition on essential workers striking during a national emergency. Servais 09:

**Servais, Jean-Michel [Visiting Professor at the Universities of**

**Liege (Belgium) and Gerona (Spain); former Director of the International Labour**

**Organization; Honorary President, International Society for Labour Law and**

**Social Security]. "ILO Law and the Right to Strike." Canadian Lab.**

**& Emp. LJ 15 (2009): 147. CR**

**A general prohibition of**

**collective action can be justified only in the event of an acute national emergency**, and then only for a limited time. That is true whether the emergency is **of an economic nature or one which relates to national** **security or public health.** Responsibility for suspending a strike on the grounds of national security or public health should, in the view of the CFA, not lie with the government but with an independent body which has the confidence of all parties concerned. A number of recent cases before the ILO supervisory bodies relating to Canadian provinces concern the denial or restriction of collective bargaining and the right to strike in the public sector and in other related services. 12 While a detailed analysis of each of those cases is beyond the scope of this paper, the general principles they enunciate are discussed below. **Limitations on collective action, and on the right to strike in particular, are accepted in three types of situation. Firstly,** recognition of public servants' trade union freedom does not necessarily imply **the right to** take any form of **collective action**. Such action **may be restricted or prohibited for public servants who exercise authority in the name of** **the state - for example, customs officers or those employed in the** **administration of justice and the judiciary.** In contrast, public servants in state-owned commercial or industrial enterprises should enjoy the right to strike, unless (as discussed immediately below) they provide essential services. **Second, limitations may apply to employees working** **in public or private services that are considered essential.** What is an **essential service has been interpreted** strictly by the ILO supervisory bodies, **to cover only services the absence of** **which will bring a clear and imminent threat to the life, personal safety or health of all or part of the population.** The highly controversial issue of the extent of the concept of essential services has been vigorously debated at meetings of ILO representative bodies, including the Conference Committee on the Application of Standards. Employer and worker representatives usually come to these meetings with totally different views, and solutions have been found on a case-by-case basis. This means in practice that the ILO definition of essential services depends largely on the circumstances prevailing in the country in question. Moreover, **the concept is not** **absolute, in that a non-essential service maybecome essential if the freezing of operations lasts beyond a certain time or** **extends beyond a certain scope. In the event that a total and prolonged strike in a vital sector of the economy might endanger the life,** **health or personal safety of the population, and only in that event, a back-to-work order will be acceptable if it applies to the specific categories of staff whose**

**refusal to work could cause such a danger.**13 **The ILO** supervisory bodies have **deemed the following to be essential services: police and** **armed forces; hospital and health sectors; firefighting services; public or private prison services; water and electricity services; the telephone service; the provision of food to pupils of**

**school age; the cleaning of schools; and air traffic control services.** Even within essential services, certain classes of personnel, such as labourers and gardeners, should not be deprived of the right to strike, because the interruption of their functions does not in practice affect life, personal safety or health. 14 The following have been considered not to constitute essential services: radio and television broadcasting; the education sector (except for functions carried out by principals and vice-principals); the petroleum sector; airlines; ports, railways, metropolitan transport, and transport generally; garbage collection, unless the stoppage exceeds a certain duration or scope; fuel production and distribution; postal services; computer services for collecting excise duties and taxes; banking; refrigeration enterprises; department stores; hotel services; agriculture; food and alcohol supply; and pleasure parks and casinos. The possible long-term consequences of a strike in the teaching sector have been considered not to justify a prohibition on essential services grounds."5 Employees deprived of the right to strike because they perform essential services must have appropriate guarantees to safeguard their interests. These guarantees should include a corresponding denial of the right to lock out. They should also include the provision of joint conciliation or mediation proceedings, and only where those proceedings fail, joint arbitration machinery. Suc9h proceedings should meet certain requirements, which will be examined below. **Third, in public utilities, the authorities may establish minimum service requirements in order to avoid damage that is irreversible or out of all proportion to the occupational interests** **of the parties to the dispute, as well as to avoid damage to third parties.** 16 **Such requirements may be put into place in essential services and fundamental public services. They may also be used in the event of an acute national crisis endangering** **the normal living conditions of the population, but they must be confined to operations that are** **strictly necessary to avoid the danger.**

#### Another example is medical union strikes, which harm individual & public health, hurt economic growth, and worsen socioeconomic inequality – especially in countries already struggling. Essien 18:

Eissen, Madara Joseph [Department of Economics, University of Uyo, Akwa Ibom State, Nigeria]. *The Socio-Economic Effects of Medical Unions Strikes on the Health Sector of Akwa Ibom State of Nigeria*, Asian Business Review, 2018, https://hcommons.org/deposits/download/hc:26406/CONTENT/20.6.pdf/

