### 1

#### The role of the ballot is to compare the desirability of the world of the affirmative and the world of the negative via fair arguments.

#### 1. Topic education – Infinite number of NIBs and permissibility arguments under truth testing allows debaters to recycle arguments which moots topic education.

#### 2. Reciprocity – Truth testing imposes unfair burdens on debaters since it requires debaters to prove statements definitively true or false, there are an infinite number of ways to prove something false and only one way to prove it true.

#### 3. Inclusion – Truth testing is designed to exclude individuals who don’t have the physical ability or skill to catch and line by line all these blippy arguments which a) shuts out novices and kills participation in debate and b) excludes those with disabilities that affect their ability to engage in these arguments. That’s a voter since inclusion is a pre-req to debating in the first place.

#### 4. Resolved[[1]](#footnote-1) is defined as “to express an opinion or determination by resolution or vote; as ‘it was resolved by the legislature;” It is of similar force to the word “enact,” which is defined by Bouvier as meaning “to establish by law”.

### 2

#### Counterplan: A just government ought to recognize an unconditional right of workers to strike except in the instance that strikes directly demand discrimination towards certain groups of individuals. It’s condo.

BPSC[Unfair Labor Practices by Union, http://bpscllc.com/unfair-labor-practices-by-unions.html, N.D., Business & People Strategy Consulting Group, California's trusted source for workplace human resources and employment law] [SS]

Causing or Attempting to Cause Discrimination: Section 8(b)(2) makes it an unfair labor practice for a labor organization to cause or attempt to cause an employer to discriminate against an employee in violation of Section 8(a)(3). The section is violated by agreements or arrangements with employers, other than lawful union-security agreements, that condition employment or job benefits on union membership, on the performance of union membership obligations or on arbitrary grounds. But union action that causes detriment to an individual employee does not violate Section 8(b)(2) if it is consistent with nondiscriminatory provisions of a bargaining contract negotiated for the benefit of the total bargaining unit, or if the action is based on some other legitimate purpose. A union’s conduct, accompanied by statements advising or suggesting that action is expected of an employer, may be enough to find a violation of this section if the union’s action can be shown to be a causal factor in the employer’s discrimination. Contracts or informal arrangements with a union under which an employer gives preferential treatment to union members also violate Section 8(b)(2). However, an employer and a union may agree that the employer will hire new employees exclusively through the union hiring hall if there is no discrimination against nonunion members on the basis of union membership obligations. In setting referral standards, a union may consider legitimate aims such as sharing available work and easing the impact of local unemployment. The union may also charge referral fees if the amount of the fee is reasonably related to the cost of operating the referral service. A union that attempts to force an employer to enter into an illegal union-security agreement, or that enters into and keeps in effect such an agreement, also violates Section 8(b)(2), as does a union that attempts to enforce such an illegal agreement by bringing about an employee’s discharge. Even when a union-security provision of a bargaining contract meets all statutory requirements, a union may not lawfully require the discharge of employees under the provision unless they were informed of the union-security agreement and their specific obligation under it. A union violates Section 8(b)(2) if it tries to use the union-security provisions of a contract to collect payments other than those lawfully required, such as assessments, fines and penalties. Other examples of Section 8(b)(2) violations include: Causing an employer to discharge employees because they circulated a petition urging a change in the union’s method of selecting shop stewards Causing an employer to discharge employees because they made speeches against a contract proposed by the union Making a contract that requires an employer to hire only members of the union or employees “satisfactory” to the union Causing an employer to reduce employees’ seniority because they engaged in anti-union acts Refusing referral or giving preference on the basis of race or union activities when making job referrals to units represented by the union Seeking the discharge of an employee under a union-security agreement for failure to pay a fine levied by the union

#### Racist union strikes have happened before

Allison Keyes, JUNE 30, **2017**, "The East St. Louis Race Riot Left Dozens Dead, Devastating a Community on the Rise," Smithsonian Magazine, https://www.smithsonianmag.com/smithsonian-institution/east-st-louis-race-riot-left-dozens-dead-devastating-community-on-the-rise-180963885/ //SR

Racial tensions began simmering in East St. Louis—a city where thousands of blacks had moved from the South to work in war factories—as early as February 1917. The African-American population was 6,000 in 1910 and nearly double that by 1917. In the spring, the largely white workforce at the Aluminum Ore Company went on strike. Hundreds of blacks were hired. After a City Council meeting on May 28, angry white workers lodged formal complaints against black migrants. When word of an attempted robbery of a white man by an armed black man spread through the city, mobs started beating any African-Americans they found, even pulling individuals off of streetcars and trolleys. The National Guard was called in but dispersed in June.

#### That negates -

### 3

#### Counterplan: The United States federal government ought to recognize the unconditional right of workers to strike except for police officers. Condo.

#### Rising police strikes are illegal now but the aff flips that – history proves that police strikes expand the power of police unions and force concessions from state governments that sanction systemic racism.