The study indicates that the positive socioeconomic effective of medical unions’ strikes include: increment of salaries, provision of medical equipment, improved welfare package for health workers and improved performance of health workers. This study seems to set the pace in this direction, in the sense that the researcher could not find literature that studied positive socioeconomic effects of medical unions’ strikes. It seems that previous studies were focused on negative socioeconomic effects of medical unions’ strikes. On the causes of medical union strike, the study also struck accord with previous studies. It indicates that the fundamental causes of medical union strike in Akwa Ibom included unpaid salaries, denial to salary review, unpaid leave grant and other entitlements, poor workings environment and dearth equipment, and default of MoU by government. Earlier studies by researchers have also identified these factors as the fundamental causes of medical workers strike (Kelly and Nicholson 1980; Adalsteinsson 2007; Chima 2013). In particular, this study corroborates recent cross-sectional descriptive study carried out by Obinna Oleribe and co-researchers about the causes of medical union strike in Nigeria between 2013-2015. In their findings, it was shown that the main cause of medical union's strike in Nigeria was demand for salaries review at 82%. In this study, demand for higher salary was the second most important cause of medical union strike in Akwa Ibom State at 22.7% following unpaid salaries which was identified as the most important cause if medical Union strikes in Akwa Ibom State at 40%. These findings are in line with what Maslow thesis that strike will always disrupt the flow of services if the basic physiological needs of the services providers are not adequately met while the reverse would be the case if such basic needs are met. Finally, on the measures that could be adopted to curb the negative effects of medical union strikes, the study shows the various measures that could help curb the negative effects of strikes if adopted. These included: timely payment of health workers salaries and other entitlement, adequate review of health workers salaries, A&E department should not retrieve medical serves, health care providers in private hospitals should operate at reduced cost, NGOs, CBOs, and CSOs should provide skeletal services (Figure 2). In this study, Figure 2 indicate that the two most important/useful measures to curb negative effects of strike are timely payment of health worker's Salaries/ other entitlements and adequate sales review which ranked 42% and 26% respectively. The result **of this study has serious social and economic implications for the society in terms of its effects on microeconomic and macro-economic indices of the country**. The impact is usually higher in developing economies. In other words, **in less developed economies, medical unions’ strikes further worsens already worse socioeconomic circumstances to the extent that citizens lack or have little options to turn to.** From the study, **20%** of the respondents **reported that medical union strike worsen patients’ health conditions, 14.7% the cdc reported that it leads to spreading of disease, and 6.7% indicated that medical union strike increases social inequality** (Figure 1). **In Nigeria about 70% of the population** **is reported to** **live [in] below poverty line,** this means that **the little money individuals and household have is used to purchase essential services such as food, shelter, clothing and healthcare**. Yet, **healthcare is cheaper in government managed facilities. However, when the health workers within such facilities down tools, this decreases the ability of many individuals and households to obtain healthcare because they usually lack the wherewithal to finance such alternatives**. **This leads to worsening of the conditions of both inpatients and outpatients and also leads to spreading of diseases in the case of contagious diseases**. This also means that the affected population would be less productive in terms of their involvement in pursuit of economic productive ends achieve through exerting labour**. At the macro-economic level, the aggregate productivity of the national economy will be negatively affected.** From **the study,** it was **reported that medical Union strike leads to increased social inequality**. **This means** that **during strike the gap between the poor and the rich as well as between the male and female gender becomes increasingly obvious. Many rich people could obtain medical services at private clinics during which fewer poor could do same. In the same vein, fewer female than their male counterparts could obtain medical services at private healthcare facility. The impact of worsening social inequality implies that, most of the disadvantaged group could not contribute to economic growth** at per capita level. **This would also have negative effects on national aggregates. 12.7% of respondents indicated that medical union strike increases mortality** rate (Figure 1); **particularly** that **of children** who are known to be more vulnerable to disease (Todaro and Smith 2012) **Studies have indicated that healthier people earn higher wages. In Cote d' Ivoire** it was reported **that unhealthy people, that is people who were likely to lose a day of work per month due to illness earned 19% lower than healthy people** (Todaro and Smith 2012). This further means that, **a healthy population is a prerequisite for successful economic development**. This study indicates that **medical unions’ strike worsens outpatients' health and reduces the opportunity of the population to obtain healthcare services** (Figure 1). Good health standard in a population is unimportant to achieve goals of poverty reduction. As Todaro and Smith (2012) note, "if parents are two weak, unhealthy, and unskilled to be productive enough to support their family, the children have to work. But if the children work, they cannot get the education they need, so when they grow up, they will have to send their own children to work "(p.403). Thus, the cycle of poverty and low productivity extend across generations. **Health and education are pivotal to economic development** (Todaro and Smith 2012). **Strike itself is based on microeconomic self-interest**. Umo (1993) noted that “the economic world draws its dynamism from the self-interest motivation of individuals, firms and governments in response to some desirable incentives” (p.3). Umo (1993) also noted that every economic activity is a response to a reward or loss system. The existence of appropriate incentives elicits appropriate (correct) economic behavior. The level of efficiency in public institutions depends on the structure of positive and or negative incentives facing the operators (Umo 1993). People work to earn a living. Health workers also work to earn a living. Their motivation to work is the reward that they get. However, when the incentive is distorted, they are bound to react. A restoration of these incentives means restoration of efficiency to the system. We can say that strike is an economic corrective mechanism necessary for the effective functioning of the work environment in terms of protecting the reward system of the economy thereby, ensuring efficiency and productivity. From the findings of the study, **it can be concluded that strikes interrupt the smooth flow of medical services to citizens and it is slowly and irredeemably destroying the public health system**. This is a result of incompatible demand of the employers and her employees. Also, the study also reveal that denial of salary review and accumulated salary arrears were identified as major causes of medical union strikes. It is noteworthy that the impact of industrial conflict is felt in the productive sector of the economy, both at microeconomic and macroeconomic levels. **When people’s health conditions get worsened or there is high mortality rate due to strikes, they become unable to shoulder their responsibilities effectively and hence cannot make progress that will contribute to the growth of the society**. This will also reduce labour force drastically both currently and in the future and will in turn affect aggregate production and income negatively. **Poor health and negative economic growth are inextricably linked. Improving the health of a nation’s citizens can directly result in economic growth**. When human capital is deteriorated, economic productivity is at stake. Health workers have been seen as valuable assets to the society. Their intrinsic value, in terms of human capital, should be respected rather than focusing on economic productivity that may be derived from it. Whenever that is ignored, labour unions utilize the threat of strike (Owoye, 1994). Poorly paid health workers are consistently searching for greener pastures, and may in turn resign from their current services to take up greener opporxtunities in foreign countries. When this happens, the health sector faces the problem of brain drain which results in the reduction of both internally generated income and foreign reserves. **Effective public health systems are essential** for providing care for the sick and for instituting measures that promote wellness. **It breeds healthy citizens that make up a healthy labour force that determines the growth of the state and the country at large.**