Grim ‘20 [Andrew Grim, a Ph.D. candidate in history at the University of Massachusetts Amherst, is at work on a dissertation on anti-police brutality activism in post-WWII Newark. “What is the ‘blue flu’ and how has it increased police power?” (The Washington Post). https://www.washingtonpost.com/outlook/2020/07/01/what-is-blue-flu-how-has-it-increased-police-power/. Accessed 11/6/21. Brackets for clarity.] BXNK

What is the “blue flu,” and why might it strike New York City police? This weekend, officers from the New York City Police Department are [rumored to be](https://nypost.com/2020/06/18/nypd-cops-being-encouraged-to-strike-on-july-4/) planning a walkout to protest calls to defund the police. This builds on a similar tactic used by police in Atlanta less than a month ago. On June 16, Fulton County District Attorney, Paul L. Howard Jr. announced that Garrett Rolfe, the Atlanta police officer who fatally shot Rayshard Brooks, would face[d] charges of felony murder and aggravated assault. That night, scores of Atlanta Police Department officers caught the “blue flu,” call[ed]ing out sick en masse to protest the charges against Rolfe. Such walkouts constitute, in effect, illegal strikes — laws in all 50 states prohibit police strikes. Yet, there is nothing new about the blue flu. It is a strategy long employed by police unions and rank-and-file officers during contract negotiations, disputes over reforms and, like in Atlanta, in response to disciplinary action against individual officers. The intent is to dramatize police disputes with municipal government and rally the citizenry to their side. But the result of such protests matter deeply as we consider police reform today. Historically, blue flu strikes have helped expand police power, ultimately limiting the ability of city governments to reform, constrain or conduct oversight over the police. They allow the police to leverage public fear of crime to extract concessions from municipalities. This became clear in Detroit more than 50 years ago. In June 1967, tensions arose between Detroit Mayor Jerome Cavanagh and the Detroit Police Officers Association (DPOA), which represented the city’s 3,300 patrol officers. The two were at odds primarily over police demands for a pay increase. Cavanagh showed no signs of caving to the DPOA’s demands and had, in fact, proposed to cut the police department’s budget. On June 15, the DPOA escalated the dispute with a walkout: 323 officers called in sick. The number grew over the next several days as the blue flu spread, reaching a height of 800 absences on June 17. In tandem with the walkout, the DPOA launched a fearmongering media campaign to win over the public. They took out ads in local newspapers warning Detroit residents, “How does it feel to be held up? Stick around and find out!” This campaign took place at a time of rising urban crime rates and uprisings, and only a month before the 1967 Detroit riot, making it especially potent. The DPOA understood this climate and used it to its advantage. With locals already afraid of crime and displeased at Cavanagh’s failure to rein it in, they would be more likely to demand the return of the police than to demand retribution against officers for an illegal strike. The DPOA’s strategy paid off. The walkout left Detroit Police Commissioner Ray Girardin feeling “practically helpless.” “I couldn’t force them to work,” he later told The Washington Post. Rather than risk public ire by allowing the blue flu to continue, Cavanagh relented. Ultimately, the DPOA got the raises it sought, making Detroit officers the highest paid in the nation. This was far from the end of the fight between Cavanagh and the DPOA. In the ensuing months and years, they continued to tussle over wages, pensions, the budget, the integration of squad cars and the hiring of black officers. The threat of another blue flu loomed over all these disputes, helping the union to win many of them. And Detroit was not an outlier. Throughout the 1960s, ’70s and ’80s, the blue flu was a ubiquitous and highly effective tactic in Baltimore, Memphis, New Orleans, Chicago, Newark, New York and many other cities. In most cases, as author Kristian Williams writes, “When faced with a walkout or slowdown, the authorities usually decided that the pragmatic need to get the cops back to work trumped the city government’s long term interest in diminishing the rank and file’s power.” But each time a city relented to this pressure, they ceded more and more power to police unions, which would turn to the strategy repeatedly to defend officers’ interests — particularly when it came to efforts to address systemic racism in police policies and practices. In 1970, black residents of Pittsburgh’s North Side neighborhood raised an outcry over the “hostile sadistic treatment” they experienced at the hands of white police officers. They lobbied Mayor Peter F. Flaherty to assign more black officers to their neighborhood. The mayor agreed, transferring several white officers out of the North Side and replacing them with black officers. While residents cheered this decision, white officers and the Fraternal Order of Police (FOP), which represented them, were furious. They slammed the transfer as “discrimination” against whites. About 425 of the Pittsburgh Police Department’s 1,600 police officers called out sick in protest. Notably, black police officers broke with their white colleagues and refused to join the walkout. They praised the transfer as a “long overdue action” and viewed the walkout as a betrayal of officers’ oath to protect the public. Nonetheless, the tactic paid off. After several days, Flaherty caved to the “open revolt” of white officers, agreeing to halt the transfers and instead submit the dispute to binding arbitration between the city and the police union. Black officers, though, continued to speak out against their union’s support of racist practices, and many of them later resigned from the union in protest. Similar scenarios played out in Detroit, Chicago and other cities in the 1960s and ’70s, as white officers continually staged walkouts to preserve the segregated status quo in their departments. These blue flu strikes amounted to an authoritarian power grab by police officers bent on avoiding oversight, rejecting reforms and shoring up their own authority. In the aftermath of the 1967 Detroit walkout, a police commissioner’s aide strongly criticized the police union’s strong-arm tactics, saying “it smacks of a police state.” The clash left one newspaper editor wondering, “Who’s the Boss of the Detroit Police?” But in the “law and order” climate of the late 1960s, such criticism did not resonate enough to stir a groundswell of public opinion against the blue flu. And police unions dismissed critics by arguing that officers had “no alternative” but to engage in walkouts to get city officials to make concessions. Crucially, the very effectiveness of the blue flu may be premised on a myth. While police unions use public fear of crime skyrocketing without police on duty, in many cases, the absence of police did not lead to a rise in crime. In New York City in 1971, [for example](https://untappedcities.com/2020/06/12/the-week-without-police-what-we-can-learn-from-the-1971-police-strike/), 20,000 officers called out sick for five days over a pay dispute without any apparent increase in crime. The most striking aspect of the walkout, as one observer noted, “might be just how unimportant it seemed.” Today, municipalities are under immense pressure from activists who have taken to the streets to protest the police killings of black men and women. Some have already responded by enacting new policies and cutting police budgets. As it continues, more blue flus are likely to follow as officers seek to wrest back control of the public debate on policing and reassert their independence.

#### Police strikes rationalize a culture of police brutality which bolsters the prison industrial complex and endless cycles of racism.

Chaney and Ray 13, Cassandra (Has a PhD and is a professor at LSU. Also has a strong focus in the structure of Black families) , and Ray V. Robertson (Also has a PhD and is a criminal justice professor at LSU). "Racism and police brutality in America." *Journal of African American Studies* 17.4 (2013): 480-505. SM//do I really need a card for this

Racism and Discrimination According to Marger (2012), “racism is an ideology, or belief system, designed to justify and rationalize racial and ethnic inequality” (p. 25) and “discrimination, most basically, is behavior aimed at denying members of particular ethnic groups’ equal access to societal rewards” (p. 57). Defining both of these concepts from the onset is important for they provide the lens through which our focus on the racist and discriminatory practices of law enforcement can occur. Since the time that Africans [African Americans] were forcibly brought to America, they have been the victims of racist and discriminatory practices that have been spurred and/or substantiated by those who create and enforce the law. For example, The Watts Riots of 1965, the widespread assaults against Blacks in Harlem during the 1920s (King 2011), law enforcement violence against Black women (i.e., Malaika Brooks, Jaisha Akins, Frankie Perkins, Dr. Mae Jemison, Linda Billups, Clementine Applewhite) and other ethnic women of color (Ritchie 2006), the beating of Rodney King, and the deaths of Amadou Diallo in the 1990s and Trayvon Martin more recently are just a few public examples of the historical and contemporaneous ways in which Blacks in America have been assaulted by members of the police system (King 2011; Loyd 2012; Murch 2012; Rafail et al. 2012). In Punishing Race (2011), law professor Michael Tonry’s research findings point to the fact that Whites tend to excuse police brutality against Blacks because of the racial animus that they hold against Blacks. Thus, to Whites, Blacks are viewed as deserving of harsh treatment in the criminal justice system (Peffley and Hurwitz 2013). At first glance, such an assertion may seem to be unfathomable, buy that there is an extensive body of literature which suggests that Black males are viewed as the “prototypical criminal,” and this notion is buttressed in the media, by the general public, and via disparate sentencing outcomes (Blair et al. 2004; Eberhardt et al. 2006; Gabiddon 2010; Maddox and Gray 2004; Oliver and Fonash 2002; Staples 2011). For instance, Blair et al. (2004) revealed that Black males with more Afrocentric features (e.g., dark skin, broad noses, full lips) may receive longer sentences than Blacks with less Afrocentric features, i.e., lighter skin and straighter hair (Eberhardt et al. 2006). Shaun Gabiddon in Criminological Theories on Race and Crime (2010) discussed the concept of “Negrophobia” which was more extensively examined by Armour (1997). Negrophobia can be surmised as an irrational of Blacks, which includes a fear of being victimized by Black, that can result in Whites shooting or harming an AfricanAmerican based on criminal/racial stereotypes (Armour 1997). The aforementioned racialized stereotypical assumptions can be deleterious because they can be used by Whites to justify shooting a Black person on the slightest of pretense (Gabiddon 2010). Finally, African-American males represent a group that has been much maligned in the larger society (Tonry 2011). Further, as victims of the burgeoning prison industrial complex, mass incarceration, and enduring racism, the barriers to truly independent Black male agency are ubiquitous and firmly entrenched (Alexander 2010; Chaney 2009; Baker 1996; Blackmon 2008; Dottolo and Stewart 2008; Karenga 2010; Martin et al. 2001; Smith and Hattery 2009). Thus, racism and discrimination heightens the psychological distress experienced by Blacks (Robertson 2011; Pieterse et al. 2012), as well as their decreased mortality in the USA (Muennig and Murphy 2011). Police Brutality Against Black Males According to Walker (2011), police brutality is defined as “the use of excessive physical force or verbal assault and psychological intimidation” (p. 579). Although one recent study suggests that the NYPD has become better behaved due to greater race and gender diversity (Kane and White 2009), Blacks are more likely to be the victims of police brutality. A growing body of scholarly research related to police brutality has revealed that Blacks are more likely than Whites to make complaints regarding police brutality (Smith and Holmes 2003), to be accosted while operating [driving] a motorized vehicle (“Driving While Black”), and to underreport how often they are stopped due to higher social desirability factors (TomaskovicDevey et al. 2006). Interestingly, data obtained from the General Social Survey (GSS), a representative sample conducted biennially by the National Opinion Research Center at the University of Chicago for the years 1994 through 2004, provide further proof regarding the acceptance of force against Blacks. In particular, the GSS found Whites to be significantly (29.5 %) more accepting of police use of force when a citizen was attempting to escape custody than Blacks when analyzed using the chi-squared statistical test (p The average Southern policeman is a promoted poor White with a legal sanction to use a weapon. His social heritage has taught him to despise the Negroes, and he has had little education