#### And: even the credible threat of a strike causes debilitating fiscal and reputational costs- that wrecks healthcare quality. Masterson 17:

**Masterson, Les. “Nursing strikes can cause harm well beyond labor relations.”***Healthcaredive*, 15 August 2017, <https://www.healthcaredive.com/news/nursing-strikes-can-cause-harm-well-beyond-labor-relations/447627/>

Hospitals also take a financial hit during strikes. **Even** **the threat of a one- or two-day nurse strike can cost a hospital millions.**

**Bringing in hundreds or thousands of temporary nurses from across the country is costly for hospitals. They need to advertise the positions, pay for travel and often give bonuses** to lure temporary nurses.

The most expensive recent nurse strike was when[about 4,800 nurses](https://www.healthcaredive.com/news/4800-striking-nurses-cost-allina-health-104-million/430523/) **went on strike at Allina Health in Minnesota two times** last year**. The two strikes of seven days and 41 days cost the health system $104 million. The hospital also saw a $67.74 million operating loss during the quarter of those strikes.** **To find temporary replacements,** [Allina needed to include enticing offers](https://www.healthcaredive.com/news/allina-to-search-for-1400-nurses-in-face-of-possible-strike/421079/)**, such as free travel and a $400 bonus to temporary nurses.** **Even the threat of a strike can cost millions. Brigham and Women’s Hospital in Boston** [spent more than $8 million and lost $16 million in revenue](http://www.beckershospitalreview.com/finance/strike-or-no-strike-labor-disputes-can-take-a-toll-on-hospital-finances.html) **preparing** **for a strike in 2016.** The 3,300-nurse union threatened to walk out for a day and much like Tufts Medical Center, Brigham & Women’s said the hospital would lock out nurses for four additional days if nurses took action. At that time, **Dr. Ron Walls, executive vice president and chief operating officer at Brigham and Women’s Hospital, said** **the hospital** [spent more than $5 million](https://www.bizjournals.com/boston/blog/health-care/2016/06/brigham-nurses-strike-already-costing-hospital.html) **on contracting with the U.S. Nursing Corp. to bring on 700 temporary nurses licensed in Massachusetts. The hospital also planned to cut capacity to 60% during the possible strike and moved hundreds of patients to other hospitals. They also canceled procedures and appointments in preparation of a strike.** **The Massachusetts Nurses Association and Brigham & Women’s were able to reach a three-year agreement before a strike, but the damage was already done to the hospital’s finances.** Richard L. Gundling, senior vice president of healthcare financial practices at Healthcare Financial Management Association, told Healthcare Dive that healthcare organizations need to plan for business continuity in case of an event, such as a labor strike, natural disaster or cyberattack.“Business continuity is directly related to the CFO’s responsibility for maintaining business functions. The plan should include having business continuity insurance in place to replace the loss associated with diminished revenue and increased expenses during the event,” Gundling said.These plans should provide adequate staffing, training, materials, supplies, equipment and communications in case of a strike. Hospitals should also keep payers, financial agencies and other important stakeholders informed of potential issues.“It’s also key to keep financial stakeholders well informed; this includes insurance companies, bond rating agencies, banks, other investors, suppliers and Medicare/Medicaid contractors,” he said.