which could have changed him….The result is that probably no group of Whites in America have a lower opinion of the Negro people and are more fixed in their views than Southern policeman. (Myrdal 1944, pp. 540–541) Myrdal (1944) was writing on results from a massive study that he undertook in the late 1930s. He was writing at a time that even the most conservative among us would have to admit was not a colorblind society (if one even believes in such things). But current research does corroborate his observations that less educated police officers tend to be the most aggressive and have the most formal complaints filed against them when compared to their more educated counterparts (Hassell and Archbold 2010; Jefferis et al. 2011). Tonry (2011) delineates some interesting findings from the 2001 Race, Crime, and Public Opinion Survey that can be applied to understanding why the larger society tolerates police misconduct when it comes to Black males. The survey, which involved approximately 978 non-Hispanic Whites and 1,010 Blacks, revealed a divergence in attitudes between Blacks and Whites concerning the criminal justice system (Tonry 2011). For instance, 38 % of Whites and 89 % of Blacks viewed the criminal justice system as biased against Blacks (Tonry 2011). Additionally, 8 % of Blacks and 56 % of Whites saw the criminal justice system as treating Blacks fairly (Tonry 2011). Perhaps most revealing when it comes to facilitating an environment ripe for police brutality against Black males, 68 % of Whites and only 18 % of Whites expressed confidence in law enforcement (Tonry 2011). Is a society wherein the dominant group overwhelming approves of police performance willing to do anything substantive to curtail police brutality against Black males? Police brutality is not a new phenomenon. The Department of Justice (DOJ) office of Civil Rights (OCR) has investigated more than a dozen police departments in major cities across the USA on allegations of either racial discrimination or police brutality (Gabbidon and Greene 2013). To make the aforementioned even more clear, according to Gabbidon and Greene (2013), “In 2010, the OCR was investigating 17 police departments across the country and monitoring five settlements regarding four police agencies” (pp. 119–120). Plant and Peruche (2005) provide some useful information into why police officers view Black males as potential perpetrators and could lead to acts of brutality. In their research, the authors suggest that since Black people in general, and Black males in particular, are caricatured as aggressive and criminal, police are more likely to view Black men as a threat which justifies the disproportionate use of deadly force. Therefore, it is not beyond the realm of possibility that police officers’ decisions to act aggressively may, to some extent, be influenced by race (Jefferis et al. 2011). The media’s portrayals of Black men are often less than sanguine. Bryson’s (1998) work in this area provides empirical evidence that the mass media that has been instrumental in portraying Black men as studs, super detectives, or imitation White men and has a general negative effect on how these men are regarded by others. Such characterizations can be so visceral in nature that “prototypes” of criminal suspects are more likely to be African-American (Oliver et al. 2004). Not surprisingly, the more Afrocentric the African-American’s facial features, the more prone he or she is expected to be deviant (Eberhardt et al. 2006). Interestingly, it is probable that less than flattering depictions of Black males on television and in news stories are activating pre-existing stereotypes possessed by Whites as opposed to facilitating their creation. According to Oliver et al. (2004), “it is important to keep in mind that media consumption is an active process, with viewers’ existing attitudes and beliefs playing a larger role in how images are attended to, interpreted, and remembered” (p. 89). Moreover, it is reductionist to presuppose that individual is powerless in constructing a palatable version of reality and is solely under the control of the media and exercises no agency. Lastly, Peffley and Hurwitz (2013) describe what can be perceived as one of the more deleterious results of negative media caricatures of Black males. More specifically, the authors posit that most Whites believe that Blacks are disproportionately inclined to engage in criminal behavior and are the deserving on harsh treatment by the criminal justice system. On the other hand, such an observation is curious because most urban areas are moderate to highly segregated residentially which would preclude the frequent and significant interaction needed to make such scathing indictments (Bonilla-Silva 2009). Consequently, the aforementioned racial animus has the effect of increased White support for capital punishment if questions regarding its legitimacy around if capital punishment is too frequently applied to Blacks (Peffley and Hurwitz 2013; Tonry 2011). Ultimately, erroneous (negative) portrayals of crime and community, community race and class identities, and concerns over neighborhood change all contribute to place-specific framing of “the crime problem.” These frames, in turn, shape both intergroup dynamics and support for criminal justice policy (Leverentz 2012).

### 4

#### Pleasure is an intrinsic good.

Moen ’16 – (Ole Martin, PhD, Research Fellow in Philosophy @ University of Oslo, "An Argument for Hedonism." Journal of Value Inquiry 50.2 (2016): 267). Modified for glang

Let us start by observing, empirically, that a widely shared judgment about intrinsic value and disvalue is that pleasure is intrinsically valuable and pain is intrinsically disvaluable. On virtually any proposed list of intrinsic values and disvalues (we will look at some of them below), pleasure is included among the intrinsic values and pain among the intrinsic disvalues. This inclusion makes intuitive sense, moreover, for there is something undeniably good about the way pleasure feels and something undeniably bad about the way pain feels, and neither the goodness of pleasure nor the badness of pain seems to be exhausted by the further effects that these experiences might have. “Pleasure” and “pain” are here understood inclusively, as encompassing anything hedonically positive and anything hedonically negative. 2 The special value statuses of pleasure and pain are manifested in how we treat these experiences in our everyday reasoning about values. If you tell me that you are heading for the convenience store, I might ask: “What for?” This is a reasonable question, for when you go to the convenience store you usually do so, not merely for the sake of going to the convenience store, but for the sake of achieving something further that you deem to be valuable. You might answer, for example: “To buy soda.” This answer makes sense, for soda is a nice thing and you can get it at the convenience store. I might further inquire, however: “What is buying the soda good for?” This further question can also be a reasonable one, for it need not be obvious why you want the soda. You might answer: “Well, I want it for the pleasure of drinking it.” If I then proceed by asking “But what is the pleasure of drinking the soda good for?” the discussion is likely to reach an awkward end. The reason is that the pleasure is not good for anything further; it is simply that for which going to the convenience store and buying the soda is good. 3 As Aristotle observes: “We never ask what her~~is~~ end is in being pleased, because we assume that pleasure is choice worthy in itself.”4 Presumably, a similar story can be told in the case of pains, for if someone says “This is painful!” we never respond by asking: “And why is that a problem?” We take for granted that if something is painful, we have a sufficient explanation of why it is bad. If we are onto something in our everyday reasoning about values, it seems that pleasure and pain are both places where we reach the end of the line in matters of value. Although pleasure and pain thus seem to be good candidates for intrinsic value and disvalue, several objections have been raised against this suggestion: (1) that pleasure and pain have instrumental but not intrinsic value/disvalue; (2) that pleasure and pain gain their value/disvalue derivatively, in virtue of satisfying/frustrating our desires; (3) that there is a subset of pleasures that are not intrinsically valuable (so-called “evil pleasures”) and a subset of pains that are not intrinsically disvaluable (so-called “noble pains”), and (4) that pain asymbolia, masochism, and practices such as wiggling a loose tooth render it implausible that pain is intrinsically disvaluable. I shall argue that these objections fail.

#### Weighing—(a) Parsimony – metaphysics relies on long chains of questionable claims that make conclusions less likely, prefer intuitions. (b) Epistemology – thousands of years of abstract theorizing has failed to resolve ethics. (c) Hijacks – intuitions are inevitable since even every framework has to take to some unjustified assumption as a starting point.

#### And, consequentialism is true—

#### A] All actions are forward-looking, so intentions are constituted by foreseen consequences.

#### B] Moral substitutability—if I ought to mow the lawn, then I ought to turn on the lawnmower. Thus, an obligation requires all of its necessary enablers.

#### Thus, the standard is *maximizing pleasure and minimizing pain*. Prefer –

#### 1 – Death first – their framework assumes perfect rationality but agents can’t deliberate on ethics if they fear for their bodily security – proves my offense turns and outweighs theirs.

#### 2 – Actor-Spec – States are institutions with pragmatic purposes and not agents with intentions so non-consequentialist impacts are incoherent—outweighs since different agents have different obligations. Takes out calc indicts—state use util all the time.

#### 3 – Use ethical modesty – that’s multiplying the probability of a framework being true by its general contention impact – (a) It maximizes the probability of achieving net most moral value—beating a framework acts as mitigation to their impacts but the strength of that mitigation is contingent (b) Strat – key to let the neg compensate versus aff tricks that can be conceded auto-wins. Else every neg has to give a perfectly responsive 1n or else they auto-lose.

### 5

#### Nurse strikes devastates hospitals

**Wright 10** Sarah H. Wright July 2010 "Evidence on the Effects of Nurses' Strikes" <https://www.nber.org/digest/jul10/evidence-effects-nurses-strikes> (Researcher at National Bureau of Economic Research)

U.S. hospitals were excluded from collective bargaining laws for three decades longer than other sectors because of fears **that strikes by nurses might imperil patients' health**. Today, while unionization has been declining in general, it is growing rapidly in hospitals, with the number of unionized workers rising from 679,000 in 1990 to nearly one million in 2008. In Do Strikes Kill? Evidence from New York State (NBER Working Paper No. 15855), co-authors Jonathan Gruber and Samuel Kleiner carefully examine the effects of nursing strikes on patient care and outcomes. The researchers match data on nurses' strikes in New York State from 1984 to 2004 to data on hospital discharges, including information on treatment intensity, patient mortality, and hospital readmission. They conclude that nurses' strikes were **costly to hospital patients**: in-hospital mortality **increased by 19.4 percent** and hospital readmissions **increased by 6.5 percen**t for patients admitted during a strike. Among their sample of 38,228 such patients, an estimated **138 more individuals died than would have without a stri**ke, and 344 more patients were readmitted to the hospital than if there had been no strike. "Hospitals functioning during nurses' strikes **do so at a lower quality of patient care,"** they write. Still, at hospitals experiencing strikes, the measures of treatment intensity -- that is, the length of hospital stay and the number of procedures performed during the patient's stay -- show no significant differences between striking and non-striking periods. Patients appear to receive the same intensity of care during union work stoppages as during normal hospital operations. Thus, the poor outcomes associated with strikes suggest that they might reduce hospital productivity. These poor health outcomes increased for both emergency and non-emergency hospital patients, even as admissions of both groups decreased by about 28 percent at hospitals with strikes. The poor health outcomes were not apparent either before or after the strike in the striking hospitals, suggesting that they are attributable to the strike itself. And, the poor health outcomes do not appear to do be due to different types of patients being admitted during strike periods, because patients admitted during a strike are very similar to those admitted during other periods. Hiring replacement workers apparently does not help: hospitals that hired replacement workers **performed no better** during strikes than those that did not hire substitute employees. In each case, patients with conditions that required intensive nursing were more likely to fare worse in the presence of nurses' strikes.

#### Hospitals are the critical internal link for pandemic preparedness.

**Al Thobaity 20**, Abdullelah, and Farhan Alshammari. "Nurses on the frontline against the COVID-19 pandemic: an Integrative review." Dubai Medical Journal 3.3 (2020): 87-92. (Associate Professor of Nursing at Taif University)

The majority of infected or symptomatic people seek medical treatment in medical facilities, particularly hospitals, as a high number of cases, especially those in critical condition, will have an impact on hospitals [4]. The concept of hospital resilience in disaster situations is defined as the ability to recover from the damage caused by huge disturbances quickly [2]. The resilience of hospitals to pandemic cases depends on the preparedness of the institutions, and not all hospitals have the same resilience. A lower resilience will affect the **sustainability of the health services**. This also affects healthcare providers such as doctors, nurses, and allied health professionals [5, 6]. Despite the impact on healthcare providers, excellent management of a pandemic depends on the level of **preparedness of healthcare providers, including nurses**. This means that if it was impossible to be ready before a crisis or disaster, responsible people will do all but the impossible to save lives.

#### New Pandemics are deadlier and faster are coming – COVID is just the beginning

**Antonelli 20** Ashley Fuoco Antonelli 5-15-2020 <https://www.advisory.com/daily-briefing/2020/05/15/weekly-line> "Weekly line: Why deadly disease outbreaks could become more common—even after Covid-19" (Associate Editor — American Health Line)

While the new coronavirus pandemic suddenly took the world by storm, the truth is public health experts for years have warned that a virus similar to the new coronavirus would cause the next pandemic—and they say **deadly infectious disease outbreaks could become more common**. Infectious disease experts are always on the lookout for the next pandemic, and in a report published two years ago, researchers from the Johns Hopkins Bloomberg School of Public Health **predicted that the pathogen most likely to cause the next pandemic would be a virus similar to the common cold**. Specifically, the researchers predicted that the pathogen at fault for the next pandemic would be: A microbe for which people have not yet **developed immunities**, meaning that a large portion of the human population would be susceptible to infection; Contagious during the so-called "incubation period"—the time when people are infected with a pathogen but are not yet showing symptoms of the infection or are showing only mild symptoms; and Resistant to any known prevention or treatment methods. The researchers also concluded that such a pathogen would have a "low but significant" fatality rate, meaning the pathogen wouldn't kill human hosts fast enough to inhibit its spread. As **Amesh Adalja**—a senior scholar at the Johns Hopkins Center for Health Security, who led the report—told Live Science's Rachael Rettner at the time, "**It just has to make a lot of people sick" to disrupt society**. The researchers said RNA viruses—which include the common cold, influenza, and severe acute respiratory syndrome (or SARS, which is caused by a type of coronavirus)—fit that bill. And even though we had a good bit of experience dealing with common RNA viruses like the flu, Adalja at the time told Rettner that there were "a whole host of viral families that get very little attention when it comes to pandemic preparedness." Not even two years later, the new coronavirus, which causes Covid-19, emerged and quickly spread throughout the world, reaching pandemic status in just a few months. To date, officials have reported more than 4.4 million cases of Covid-19 and 302,160 deaths tied to the new coronavirus globally. In the United States, the number of reported Covid-19 cases has reached more than 1.4 million and the number of reported deaths tied to the new coronavirus has risen to nearly 86,000 in just over three months. Although public health experts had warned about the likelihood of a respiratory-borne RNA virus causing the next global pandemic, many say the world was largely unprepared to handle this type of infectious disease outbreak. And as concerning as that revelation may be on its own, **perhaps even more worrisome is that public health experts predict life-threatening infectious disease outbreaks are likely to become more common—meaning we could be susceptible to another pandemic in the future**. Why experts think deadly infectious disease outbreaks could become more common As the Los Angeles Times's Joshua Emerson Smith notes, infectious disease experts for more than ten years now have noted that "[o]utbreaks of dangerous new diseases with the potential to become pandemics have been on the rise—from HIV to swine flu to SARS to Ebola." For instance, a report published in Nature in 2008 found that **the number of emerging infectious disease events that occurred in the 1990s was more than three times higher than it was in the 1940s**. Many experts believe the recent increase in infectious disease outbreaks is tied to human behaviors that disrupt the environment, "such as **deforestation and poaching**," which have led "to increased contact between highly mobile, urbanized human populations and wild animals," Emerson Smith writes. In the 2008 report, for example, researchers noted that about 60% of 355 emerging infectious disease events that occurred over a 50-year period could be largely linked to wild animals, livestock, and, to a lesser extent, pets. Now, researchers believe the new coronavirus first jumped to humans from animals at a wildlife market in Wuhan, China. Along those same lines, some experts have argued that global climate change has driven an increase in infectious diseases—and could continue to do so. A federally mandated report released by the U.S. Global Change Research Program in 2018 warned that warmer temperatures could expand the geographic range covered by disease-carrying insects and pests, which could result in more Americans being exposed to ticks carrying Lyme disease and mosquitos carrying the dengue, West Nile, and Zika viruses. And experts now say continued warming in global temperatures, deforestation, and other environmentally disruptive behaviors have broadened that risk by bringing more people into contact with disease-carrying animals. Further, experts note that infectious diseases today are able to spread much faster and farther than they could decades ago because of increasing globalization and travel. While some have suggested the Covid-19 pandemic could stifle that trend, others argue globalization is likely to continue—meaning so could infectious diseases' far spread.

#### Future pandemics will cause extinction – it only takes one ‘super-spreader’ – US prevention is key

**Bar-Yam 16** Yaneer Bar-Yam 7-3-2016 “Transition to extinction: Pandemics in a connected world” <http://necsi.edu/research/social/pandemics/transition> (Professor and President, New England Complex System Institute; PhD in Physics, MIT)

Watch as one of the more aggressive—brighter red — strains rapidly expands. After a time it goes extinct leaving a black region. Why does it go extinct? The answer is that it spreads so rapidly that it kills the hosts around it. Without new hosts to infect it then dies out itself. That the rapidly spreading pathogens die out has important implications for evolutionary research which we have talked about elsewhere [1–7]. In the research I want to discuss here, **what we were interested in is the effect of adding long range transportation** [8]. **This includes natural means of dispersal as well as unintentional dispersal by humans**, **like adding airplane routes**, which is being done by real world airlines (Figure 2). **When we introduce long range transportation into the model, the success of more aggressive strains changes. They can use the long range transportation to find new hosts and escape local extinction**. Figure 3 shows that **the more transportation routes introduced into the model, the more higher aggressive pathogens are able to survive and spread**. **As we add more long range transportation, there is a critical point at which pathogens become so aggressive that the entire host population dies**. **The pathogens die at the same time, but that is not exactly a consolation to the hosts. We call this** the phase **transition to extinction** (Figure 4). **With increasing levels of global transportation, human civilization may be approaching such a critical threshold.** In the paper we wrote in 2006 about the dangers of global transportation for pathogen evolution and pandemics [8], we mentioned the risk from Ebola. Ebola is a horrendous disease that was present only in isolated villages in Africa. It was far away from the rest of the world only because of that isolation. Since Africa was developing, it was only a matter of time before it reached population centers and airports. While the model is about evolution, it is really about which pathogens will be found in a system that is highly connected, and Ebola can spread in a highly connected world. The traditional approach to public health uses historical evidence analyzed statistically to assess the potential impacts of a disease. As a result, many were surprised by the spread of Ebola through West Africa in 2014. **As the connectivity of the world increases, past experience is not a good guide to future events. A key point about the phase transition to extinction is its suddenness**. **Even a system that seems stable, can be destabilized by a few more long-range connections, and connectivity is continuing to increase.** So how close are we to the tipping point? We don’t know but it would be good to find out before it happens. While Ebola ravaged three countries in West Africa, it only resulted in a handful of cases outside that region. One possible reason is that many of the airlines that fly to west Africa stopped or reduced flights during the epidemic [9]. In the absence of a clear connection, public health authorities who downplayed the dangers of the epidemic spreading to the West might seem to be vindicated. As with the choice of airlines to stop flying to west Africa, our analysis didn’t take into consideration how people respond to epidemics. It does tell us what the outcome will be unless we respond fast enough and well enough to stop the spread of future diseases, which may not be the same as the ones we saw in the past. **As the world becomes more connected, the dangers increase.** Are people in western countries safe because of higher quality health systems? **Countries like the U.S. have highly skewed networks of social interactions with some very highly connected individuals that can be “superspreaders.”** The chances of such an individual becoming infected may be low but **events like a mass outbreak pose a much greater risk** if they do happen. **If a sick food service worker in an airport infects 100 passengers, or a contagion event happens in mass transportation, an outbreak could very well prove unstoppable**.

# Case

### Contention

#### All-out strikes endanger patients and violates moral duties to others AND hurts trust between patients and doctors – this culminates in the intrinsic inability to fulfil our obligation toward the other

**Campbell 16** Denis Campbell 4-9-2016 "All-out junior doctors’ strike unethical and reckless, says NHS chief" <https://www.theguardian.com/society/2016/apr/09/doctors-strike-nhs-chief-england> (Denis Campbell is health policy editor for the Guardian and the Observer. He has written about the NHS, public health and medicine since 2007 and shares health-writing duties with Sarah Boseley, the health editor) JG

A total withdrawal of labour, scheduled for later this month, **will threaten hospitals’ ability to deliver safe care** in areas such as A&E, childbirth and intensive care, according to Prof Sir Bruce Keogh, the national medical director of NHS England. In a strongly worded article in the Observer, Keogh writes that such an escalation of the dispute with the government would be **reckless, unethical**, a breach of the medical profession’s **fundamental duty to “do no harm**” and a move that will destroy the public’s trust in doctors. “Despite the fact that consultants will do their best to cover, the fact is that junior doctors are key to the safe and effective running of our NHS. So this new action will put additional, significant strain on A&E, intensive care and maternity services, particularly in smaller hospital,” Keogh explains. “I worry that withdrawal of emergency cover will put our sickest and most vulnerable patients at greater risk. This challenges the ethical framework on which our profession is founded and runs against the grain of our NHS and our personal and **professional values**”, he adds. Junior doctors are due to refuse to work in any medical setting at all between 8am and 5pm on 26 and 27 April as part of their campaign of industrial action in the bitter and long-running row with Jeremy Hunt, the health secretary, over the new contract he intends to impose on them from August. The British Medical Association reacted angrily to Keogh’s intervention. Johann Malawana, the BMA’s junior doctor chair, said: “No junior doctor wants to take this action but we have been left with no choice. They have already done everything else in their power to make their voices heard - protests, marches, petitions, emergency care only strikes. By continuing to ignore them, the government has left them left with no choice. “We regret any disruption caused to patients and have given trusts enough notice for them to plan ahead, and to ensure that senior hospital doctors, GPs and other NHS staff will continue to provide excellent care for patients. Please be assured that should someone need emergency care on a day of action, they will receive it. “It is disappointing that Bruce Keogh is attacking frontline doctors rather than echoing calls, from patients’ groups to senior NHS managers, for the government to get back around the table and end this dispute through talks. In his article, Keogh argues that the continuing series of strikes have caused too much “distress, anxiety and confusion” to patients already through the cancellation of almost 25,000 operations, as a result of four walkouts since January. He says an all-out strike would be “a watershed moment for the NHS”. Keogh is the first senior doctor to articulate in public the warnings that many leaders of the profession have recently given the BMA privately about the danger of patients dying because too few doctors were on duty. Many of the medical royal colleges, which represent different types of doctors professionally, are torn between support for their striking trainees and fear that doctors’ high standing with the public could be ruined if a total withdrawal of cover is seen as a step too far.

#### Violence is intrinsic to certain strikes and are uniquely unethical

**Mlungisi 16**, Ernest Tenza. The liability of trade unions for conduct of their members during industrial action. Diss. 2016. (lecturer in the field of Labour Law at the School of Law. He holds a LLM Degree) JG

When expressing themselves through one or more of these forms of expression, they are expected to be peaceful.20 However, over the past few years, workers attempted to heighten the impact of their industrial action by using various tactics during industrial action, tactics which have a negative impact on the **lives and property of other people**. These include the **trashing of cities, vandalising property**, forming picket lines **at supermarkets**, and preventing shoppers from doing business with their chosen businesses.21 There have been strike-related disruptions in almost every sector of the economy.22 There have been several incidents where industrial action resulted in violence and disruption of the public peace.23 Other examples include the torching of employers’ property, intimidation and even the killing **of non-striking workers**.24 During the truck drivers’ strike which took place in September 2012, a number of drivers were attacked and killed during violent demonstrations.25 During security workers’ strikes in 2006 and 2013, shops were looted and damage was caused to the property of innocent bystanders, street vendors, spaza-shop owners and employers.26 The Business Times reported that violent strikes in the country’s platinum sector resulted in the death of more than 50 people.27 In April 2016 SATAWU members on strike torched trains in Cape Town.28 These strikes are counter-productive and destructive not only because they are violent but the parties, namely the employer and employees take long to resolve their dispute(s) or reach settlement. This **create health hazards**. For example, a strike by municipal workers could lead to the non-collection of waste and this poses a serious health risk.29 The burning of tyres by demonstrators also leads to pollution and resultant health risks. The harmful conduct resulting from industrial action affects not only the strikers or picketers, but also innocent members of the public, non-striking employees, employers and the economy at large.30 In Garvis & Others v SATAWU & others, 31 it was held that the majority of the population was subjected to the tyranny of the state in the past and such practices should no longer be tolerated.

#### An unconditional right to strike is unethical since it treats all strikes as morally neutral which is incorrect – jutsifies the PICs.

**Loewy 2K**, Erich H. "Of healthcare professionals, ethics, and strikes." Cambridge Q. Healthcare Ethics 9 (2000): 513. (Erich H. Loewy M.D., F.A.C.P., was born in Vienna, Austria in 1927 and was able to escape first to England and then to the U.S. in late 1938. He was initially trained as a cardiologist. He taught at Case Western Reserve and practiced in Cleveland, Ohio. After 14 years he devoted himself fully to Bioethics and taught at the University of Illinois for 12 years. In 1996 he was selected as the first endowed Alumni Association Chair of Bioethics at the University of California Davis School of Medicine and has taught there since.) JG

#### It would seem then that the ethical considerations for workers striking in an industry such as a shoe factory or a chain grocery store are quite different from the ethical considerations for workers in sanitation, police, or fire departments, or for professionals such as teachers or those involved directly in healthcare. Even in the latter “professional” category, there are subtle but distinct differences of “rights” and obligations. However, one cannot conclude that for workers in essential industries strikes are simply ethically not permissible, whereas they are permissible for workers in less essential industries. Strikes, by necessity, injure another, and injuring another cannot be ethically neutral. Injuring others is prima facie ethically problematic—that is, unless a good and weighty argument for doing so can be made, injuring another is not ethically proper. Striking by a worker, in as much as doing so injures another or others, is only a conditional right. A compelling ethical argument in favor of striking is needed as well as an ethical argument in favor of striking at the time and in the way planned. It remains to delineate the conditions under which strikes, especially strikes by workers in essential industries and even more so by persons who consider themselves to be “professionals,” may legitimately proceed and yet fulfill their basic purpose.

1. Words and Phrases 1964 Permanent Edition [↑](#footnote-ref-1)